



GUIDE TO ENROLLMENT 2020 – 2021

Dear Parents/Guardians:

Welcome to the Westside Union School District. We hope you find our District a positive educational setting for both you and your child.

All new students to Westside enroll via our online Student Enrollment at: <https://westside.k12.ca.us/enrollment>

You will need an email address to create your account then simply follow the online directions to complete your child's enrollment. If you need assistance, please refer to the 'Help' icon in the top right corner of the page. Once you have submitted the online enrollment application, gather the applicable documents listed on the attached checklist. Please make sure you have all documents prior to making your Enrollment Appointment.

Enrollment Appointment information is posted on our website at: <https://westside.k12.ca.us/enrollment> Please bring all applicable documents to your appointment, and note that children do not need to be present at the appointment.

Again, welcome, we look forward to you and your family joining us!

CALIFORNIA STATEWIDE STUDENT ID

Complete all information for your student, please print legibly.

Legal Last Name	First Name	Middle Name
Alias Last Name <i>(if applicable)</i>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade <input type="checkbox"/> TK <input type="checkbox"/> K
Birth State	Birthdate: Month Day Year ____ / ____ / _____	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th
Has this student ever attended school in California?		<input type="checkbox"/> Yes * <input type="checkbox"/> No
* If yes, list the two most recent schools:		
Last School: _____	District _____	Date left: _____
Prior School: _____	District _____	Date left: _____

Parent/Guardian's Name (print)

Phone #

Date

WESTSIDE UNION SCHOOL DISTRICT ENROLLMENT CHECKLIST 2020 – 2021

This checklist is designed to help you keep track of items necessary for enrollment. Please review the list for required documents specific to your child's grade level.

Proof of Birth

Required for Transitional Kindergarten and Kindergarten students; requested for all other students.
Acceptable documents: **birth certificate, baptismal record, passport or legal birth affidavit.**
Hospital birth records ARE NOT acceptable.

Residency Verification

Required for all students. You must complete the **Verification of Residency** form, provide 2 proof of residency documents, and Statement of Residence if applicable.

Immunization Records

Required for all students. You must provide complete immunization records. Complete only the top section of the **California Pre-Kindergarten and School Immunization Record**. Please confirm your student has the following:

- **Diphtheria, Tetanus, Pertussis** (DTP, DTaP, Td, Tdap) **5 doses**
4 doses okay if one was given on or after 4th birthday
3 doses okay if one was given on or after 7th birthday
- **Polio** (OPV or IPV) **4 doses**
3 doses okay if one was given on or after 4th birthday
- **Measles, Mumps, Rubella** (MMR) **2 doses**
Both doses given on or after 1st birthday
- **Hepatitis B** **3 doses**
- **Varicella** (Chickenpox) **2 doses**

7th Graders... In addition to the above, students starting 7th grade also need:

- **Tetanus, Diphtheria, Pertussis** (Tdap) **1 dose**
Required on or after 7th birthday

Starting in 2016, California State Law no longer allows Personal Belief or Religious exemptions of required vaccines. Medical Exemptions can be authorized by a licensed physician (MD or DO) and requires a written statement with details regarding the exemption(s). Contact the District Registrar or District Nurse if you have questions regarding Medical Exemptions.

IEP or 504

Required if student has an IEP or 504. You must provide the most current document.

Report Card

Requested for all students, if applicable; required for students enrolling during the 4th Quarter of the school year.

ALL Kindergarteners & 1st Graders, if 1st Grader has not attended Kindergarten

Report of Health Examination for School Entry (CHDP)

Required. To be completed by your medical provider, and must be dated **Feb 2020 or after**. This form is downloadable from the online enrollment process, our website www.westside.k12.ca.us/registration-transfers, or from our District Office.

Oral (Dental) Health Assessment

Required. To be completed by your dental provider, and must be dated **Aug 2019** or after. This form is downloadable from the online enrollment process, our website www.westside.k12.ca.us/registration-transfers, or from our District Office.

