

☐ **Kindergarten**
 enrollment
☐ **Transitional**
Kindergarten
 enrollment

TRANSITIONAL KINDER (TK) /
KINDERGARTEN REGISTRATION 2021-2022

On March 1, 2021, Oak Grove School District will begin registration of children who will enter transitional kindergarten (TK) and kindergarten in August 2020. Children born on or before September 1, 2015 may enroll in our kindergarten program. **CHILDREN BORN BETWEEN SEPTEMBER 2, 2016 AND DECEMBER 2, 2016 MAY ENROLL IN OAK GROVE SCHOOL DISTRICT'S TRANSITIONAL KINDERGARTEN PROGRAM.**

PARENTS/GUARDIANS ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION AT THE TIME OF REGISTRATION. (Please use this letter as a checklist as you gather the information.)

- ☐ 1. Verification of age (one of the following):
 - a. Certified copy of a birth record
 - b. Original county recorder's verification of birth (hospital forms will not be accepted)
 - c. Passport
 - d. Baptism Certificate
 - e. Affidavit of the parent, guardian, or custodian, or any other means of providing the child's age
- ☐ 2. Verification of address (one of the following):
 - a. Utility bill (phone, electricity, water, etc.)
 - b. Rental agreement/lease
 - c. Property tax payment receipts
 - d. Pay stub
 - e. Voter registration
 - f. Correspondence from a government agency
 - g. Declaration of residency executed by the parent or legal guardian of the student
- ☐ 3. Doctor's verification of month, and year of the following immunizations:
 - ☐ a. **Polio (4 doses)** 3 doses meet the requirement if one dose was given on or after the 4th birthday.
 - OPV or IPV
 - ☐ b. **DTaP (5 doses)** 4 doses meet the requirement if at least one dose was given on or after the 4th birthday.
 - Diphtheria
 - Tetanus
 - Pertussis
 - ☐ c. **MMR (2 doses)** Both doses must be given on or after the 1st birthday.
 - Measles
 - Mumps
 - Rubella
 - ☐ d. **Hepatitis B (3 doses)**
 - ☐ e. **Varicella (2 doses)**
- ☐ 4. Santa Clara County Public Health Department **TB Risk Assessment for School Entry Form**
 Completed by child's pediatrician within 12 months prior to school registration.
- ☐ 5. Full physical examination (**completed after March 1, 2021**).
- ☐ 6.. Dental examination (completed within 12 months prior to Kindergarten)

NOTE: STATE LAW REQUIRES that each child have a full health examination within 18 months prior to entering first grade. District guidelines require that your child receive a full physical examination no earlier than six months before starting kindergarten (after **March 1, 2021**). A doctor's report form has been included with the registration materials. Most physicians prefer to do the physical exam when updating the immunizations.

Kindergarten registration will begin on March 1, 2021. For further information, contact the Oak Grove School District Office, 408-227-8300, Ext. 100267

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	___/___/___
TB Risk Assessment and Test, if indicated	___/___/___
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/DTP/DT/Td (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 (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN**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)*

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.



6578 Santa Teresa Boulevard, San Jose, CA 95119, Phone: (408) 227-8300, Fax: (408) 629-7183

Dear Parent or Guardian:

To make sure your child is ready for school, California law now requires that your child have a dental check-up for kindergarten or first grade, whichever is his/her first year of public school. Oak Grove School District requires this examination **prior** to kindergarten entry. Check-ups that have happened within the 12 months before your child enters school meet this requirement. The law specifies that the assessment must be done by a licensed dentist or other licensed or registered dental health professional.

Take the attached Oral Health Assessment 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 contact your school's health clerk.

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

1. Medi-Cal/Denti-Cal's toll-free number (**1-800-322-6384**) or website (www.denti-cal.ca.gov) can help you find a dentist who takes Denti-Cal.
2. Healthy Families' toll-free number (**1-800-880-5305**) or website (<http://www.benefitscal.com/>) can help you find a dentist who takes Healthy Families insurance.
3. Healthy Kids is another low-cost insurance program your child may qualify for. To find out if your child can enroll in any of the above programs or Healthy Kids, call toll-free number **1-800-821-5437**.

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 cause cavities and replace 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.

If you have any questions about this new dental requirement, please contact District Nurse Lindsey (408-227-8300 ext. 100253) or District Nurse Marailee (408-227-8300 ext. 100278).

Oral Health Assessment Form

California law now requires that your child have a dental check-up in kindergarten or first grade, whichever is his or her first year of public school. Oak Grove School District requires this examination prior to kindergarten entry. Check-ups that have happened within the 12 months before your child enters school meet this requirement. The law specifies that the assessment must be done by a licensed dentist or other licensed or registered dental health professional.

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: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <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 (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 35%; border-top: 1px solid black; text-align: center;"> Licensed Dental Professional Signature </div> <div style="width: 30%; border-top: 1px solid black; text-align: center;"> CA License Number </div> <div style="width: 25%; border-top: 1px solid black; text-align: center;"> Date </div> </div>			

Return this form to the school *prior* to kindergarten entry.
Original to be kept in child's school record.

