



**MORGAN HILL UNIFIED SCHOOL DISTRICT  
ENROLLMENT CENTER**

15600 CONCORD CIRCLE, MORGAN HILL, CA 95037  
PHONE: 408-201-6030 | [enrollment@mhUSD.org](mailto:enrollment@mhUSD.org)

**Registration Check-Off List**

**Student Name:** \_\_\_\_\_  
Last name First Name Middle Name

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

Completed Student Enrollment Packet includes:

|  | Parent<br>Check Off | School<br>Check Off |
|--|---------------------|---------------------|
| I. Online Enrollment Confirmation (printed)  | _____               | _____               |
| a. Birth Certificate or Passport (or other proof of age including age affidavit)   | _____               | _____               |
| b. Immunizations   | _____               | _____               |
| • TB(PPD) Test (if coming from outside Santa Clara County)<br><i>*must be signed/stamped by physician</i>  | _____               | _____               |
| c. Health Physical completed within 6 months of the first day of school for Kindergarten or within 18 months of the first day of school for 1 <sup>st</sup> grade<br><i>*must be signed/stamped by physician</i> | _____               | _____               |
| d. Residency verification  | _____               | _____               |
| <input type="checkbox"/> Utility bill  |                     |                     |
| <input type="checkbox"/> Copy of your lease/rental agreement/escrow paperwork  |                     |                     |
| <input type="checkbox"/> Property tax payment receipt  |                     |                     |
| <input type="checkbox"/> Pay stub  |                     |                     |
| <input type="checkbox"/> Voter registration or correspondence from a government agency   |                     |                     |
| <input type="checkbox"/> Affidavit of residency  |                     |                     |
| II. Signed Memorandum of Understanding   | _____               | _____               |
| III. Oral Health Assessment/Waiver Request Form<br><i>*must be signed/stamped by physician unless waived by parent</i>   | _____               | _____               |
| IV. Parent/Guardian Photo ID   | _____               | _____               |
| V. Migrant Survey  | _____               | _____               |
| VI. IEP (if applicable)  | _____               | _____               |

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

- Assigned School: \_\_\_\_\_ Aeries ID #: \_\_\_\_\_ McKinney Vento: Yes / No (circle)
- Medical Considerations: \_\_\_\_\_
- Docs Scanned: \_\_\_\_\_ Entered into Aeries: \_\_\_\_\_  
(Date) (Date)
- Signature of Admin/Registrar: \_\_\_\_\_

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 licensed health professional in the U.S. and returned to the child's school.**

1. Was your child born in, resided, or traveled (for more than one month) to a country with an elevated rate of TB\*? ☐ Yes ☐ No
2. Has your child been in close contact to anyone with tuberculosis (TB) disease in their lifetime? ☐ Yes ☐ No
3. Is your child immunosuppressed; current, or planned? (e.g., due to HIV infection, organ transplant, treatment with TNF-alpha antagonist or high-dose systemic steroids (e.g. prednisone  $\geq 15$  mg/day for  $\geq 2$  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  $\geq 2$  years in the U.S.) or TST (performed at age  $\geq 6$  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:**

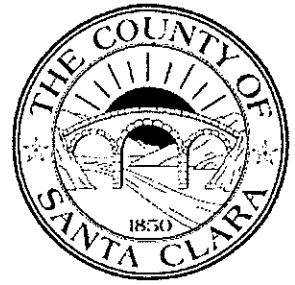
|   |  |   |  |  |  |
|---|--|---|--|--|--|
| Interferon Gamma Release Assay (IGRA)   |  | Date: _____   |  | Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate |  |
| Tuberculin Skin Test (TST/Mantoux/PPD)  |  | Date placed: _____  |  | 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"/> Prior TB/LTBI treatment (Rx & duration): _____       |  |  |  |
| <input type="checkbox"/> Rifampin daily - 4 months  |  | <input type="checkbox"/> Treatment medically contraindicated                  |  |  |  |
| <input type="checkbox"/> Isoniazid/Rifapentine - weekly X 12 weeks  |  |   |  |  |  |
| <input type="checkbox"/> Isoniazid daily - 9 months   |  |   |  |  |  |
| <input type="checkbox"/> Other: _____   |  | <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 has no symptoms.      |  |   |  |  |  |
| <input type="checkbox"/>  |  |   |  |  |  |
| _____<br>Health Care Provider Signature, Title  |  |   |  | _____<br>Date  |  |

**Name/Title of Health Provider:**  
**License Number:**  
**Facility/Address:**  
**Phone number:**

# 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.

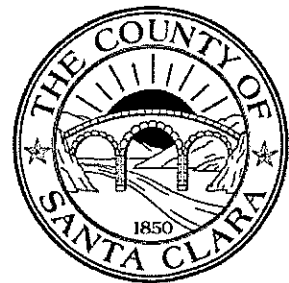
Sincerely,

Teeb Al-Samarrai, MD  
Tuberculosis Controller

# 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. TB screening can be falsely negative within 8 weeks after exposure, so are best obtained 8 weeks after last exposure.

