



**MORGAN HILL UNIFIED SCHOOL DISTRICT**  
**ENROLLMENT CENTER**  
 15600 CONCORD CIRCLE, MORGAN HILL, CA 95037  
 PHONE: 408-201-6030 | FAX: 408-201-6038

**Registration Check-Off List**

Registration Packet for: \_\_\_\_\_  
Last name First Name Middle Name

School of Residence: \_\_\_\_\_ Grade: \_\_\_\_\_

|   | Parent<br>Check Off | School<br>Check Off |
|---|---------------------|---------------------|
| Completed Student Enrollment Packet includes:   |                     |                     |
| I. Student Registration Form  | _____               | _____               |
| a. Birth Certificate or Passport <b>(Date entered country)</b><br>Kindergarten must turn 5 on or before September 1 <sup>st</sup> of this school year<br>Transitional kindergarten turn 5 between<br>September 2 <sup>nd</sup> and December 2 <sup>nd</sup> of this school year | _____               | _____               |
| b. Proof of Immunizations   | _____               | _____               |
| c. TB(PPD) Test (if necessary)  | _____               | _____               |
| d. Health Physical dated within 6 months before the start of school for Kindergarten<br>or within 18 months of the start of school for first grade.   | _____               | _____               |
| e. Residency verification (1 of the following, dated in last 30 days)   |                     |                     |
| <input type="checkbox"/> Utility bill   |                     |                     |
| <input type="checkbox"/> Property tax payment receipt   |                     |                     |
| <input type="checkbox"/> Voter registration   |                     |                     |
| <input type="checkbox"/> Rental property contract,<br>lease or payment receipt  |                     |                     |
| <input type="checkbox"/> Escrow papers  |                     |                     |
| <input type="checkbox"/> Pay Stub   |                     |                     |
| <input type="checkbox"/> Correspondence from a government agency  |                     |                     |
| <input type="checkbox"/> other (approved by director)   | _____               | _____               |
| II. Signed Memorandum of Understanding  | _____               | _____               |
| III. Oral Health Assessment/Waiver Request Form   | _____               | _____               |
| IV. Residency Questionnaire   | _____               | _____               |
| V. Migrant Survey   | _____               | _____               |
| VI. Parent/Guardian photo id  | _____               | _____               |

.....  
**For Office Use Only**

- School of Residence: \_\_\_\_\_ Overflow School: \_\_\_\_\_
- Aeries ID # \_\_\_\_\_ ELL  SPEC ED  Assigned to School \_\_\_\_\_
- Transfer (if previously enrolled)  Prior Year \_\_\_\_\_ Prior School \_\_\_\_\_
- Entered into Aeries by: \_\_\_\_\_ Date: \_\_\_\_\_
- NOTIFIED SCHOOL: FAX  \_\_\_\_\_ PHONE  \_\_\_\_\_  
Date/Time Date/Time

## REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

### PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ BIRTH DATE—Month/Day/Year \_\_\_\_\_

ADDRESS—Number, Street \_\_\_\_\_ City \_\_\_\_\_ ZIP code \_\_\_\_\_ SCHOOL \_\_\_\_\_

### PART II TO BE FILLED OUT BY HEALTH EXAMINER

#### HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

| REQUIRED TESTS/EVALUATIONS      | DATE (mm/dd/yy) |
|---------------------------------|-----------------|
| Health History                  | / /             |
| Physical Examination            | / /             |
| Dental Assessment               | / /             |
| Nutritional Assessment          | / /             |
| Developmental Assessment        | / /             |
| Vision Screening                | / /             |
| Audiometric (hearing) Screening | / /             |
| Tuberculin Test (Mantoux/PPD)   | / /             |
| Blood Test (for anemia)         | / /             |
| Urine Test                      | / /             |
| Blood Lead Test                 | / /             |
| Other                           | / /             |

#### IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.  
Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

| VACCINE   | DATE EACH DOSE WAS GIVEN |        |       |        |       |
|---|--------------------------|--------|-------|--------|-------|
|   | First                    | Second | Third | Fourth | Fifth |
| POLIO (OPV or IPV)  |                          |        |       |        |       |
| DtaP/DTaP/d (diphtheria, tetanus, and acellular pertussis) OR (tetanus and diphtheria only) |                          |        |       |        |       |
| MMR (measles, mumps, and rubella)   |                          |        |       |        |       |
| HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)          |                          |        |       |        |       |
| HEPATITIS B   |                          |        |       |        |       |
| VARICELLA (Chickenpox)  |                          |        |       |        |       |
| OTHER   |                          |        |       |        |       |
| OTHER   |                          |        |       |        |       |

### PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)

#### RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: (please explain)

### RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

Please check this box if you do not want the health examiner to fill out Part III.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Name, address, and telephone number of health examiner \_\_\_\_\_

Signature of health examiner \_\_\_\_\_ Date \_\_\_\_\_

*If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.*

CHDP website: [www.dhcs.ca.gov/services/chdp](http://www.dhcs.ca.gov/services/chdp)

**County of Santa Clara  
Public Health Department**

Immunization Education and Planning Program  
1993 McKee Road, Bldg.B  
San José, CA 95116  
Phone: 408.937.2271  
Fax: 408.937.2272



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December 1, 2015

TO: Parents/Guardian:

SUBJECT: Senate Bill 277

Re: New immunization requirements for 2016

Under a new law known as SB 277, beginning January 1, 2016 exemptions based on personal beliefs will no longer be an option for the vaccines that are currently required for entry into child care or school in California. Most families will not be affected by the new law because their children have received all required vaccination. Personal beliefs exemptions on file for a child already attending child care or school will remain valid until the child reaches the next immunization checkpoint at kindergarten (including transitional kindergarten) or 7<sup>th</sup> grade.

For more information about school immunization requirements and resources, please visit the California Department of Public Health's website at [www.shotsforschool.org](http://www.shotsforschool.org), or contact your Local health department Immunization Education and Planning Program 408.937.2271

Thank you for helping us to keep our children and community healthy.

Sincerely,  
Santa Clara Public Health Department



**MORGAN HILL UNIFIED SCHOOL DISTRICT  
ENROLLMENT CENTER**  
15600 CONCORD CIRCLE, MORGAN HILL, CA 95037  
PHONE: 408-201-6030 | EMAIL: [enrollment@mhusd.org](mailto:enrollment@mhusd.org)

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## Oral Health Exam Form

To make sure your child is ready for school, California law, *Education Code* Section 49452.8, now requires that your child have an oral health assessment (dental checkup) by May 31 in either kindergarten or first grade, whichever is his or her first year in public school. Assessments that have happened within the 12 months before your child enters school also meet this requirement. The law specifies that the assessment must be done by a licensed dentist or other licensed or registered dental health professional.

Please take the attached Oral Health Assessment/Waiver Request form to the dental office, as it will be needed for your child's check-up. If you cannot take your child for this required assessment, please indicate the reason for this in Section 3 of the form. You can get more copies of the necessary form at your child's school or online from the California Department of Education's Web site at <http://www.cde.ca.gov/ls/he/hn/>. California law requires schools to maintain the privacy of students' health information. Your child's identity will not be associated with any report produced as a result of this requirement.

The following resources will help you find a dentist and complete this requirement for your child:

- Medi-Cal/Denti-Cal's toll-free number or Web site can help you to find a dentist who takes Denti-Cal: 1-800-322-6384; <http://www.denti-cal.ca.gov>. For help enrolling your child in Medi-Cal/Denti-Cal, contact your local social service agency at <http://www.dhs.ca.gov/mcs/medi-Calhome/Countylisting1.htm>.
- Healthy Families' toll-free number or Web site can help you to find a dentist who takes Healthy Families insurance or to find out if your child can enroll in the program: 1-800-880-5305 or <http://www.healthyfamilies.ca.gov/hfhome.asp>.
- For additional resources that may be helpful, contact the local health department at: <http://www.ca.gov/msv/medi-cal-Calhome/Countylisting1.htm>

Remember, your child is not healthy and ready for school if he or she has poor dental health! Here is important advice to help your child stay healthy:

- Take your child to the dentist twice a year.
- Choose healthy foods for the entire family. Fresh foods are usually the healthiest foods.
- Brush teeth at least twice a day with toothpaste that contains fluoride.
- Limit candy and sweet drinks, such as punch or soda. Sweet drinks and candy contain a lot of sugar, which causes cavities and replaces important nutrients in your child's diet. Sweet drinks and candy also contribute to weight problems, which may lead to other diseases, such as diabetes. The less candy and sweet drinks, the better!