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

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 ≥ 2 years old and is preferred in BCG-vaccinated children to avoid a false positive TST result. A TST of ≥ 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 ≥ 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)
 - ≥ 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 or contact the TB Control Program at (408) 885-2440.



OAK GROVE SCHOOL DISTRICT

6578 Santa Teresa Boulevard, San Jose, CA 95119 408-227-8300 Fax 408-227-2719

CONFIDENTIAL HEALTH HISTORY FORM

School _____

Student Name _____ ☐ Male ☐ Female Birthdate _____ Age _____ Grade _____

☐ My child **does not** have any health issues at this time.

If your child has health issues, please answer the following questions:

Does your child take medication on a routine basis? ☐ Yes ☐ No ☐ During school hours? ☐ Yes ☐ No If yes,

Name of medication _____ Name of medication _____

Name of medication _____ Name of medication _____

If your child must take prescriptions or over the counter medications during the school day, complete the Medication Administration parent/physician authorization form and return to the school office, (One form for each medication).

Check ☒ the box and explain if your child has a history of or now has the following conditions or concerns.

☐ **Asthma** ☐ Mild ☐ Moderate ☐ Severe
☐ Inhaler at home ☐ Inhaler at school office
☐ **Seizures** ☐ As an infant only
☐ Currently takes medication _____

☐ **Allergies** ☐ Mild ☐ Moderate ☐ Severe
☐ Bees/insects
☐ Foods _____
☐ Seasonal Hay fever
☐ Allergic to Medication _____
☐ Other _____
☐ EpiPen at home ☐ EpiPen at school

☐ **Physical Limitations** _____
☐ Special Equipment needed at home
☐ Special Equipment needed at school

☐ **Heart Murmur/Disease** _____

☐ **Other Conditions** _____

☐ **Diabetes** ☐ Type I ☐ Type II

• Has your child been hospitalized for diabetes? ☐ Yes ☐ No

If yes, give date and explain hospital course: _____

• Can your child monitor his/her blood glucose level independently? ☐ Yes ☐ No

• Can your child tell if he/she is having symptoms of high or low blood glucose levels? ☐ Yes ☐ No

If yes, what are his/her symptoms? _____

• Has Glucagon ever been given to your child? ☐ Yes ☐ No Last given: _____

Is your child ***currently*** under a doctor's care for any of the above? ☐ Yes ☐ No

If yes: Doctor's name _____ Phone _____ Fax _____

Address _____

☐ I hereby give permission to share information pertaining to the health of my child with school staff who need to know.

Parent/Guardian Signature _____ Date _____

For Office Use Only:

☐ Doctor's orders completed including parent and physician signatures.

☐ Diabetic Supplies

☐ Snacks

☐ Signed *Diabetic Orders for School* indicating parent review

☐ Original to Cum

☐ Faxed to District Nurse 408-225-3752

☐ Health Assistant

☐ Teacher



6578 Santa Teresa Boulevard, San Jose, CA 95119, Phone: (408) 227-8300, Fax: (408) 629-7183

Student's Name _____ Teacher _____

EMERGENCY INFORMATION *(This will be used if the Emergency Card is not available)*

If I cannot be reached, I authorize the school to contact the person listed below. I further authorize the school to release the student to the person listed below.

Name: _____ Phone: _____

I also give my consent for emergency medical or dental treatment, including transportation to the nearest emergency aid facility, if I or the person listed above cannot be reached.

Signature of Parent/Legal Guardian _____ Date _____

INFORMACION DE EMERGENCIA *(Esta información será usada si la Tarjeta de Emergencia no está disponible.)*

Si no pueden comunicarse conmigo, autorizo que la escuela se comunique con la persona cuyo nombre aparece abajo. Además, autorizo a la escuela a entregar al/a estudiante a la persona anotada abajo.

Nombre _____ Teléfono _____

También doy mi permiso para que mi hijo(a) reciba tratamiento médico o dental incluyendo transportación al lugar médico más cercano si no se pueden poner en contacto conmigo o con la persona cuyo nombre aparece anotado arriba.

Firma del padre/Tutor legal _____ Fecha _____

CHI TIẾT VỀ SỰ KHẨN CẤP LIÊN QUAN ĐẾN EM HỌC SINH *(Chi tiết này sẽ được dùng nếu không có Thẻ Khẩn Cấp)*

Trong trường hợp nhà trường không liên lạc được với chúng tôi, chúng tôi cho phép nhà trường liên lạc với người có tên dưới đây. Ngoài ra, chúng tôi cũng cho phép nhà trường được quyền trao con em tôi cho người có tên dưới đây.

Tên _____ Điện thoại _____

Chúng tôi cũng đồng ý cho nhà trường mang con em tôi đến phòng cấp cứu gần nhất để chữa bệnh hay chữa răng nếu nhà trường không liên lạc được với người có tên nêu trên.

Chữ ký của Phụ Huynh/Giám Hộ _____ Ngày _____

Attachment to forms 2339, 2347, 2348