### Evaluation of Children with Positive TB Tests

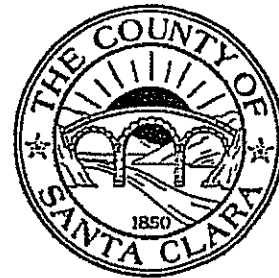
- All children with a positive IGRA/TST result must have a medical evaluation, including a CXR (posterior-anterior and lateral is recommended for children  $<5$  years old). A CXR is not required for a positive TST with negative IGRA in a BCG-vaccinated child, or if the child has documentation of prior 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).

Board of Supervisors: Mike Wasserman, Cindy Chavez, Otto Lee, Susan Ellenberg, S. Joseph Simitian,  
County Executive: Jeffrey V. Smith

**County of Santa Clara**  
**Public Health Department**



Immunization Education and Planning Program  
1998 McKee Road, Bldg.B  
San José, CA 95116  
Phone: 408.937.2271  
Fax: 408.937.2272

---

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

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)

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.

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)

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.





---

**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 apply online by going to the district website: [mhusd.org](http://mhusd.org) and clicking the Enroll button. Enrollment must be completed for each individual student.

1. Requirements for enrollment in an elementary school include the following:
  - ✓ Proof of age (Birth Certificate, Baptismal Certificate, Passport or proof of age affidavit if no other document is available)
  - ✓ 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 checklist) & Student Residency Questionnaire/ Affidavit
  - ✓ Signed Enrollment Confirmation form (to be printed upon completion of online registration) 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 online enrollment has been completed, all required documents should be submitted to the student's school of residence. The school will finalize enrollment and the system will date and time stamp the enrollment record.

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 will be "overflowed" (moved) 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 overflowed from a school, the principal will first ask all parents for volunteers. If there are no volunteers and overflows are to occur, staff at the school sites will be directed to move students on a date and time-stamp basis, i.e., students who enrolled last will be moved first. The principal or Enrollment Center will call all parents of children to be overflowed and inform them of their new school assignment two to five days in advance of the move. Siblings may also be moved if the parent requests it and if there is room at the overflow school. The Enrollment Center will monitor enrollment numbers and determine if students are able to return to their school of residence should space become available.

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 two to five 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 overflow school at the end of the school year will be transferred to their school of residence in June. Parents may choose to make their overflow school their school of residence. The Enrollment Center will reach out to all overflow families in the Spring to determine placement for the following year.

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 by 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 | EMAIL: [enrollment@mhusd.org](mailto:enrollment@mhusd.org)

---

## 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.





**MORGAN HILL UNIFIED SCHOOL DISTRICT**  
**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) |
| <hr/>                                  |  |  |  |
| Licensed Dental Professional Signature |  | CA License Number  | Date   |

**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.



## MORGAN HILL UNIFIED SCHOOL DISTRICT

### MIGRANT CENTER

15600 CONCORD CIRCLE, MORGAN HILL, CA 95037

PHONE: 408-201-6030 | EMAIL: [enrollment@mhusd.org](mailto:enrollment@mhusd.org)

If you qualify for the Migrant Program you may be eligible for:

\*Preschool Services \*Health Services \*Free food and transportation  
\*Academic Resources-PASS Program-credit recovery \*Summer School Programs

Student's Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Today's Date: \_\_\_\_\_

1. Has your family moved in or out of the Morgan Hill area within the last 3 years?  
(Circle) **Yes** **No**
2. When you move within the last 3 years, did you or a member of your family seek or obtain seasonal employment in one or more of the following? (Circle) **Yes** **No**

- ( ) Agriculture  
( ) Dairy  
( ) Plant Nursery

- ( ) Food Packaging  
( ) Fishing Industries

\*\*Please fill out completely and return to your child's school.



## MORGAN HILL UNIFIED SCHOOL DISTRICT

### MIGRANT CENTER

15600 CONCORD CIRCLE, MORGAN HILL, CA 95037

PHONE: 408-201-6030 | EMAIL: [enrollment@mhusd.org](mailto:enrollment@mhusd.org)

Si califican para el programa migrante puede ser elegible para:

\*Servicios pre-escolares \*Comida y transporte gratis  
\*Servicios de salud \*Recursos académicos-Recuperación de créditos PASS \*Programa de escuela de verano

Nombre del estudiante: \_\_\_\_\_ Escuela: \_\_\_\_\_

Nombre de padres: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Fecha: \_\_\_\_\_

1. ¿Se ha mudado su familia fuera o dentro de la ciudad de Morgan Hill-San Martín durante los últimos 3 años? (Circule) **Sí** **No**
2. Cuando se mudaron en los últimos 3 años, ¿usted o algún miembro de su familia buscó u obtuvo trabajo temporal en uno o más de lo siguiente? (Circule) **Sí** **No**

- ( ) En el campo ( ) Empacadoras  
( ) Lechería ( ) Pesca  
( ) Viveros

\*\*Favor de llenar completamente y regresar a la escuela de su hijo (a)