Baby teeth are very important. They are not just teeth that will fall out. Children need their teeth to eat properly, talk, smile, and feel good about themselves. Children with cavities may have difficulty eating, stop smiling, and have problems paying attention and learning at school. Tooth decay is an infection that does not heal and can be painful if left without treatment. If cavities are not treated, children can become sick enough to require emergency room treatment, and their adult teeth may be permanently damaged.

Many things influence a child's progress and success in school, including health. Children must be healthy to learn, and children with cavities are not healthy. Cavities are preventable, but they affect more children than any other chronic disease.

Thank you for your cooperation with this new state requirement. If you have questions about the new oral health assessment requirement, please contact a school nurse at 408-201-6040.



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**ENROLLMENT CENTER**  
 15600 CONCORD CIRCLE, MORGAN HILL, CA 95037  
 PHONE: 408-201-6030 | EMAIL: enrollment@mhusd.org

**Oral Health Assessment Form**

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

**Section 1: Child's Information (Filled out by parent or guardian)**

|                       |  |                 |   |
|-----------------------|--|-----------------|---|
| Child's First Name:   | Last Name:   | Middle Initial: | Child's birth date:   |
| Address:              |  |                 | Apt.:   |
| City:                 |  |                 | ZIP code:   |
| School Name:          | Teacher:   | Grade:          | Child's Sex:<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
| Parent/Guardian Name: | Child's race/ethnicity:<br><input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian<br><input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____<br><input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown |                 |   |

**Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)**

**IMPORTANT NOTE:** Consider each box separately. Mark each box.

|  |  |  |  |
|--|--|--|--|
| Assessment Date:                                       | Caries Experience<br>(Visible decay and/or fillings present)<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Visible Decay Present:<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Treatment Urgency:<br><input type="checkbox"/> No obvious problem found<br><input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation)<br><input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions) |
| _____<br><i>Licensed Dental Professional Signature</i> |  |  | _____<br><i>CA License Number</i>  |
|  |  |  | _____<br><i>Date</i>   |

**Section 3: Waiver of Oral Health Assessment Requirement**

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- I am unable to find a dental office that will take my child's dental insurance plan. My child's dental insurance plan is:  
 Medi-Cal/Denti-Cal  Healthy Families  Healthy Kids  Other \_\_\_\_\_  None
- I cannot afford a dental check-up for my child
- I do not want my child to receive a dental check-up

Optional: other reasons my child could not get a dental check-up: \_\_\_\_\_

If asking to be excused from this requirement: ► \_\_\_\_\_  
*Signature of parent or guardian* *Date*

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Return this form to the school *no later than* May 31 of your child's first school year.  
 Original to be kept in child's school record.

County of Santa Clara  
Public Health Department

Administration  
976 Lenzen Avenue, 2<sup>nd</sup> Floor  
San José, CA 95126



April 15, 2014

Dear Parent/Guardian,

Santa Clara County continues to have one of the highest rates of tuberculosis (TB) in the United States. TB is a bacterial infection spread through the air and can affect the lungs, brain, bones, or any part of the body. Children can become infected when traveling, from household members, family, or visitors who are infected. Children exposed to someone with TB have a very high risk of developing active TB. If diagnosed early, TB is treatable and preventable.

Santa Clara County has required mandatory tuberculosis (TB) testing for students enrolling in school. However, effective June 1, 2014, students enrolling into school will be required to undergo TB testing **ONLY** if their healthcare provider identifies a risk factor for TB exposure. Prior to school enrollment children will be required to have their healthcare provider complete the *Santa Clara County Public Health Department Risk Assessment for School Entry* form which is attached. Take this form to your provider to complete and return to your child's school. This requirement applies to students attending both public and private schools in Santa Clara County and is based on the authority given the Santa Clara County Health Officer under the California Health and Safety Code, Section 121515.

This new policy will decrease unnecessary testing and allow healthcare providers to ensure that children who have TB infection are evaluated and treated promptly.

Thank you for helping us protect the health of your children.

Sincerely,

A handwritten signature in black ink, appearing to read "Teeb Al-Samirai".