If you are having difficulty obtaining any of the above documents, please contact our office prior to your appointment.

RESOURCES

Birth Certificates (for children born in LA County)

Lancaster Registrar's Office.....**800-201-8999**

44509 16th Street W, Suite 101, Lancaster, CA 93534

Open Monday – Friday (except holidays) 8:30 a.m. - 4:30 p.m.; \$28 (price subject to change per County policy changes)
or for more information, visit www.lavote.net

If there are any legal name changes or adoption, you will need to contact the State Registrar in Sacramento at (916) 445-2684 or online at: <http://www.cdph.ca.gov/certlic/birthdeathmar/Pages/default.aspx>

Health Exams / Immunizations

Antelope Valley Community Clinic – Immunizations, Physical Exams & Dental Services.....**661-942-2391**

45104 10th Street W, Lancaster, CA 93534

2151 E Palmdale Blvd, Palmdale, CA 93550

37926 47th Street East, Palmdale, CA 93552

For appt, call M-F between 7:30 a.m. – 5:00 p.m. or email scheduling@avclinic.org. Appts fill up fast in the summer, make appt as soon as possible.

AV Health Center - Immunization Clinic.....**661-471-4860**

335-B E Avenue K-6, Bldg. B, Lancaster, CA 93535

Open Monday, Tuesday, Friday (a.m. only.) **Closed Wednesdays & Thursdays** Call for an appointment. They cannot see patients with private insurance. If Medi-Cal patient, must bring Medi-Cal Card. If there is no coverage, there is a cost of \$15 per child per visit.

For appt, call M-F between 8:00 a.m. – 4:30 p.m. Appts fill up fast in the summer, make appt as soon as possible.

For information on the CHDP Program & CHDP Exam Providers - <http://publichealth.lacounty.gov/services.htm>

Verification of Residency

Statement or verification documentation must include:

1. Parent/Guardian name
2. Service address
3. Current date (within the last 30 days)

Electric – Southern California Edison.....**800-655-4555**

Provide original statement or print a statement from your account online via www.sce.com

Gas – Southern California Gas.....**800-427-2200**

Provide original statement or print a statement from your account online via www.socalgas.com

Trash – Waste Management.....**661-945-5944**

Provide original statement or print statement from your account online via www.wastemanagement.com

Water

Provide original statement, or contact your water company if you can print a statement from your online account.

There are several water companies in the valley, two common companies are listed below.

- LA Co Waterworks: 260 E Avenue K, Lancaster, CA 93535 www.ladpw.org/wwd/web/ **661-942-1157**
- Quartz Hill Water Dist: 42141 50th Street W, Quartz Hill, CA 93536 www.qhwd.org**661-943-3170**

Cable/Satellite

Provide original statement or contact your provider if you can print statement from your account online account.

There are several providers in the valley, three common companies are listed below. If cable/satellite is provided through your phone company, cable/satellite services must be itemized on your statement.

- Time Warner Cable: 41551 10th St West, Palmdale, CA 93551 www.timewarnercable.com..... **888-892-2253**
- Direct TV: www.directv.com **800-531-5000**
- Dish: www.dish.com **877-296-6169**

Internet

Provide original statement or print statement from your account online account. If internet is provided through your phone company, internet services must be itemized on your statement.

WESTSIDE UNION SCHOOL DISTRICT
STATEMENT OF RESIDENCE

Parent/Guardian

(Please print)

That I, _____ declare under penalty of perjury that I am the
(Name of Parent/Guardian)

parent/guardian of _____ who is school age and seeking admission
(Student's Name)

to _____ School within the Westside Union School District, and that
(Name of School)

we are living at the following address:

COMPLETE ADDRESS:

_____ <i>Street Address</i>	_____ <i>Apt/Sp</i>	_____ <i>City</i>	CA	_____ <i>Zip Code</i>
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Signature of Parent/Guardian _____ **Date** _____

Property Owner/Legal Resident

(Please print)

That I, _____ declare under penalty of perjury that I am the property
(Owner/Resident)

owner/legal resident of the address above, and that the individuals above reside at this residence, and that I will provide **two** proof of residency documents, **in my name**, listed on the reverse under Acceptable Proof of Residency.