Teeb Al-Samirai, MD  
Tuberculosis Controller

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Male/Female School: \_\_\_\_\_  
Last, First month/day/year

Address \_\_\_\_\_ Phone: \_\_\_\_\_ Grade: \_\_\_\_\_  
Street City Zip

## Santa Clara County Public Health Department Tuberculosis (TB) Risk Assessment for School Entry

**This form must be completed by a U.S. licensed primary care provider and returned to the child's school.**

1. Was your child born in, or has your child resided in or traveled to (for more than one week) a country with an elevated TB rate?\*  Yes  No
2. Has your child been exposed to anyone with TB disease?  Yes  No
3. Has a family member had a positive TB test or received medications for TB?  Yes  No
4. Was a parent, household member, or visitor who stayed in the child's home for >1 week, born in a country with an elevated TB rate?\*  Yes  No
5. Is your child immunosuppressed [e.g. due to HIV infection, organ transplant, treatment with TNF-alpha inhibitor or high-dose systemic steroids (e.g. prednisone ≥ 15 mg/day for ≥ 2 weeks)]?  Yes  No

\*Most countries other than the U.S., Canada, Australia, New Zealand, or a country in western or northern Europe. This does not include tourist travel for <1 month (i.e. travel that does not involve visiting family or friends, or involve significant contact with the local population).

**If YES**, to any of the above questions, the child has an increased risk of TB and should have a TB blood test (IGRA, i.e. QuantiFERON or T-SPOT.TB) or a tuberculin skin test (TST) unless there is either 1) a documented prior positive IGRA or TST performed in the U.S. or 2) no new risk factors since last documented negative IGRA (performed at age ≥2 years in the U.S.) or TST (performed at age ≥6 months in the U.S.).

**All children with a current or prior positive IGRA/TST result must have a medical evaluation, including a chest x-ray (CXR; posterior-anterior and lateral for children <5 years old is recommended). CXR is not required for children with documented prior treatment for TB disease, documented prior treatment for latent TB infection, or BCG-vaccinated children who have a positive TST and negative IGRA. If there are no symptoms or signs of TB disease and the CXR is normal, the child should be treated for latent TB infection (LTBI) to prevent progression to TB disease.**

**Enter test results for all children with a positive risk assessment:**

|   |  |
|---|--|
| Interferon Gamma Release Assay (IGRA)<br>Date: _____  | Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate |
| Tuberculin Skin Test (TST/Mantoux/PPD)<br>Date placed: _____ Date read: _____   | Induration _____ mm<br>Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive                 |
| Chest X-Ray Date: _____ Impression: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal   |  |
| LTBI Treatment Start Date: _____<br><input type="checkbox"/> Rifampin daily - 4 months<br><input type="checkbox"/> Isoniazid/rifapentine - weekly X 12 weeks<br><input type="checkbox"/> Isoniazid daily - 9 months<br><input type="checkbox"/> Other: _____  |  |
| <input type="checkbox"/> Prior TB/LTBI treatment (Rx & duration): _____<br><input type="checkbox"/> Treatment medically contraindicated: _____<br><input type="checkbox"/> Declined against medical advice  |  |
| Please check one of the boxes below and sign:<br><input type="checkbox"/> Child has no TB symptoms, no risk factors for TB, and does not require a TB test.<br><input type="checkbox"/> Child has a risk factor, has been evaluated for TB and is free of active TB disease.<br><input type="checkbox"/> Child has no new risk factors since last negative IGRA/TST and no TB symptoms. |  |
| _____<br>Health Care Provider Signature, Title <span style="margin-left: 100px;">Date</span>  |  |

**Name/Title of Health Provider:**

**Facility/Address:**

**Phone number:**

# County of Santa Clara

## Public Health Department

Tuberculosis Prevention & Control Program  
976 Lenzen Avenue, Suite 1700  
San José, CA 95126  
408.885.2440



### Testing Methods

An Interferon Gamma Release Assay (IGRA, i.e. QuantiFERON or T-SPOT.TB) or Mantoux tuberculin skin test (TST) should be used to test those at increased risk. An IGRA can be used in all children  $\geq 2$  years old and is preferred in BCG-vaccinated children to avoid a false positive TST result. A TST of  $\geq 10$ mm induration is considered positive. If a child has had contact with someone with active TB disease (yes to question 2 on reverse), or the child is immunosuppressed, then TST  $\geq 5$  mm is considered positive. If a BCG-vaccinated child has a positive TST, and an IGRA is subsequently performed and is negative, testing is considered negative unless the child was exposed to someone with TB disease or is immunosuppressed. For immunosuppressed children, screening should be performed by CXR in addition to a TST/IGRA (consider doing both) and symptom review.