Proof of residency documents must be in the name of the person signing below.

Signature of Property Owner/Legal Resident _____ **Date** _____

I can be reached at the following phone number: (_____) _____



CALIFORNIA PRE-KINDERGARTEN AND SCHOOL IMMUNIZATION RECORD

Pre-kindergarten facility and school staff must record the required vaccine dose information and status of requirements for each pupil. See reverse side for guidance.

PUPIL NAME (LAST, FIRST, MIDDLE)	STATEWIDE STUDENT IDENTIFIER (SSID)	ETHNICITY <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	RACE <input type="checkbox"/> African-American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____
NAME OF PARENT/GUARDIAN (LAST, FIRST)	BIRTHDATE (MONTH/DAY/YEAR)	SEX	

REQUIRED VACCINE	DATE EACH DOSE WAS GIVEN (MM/DD/YY)					Permanent Medical Exemption	Notes for School Requirements
	1 ST	2 ND	3 RD	4 TH	5 TH		
IPV / OPV (Polio)			Age: _____ years			<input type="checkbox"/>	4 doses meet TK/K-12 requirement, as do: 3 doses, if ≥1 dose given at age ≥4 years.
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)			Age: _____ years	Age: _____ years		<input type="checkbox"/>	5 doses meet TK/K-12 requirement, as do: 4 doses, if ≥1 dose given at age ≥4 years; 3 doses, if ≥1 Tdap dose at age ≥7 years; Tdap dose may meet 7 th Grade requirement.
MMR (Measles, Mumps, Rubella)	Age: _____ months					<input type="checkbox"/>	2 doses meet TK/K-12 requirement. Doses must be given at age ≥1 year.
Hib (<i>Haemophilus influenzae</i> type b)						<input type="checkbox"/>	Required for pre-kindergarten only. At least 1 dose must be given at age ≥1 year.
Hep B (Hepatitis B)						<input type="checkbox"/>	3 doses meet TK/K-12 requirement.
VAR / VZV (Varicella or Chickenpox)						<input type="checkbox"/>	2 doses meet TK/K-12 requirement.
Tdap – 7 th Grade (Tetanus, Diphtheria, Pertussis)	Age: _____ years					<input type="checkbox"/>	1 dose given at age ≥7 years meets requirement for 7 th grade advancement and 7 th -12 th grade admission.

For your information only.
Please review all immunization requirements.
Original will be completed at enrollment appointment.

STATUS OF REQUIREMENTS	Staff Initials <i>I reviewed pupil's Immunization record</i>	Has All Required Vaccine Doses	Requires Follow-up			Follow-up Date(s) (See conditional admission schedule or exemption end date)	Other <i>See codes on reverse side</i>	Date Requirements Met
			Temporary Medical Exemption	Missing Doses Not Currently Due—Conditional	Missing Doses Are Overdue—Needs Doses Now			
Pre-Kindergarten (Child care or preschool)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IEP <input type="checkbox"/> PBE (pre-2016)		
TK/K-12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home <input type="checkbox"/> PBE (pre-2016)		
7 th Grade (Advancement or admission)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home		

The California Department of Public Health places strict controls on the gathering and use of personally identifiable data. Personal information is not disclosed, made available, or otherwise used for purposes other than those specified at the time of collection, except with consent or as authorized by law or regulation. The Department's information management practices are consistent with the Information Practices Act (Civil Code Section 1798 et seq.), the Public Records Act (Government Code Section 6250 et seq.), Government Code Sections 11015.5 and 11019.9, and with other applicable laws pertaining to information privacy.