### Evaluation of Children with Positive TB Tests

- All children with a positive IGRA/TST result must have a medical evaluation, including a CXR (posterior-anterior and lateral is recommended for children  $< 5$  years old). A CXR is not required for a positive TST with negative IGRA in a BCG-vaccinated child, or if the child has documentation of prior treatment for TB disease or treatment for latent TB infection.
- For children with TB symptoms (e.g. cough for  $> 2-3$  weeks, shortness of breath, hemoptysis, fever, weight loss, night sweats) or an abnormal CXR consistent with active TB disease, report to the County of Santa Clara Public Health Department TB Program within one day. The child will need to be evaluated for TB disease with sputum AFB smears/cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease in a patient with symptoms or signs of TB disease. The child cannot enter school unless active TB disease has been excluded or treatment has been initiated.
- If there are no symptoms or signs of TB disease and the CXR is normal, the child should be treated for latent TB infection (LTBI). Do not treat for LTBI until active TB disease has been excluded.
- Short-course regimens (rifampin daily for four months or 12-dose weekly isoniazid/rifapentine) are preferred (except in persons for whom there is a contraindication, such as a drug interaction or contact to a person with drug-resistant TB) due to similar efficacy and higher treatment completion rates as compared with 9 months of daily isoniazid

### Treatment Regimens for Latent TB Infection

- Rifampin 15 - 20 mg/kg (max. 600 mg) daily for 4 months
- 12-dose Weekly Isoniazid/Rifapentine (3HP) Regimen:
  - Isoniazid
    - 2-11 years old: 25 mg/kg rounded up to nearest 50 or 100 mg (max. 900 mg)
    - $\geq 12$  years old: 15 mg/kg rounded up to nearest 50 or 100 mg (max. 900 mg)
  - Rifapentine
    - 10.0-14.0 kg: 300 mg
    - 14.1-25.0 kg: 450 mg
    - 25.1-32.0 kg: 600 mg
    - 32.1-50.0 kg: 750 mg
    - $> 50$  kg: 900 mg
  - Vitamin B6 50 mg weekly
- Isoniazid 10 mg/kg (range, 10-15 mg/kg; max. 300 mg) daily for 9 months. Recommended pyridoxine dosage is 25 mg for school-aged children (or 1-2 mg/kg/day).

For additional information: [www.sccphd.org/tb](http://www.sccphd.org/tb) or contact the TB Control Program at (408) 885-2440.





**Memorandum of Understanding  
(TK-5 and TK-8 New Student Enrollment Process)**

Parents wanting to enroll their children at any of the elementary schools in the Morgan Hill Unified School District can pick up an enrollment packet at the Enrollment Center located at the District Office, at any elementary schools (during the school year) or via the District website at <http://mhusd.org/educational-services/enrollment-center/>. Enrollment packets are available in English and Spanish. An enrollment packet must be filled out for each individual student.

1. Requirements for enrollment in an elementary school include the following:
  - ✓ A copy of the original Birth Certificate, Baptismal Certificate, or Passport confirming the date that the student was born
  - ✓ Proof of immunizations
  - ✓ Tuberculosis (TB) Testing or TB Waiver Form
  - ✓ Health physical – a physical exam is required for entrance into kindergarten and first grade
  - ✓ Proof of residency (See attached check list) & Student Residency Questionnaire/ Affidavit
  - ✓ Completed New Student Registration Form for Grades TK-5 or TK-8
  - ✓ Signed Memorandum of Understanding
  - ✓ Completed Oral Health Assessment/Waiver Request Form
  - ✓ Completed Report of Health Examination for School Entry
  - ✓ Completed Migrant Survey
  - ✓ Photo I.D. of Parent or Legal Guardian

All documents must be completed before your child is considered registered. Once all required items for enrollment are complete and submitted to the student's school of residence, then the enrollment packet is date and time stamped. A copy of the coversheet is given to the parent with the date and time stamp.