GUIDANCE FOR COMPLETING FORM CDPH 286

Review the pupil's immunization record for admission to:

- Pre-kindergarten (child care or preschool);
 - Transitional kindergarten/kindergarten through 12th grade (TK/K-12);
 - (Or advancement to) 7th grade.
1. Complete the pupil's identification section. The Statewide Student Identifier (SSID) is a 10-digit number assigned to TK/K-12 public school pupils by the California Department of Education.
 2. Complete the vaccine and dose section using information from the pupil's immunization record provided by a parent or guardian, prior school, or an immunization registry.
 - a. Record the date (month/day/year) of each dose the pupil has received, even if the pupil has an exemption to one or more required vaccines. Any vaccine given four or fewer days prior to the minimum required age is valid.
 - b. Check the Permanent Medical Exemption (PME) box(es) for vaccines that are permanently exempt for medical reasons. If all vaccines are exempted, then fill in the date for "Date Requirements Met" in the appropriate row in the Status of Requirements section. This date is usually the date records are determined to be complete. File the required physician's written statement specifying the exempted immunization(s) in the pupil's record.
 3. Complete the appropriate row in the Status of Requirements section.
 - a. Enter the initials of the staff reviewing the pupil's record.
 - b. If the pupil meets admission requirements, check the designated box and enter the date under "Date Requirements Met." This date is usually the date records are determined to be complete.
 - c. If the pupil does not have all required doses but is not due for any doses at the time of admission, check the "Missing Doses Not Currently Due—Conditional" box and fill in the "Follow-up Date(s)" space. Review records at least every 30 days. Once the pupil meets all admission requirements, fill in the date for "Date Requirements Met."
 - d. If the pupil has a Temporary Medical Exemption, check the designated box and write the expiration date in the "Follow-up Date(s)" space. Once the pupil meets all admission requirements, fill in the date for the "Date Requirements Met."
 - e. If the pupil is due for doses and subject to exclusion, check the "Missing Doses Are Overdue—Needs Doses Now" box and fill in the "Follow-up Date(s)" space.
 - f. If the pupil does not have all required immunizations and does not meet criteria for conditional admission (including a temporary medical exemption) and is:
 - **IEP:** Accessing special education services required by the pupil's individualized education program, or
 - **IND:** Enrolled in an independent study program and does not receive classroom-based instruction, or
 - **Home:** Enrolled in a home-based private school, or
 - **PBE (pre-2016):** Transferring from another school in California with a valid personal beliefs exemption filed before 2016,Then, using the codes above, check the appropriate box under "Other" and fill in the date for "Date Requirements Met."

Maintain a roster of all pupils who are unimmunized for immediate identification in case of disease outbreak or exposure in the community.

TRANSFER PUPILS

Transferring from a school in-state or another state: Review the immunization information and supporting documentation for exemptions included in the pupil's record or other immunization record, verifying the pupil has met immunization requirements for the pupil's age/grade. If the pupil has a personal beliefs exemption (PBE) filed in California prior to 2016 and has not reached the next grade span (in accordance with Health and Safety Code section 120335) or has a Permanent Medical Exemption (PME), then add the pupil's name to your facility's roster of unimmunized pupils.

Transferring from your school: Provide this form or an equivalent immunization record as specified in 17 CCR section 6070(b) and any exemption documentation as part of the pupil's record.

If a pupil transfers from one school to another within California, the pupil's record shall be transferred by the former school no later than 10 school days following the date of request from the school where the pupil intends to enroll (California Education Code section 49068).

Foster children: California law requires schools to immediately enroll foster children transferring to their school even if the child is unable to produce immunization records normally required for school entry. Within two business days of the foster child's request for enrollment, the educational liaison for the new school shall contact the school last attended to obtain all records. The educational liaison for the school last attended shall provide all records to the new school within two business days of receiving the request (California Education Code section 48853.5(e)(8)(C)).