2. At the beginning of the year, all students are tentatively placed at their home school until final enrollment numbers have been established. Daily counts are taken at each school for the first 15 to 20 days. Principals and District office administrators then determine which schools are over and under enrolled in an effort to meet our class-size reduction requirements, as well as our Morgan Hill Federation of Teachers contract language. If an overage occurs at a particular grade level within a school, students with the latest time and date stamp on their enrollment packet will be transferred to another school within the district. This movement may occur up to one month after the school year has started.

3. If students are to be transferred from a school, the principal will first ask all parents for volunteers. If there are no volunteers and transfers are to occur, staff at the school sites will be directed to move students on a date and time-stamp basis, i.e., students with the latest time and date stamps will be moved first. The principal will call all parents of children scheduled for transfer and inform them of their new school assignment approximately one week in advance of the transfer. Siblings may also be moved if the parent requests it and if there is room at the transfer school. Students' names are then annotated in date/time stamp order in the Enrollment Center to determine the order in which transferred students are to return to their school of residence if space becomes available during the school year. **Note:** Students who have submitted a Transfer Request Form are assumed to be enrolled at their school of residence unless they are transferred due to space limitations or their Transfer Request is approved by the Enrollment Center.

4. Students are called back to their schools of residence as vacancies occur. Parents may choose whether or not their children will return to their school of residence during the year. If the parent chooses to wait until the next year to return to their school of residence, all records, both electronic and paper, will be returned to the school of residence in June in preparation for the next school year. If a parent chooses to move their child back to their school of residence during the year, the movement takes place within three days. The district will stop calling students back to their school of residence as of December 20th of any school year in an effort to minimize disruption to their educational program.

5. All records of children still attending their transfer school at the end of the school year will be transferred to their school of residence in June. Parents may choose to submit a Transfer Request Form to make their transfer school their school of residence. These requests will be processed in accordance with the policies and procedures that surround the Transfer Request process.

6. Transportation is not provided for students who are diverted to other schools.

7. If a student enrolls in school after classes have been balanced in September, the availability of an open seat is verified with the school of residence. If a seat is not available at a student's school of residence, the Enrollment Center shall attempt to find a seat for the student at a nearby school. Efforts are made to place all siblings in the same school. In some instances, multiple children in a family are sent to different schools in the event space is not available.

I have reviewed the TK-5/TK-8 new student enrollment process for the Morgan Hill Unified School District and understand that personnel in the District Enrollment Center and/or school staff will not be able to provide me with assurances as to my child's permanent school assignment.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



MORGAN HILL UNIFIED SCHOOL DISTRICT  
 ENROLLMENT CENTER  
 15600 CONCORD CIRCLE, MORGAN HILL, CA 95037  
 PHONE: 408-201-6030 | enrollment@mhusd.org

## STUDENT RESIDENCY QUESTIONNAIRE/AFFIDAVIT

This document is intended to address the McKinney-Vento Act Assistance Act. Your answers will help determine documents necessary to enroll your child quickly.

1. Do you and your child/children live in a fixed, regular, adequate nighttime residence? Yes    No     
 (If you checked "YES", stop here, you must provide a utility bill in your name as proof of residence. If you checked "NO", please complete the remainder of this form.)
  
2. Presently, where does the child/children live? Check one box:
  - In a emergency shelter, transitional shelter, or domestic violence shelter
  - Temporarily with another family in a house, mobile home or apartment
  - Motel, Car, RV or Campground
  - With friends or family members (other than parent/guardian)
  - Other: \_\_\_\_\_
  
3. The child/children lives with:
  - One parent
  - Two parents
  - A qualified relative
  - Friend(s)
  - An adult that is not the legal guardian
  - Alone with no adult(s)

Please list the full name of each child below and the corresponding school name:

| Student | Birth Date | School | Grade |
|---------|------------|--------|-------|
|         |            |        |       |
|         |            |        |       |
|         |            |        |       |
|         |            |        |       |

Name of Parent/Guardian: \_\_\_\_\_

Address /Current Location: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Emergency Contact \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

FOR OFFICE USE ONLY: Entered into Aeries \_\_\_ Initials \_\_\_ Date \_\_\_\_\_