

# BUSD Enrollment Forms

**Grades: 4K, TK, K, and 1st**

Please return to:

Central Enrollment Center

551 South Avenue H

Barstow, CA 92311

760-255-8800 / Fax: 760-255-8191

Hours: 7:30 am – 2:30 pm, Monday-Friday

## **REQUIRED DOCUMENTS:**

	<b>Official Birth Certificate or Passport</b>
	<b>Proof of Immunization (Shot Records – MUST be up to date)</b>
	<b>Report of Health Examination for School Entry (completed by physician)</b>
	<b>Mandated Oral Health Assessment (completed by dental professional)</b>
	<b>Proof of Residency (ie: mortgage statement, rental agreement, utility bill, DMV registration, other government issued mail)</b>



## Housing Questionnaire/Affidavit

*Per California Assembly Bill 27, all families are required to complete this form annually. Completion of the form will help the district determine if your child is eligible for McKinney-Vento Assistance.*

551 South Avenue H • Barstow, CA 92311 • Phone: (760) 255-6000 • Fax: (760) 255-8965 • [www.barstow.k12.ca.us](http://www.barstow.k12.ca.us)

The information provided below will help the Local Education Agency determine what services you and/or your child may be eligible to receive. This could include additional educational services through Title I, Part A and/or the federal McKinney-Vento Assistance act. The information provided on this form will be kept confidential and only shared with appropriate school district and site staff.

<b>Student Name (Last, First MI):</b>		<b>Birthdate:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>School Assigned:</b>		<b>Grade:</b>		
<b>Name of Parent/Guardian:</b>		<b>Phone number:</b>		
<b>Street Address City &amp; State Zip Code:</b>				
<p><b><u>Presently, are you and/or your family living in any of the following situations? Check one box:</u></b></p> <p><input type="checkbox"/> In a single-family residence (house, apartment, condominium, or mobile home) that is a permanent, regular, adequate nighttime residence that has running water, electricity, and heat</p> <p><input type="checkbox"/> Shared housing <i>NOT</i> due to financial hardship</p> <p><input type="checkbox"/> In a shelter (family shelter, domestic violence shelter, youth shelter)</p> <p><input type="checkbox"/> In a motel/hotel or campsite, temporarily due to inadequate housing</p> <p><input type="checkbox"/> In a car, park, campground, or abandoned building due to inadequate housing</p> <p><input type="checkbox"/> Shared housing with another family due to loss of housing or economic hardship (loss of job, eviction, natural disaster)</p> <p><input type="checkbox"/> Foster Youth</p> <p><input type="checkbox"/> Migrant Worker</p> <p><input type="checkbox"/> I am a student under the age of 18 and living apart from parent(s) or guardian (Unaccompanied Minor)</p>				
<b>Name of other children living with you</b>	<b>Gender</b>	<b>Birthdate</b>	<b>Grade</b>	<b>School</b>

***Signing this form, I declare under penalty of the laws in the state of California that the foregoing is true and correct and of my own personal knowledge. In addition, I understand that Barstow Unified School District reserves the right to verify the above residence information.***

\_\_\_\_\_  
**Signature of parent/legal guardian**

\_\_\_\_\_  
**Date**

***If you have any questions, please contact BUSD Outreach Liaison Daisy Alvarez 760-255-6026/daisy\_alvarez@busdk12.com***

Your child may have the right to: Immediate enrollment in the school they last attended (school of origin) or the local school where you are currently staying, even if you do not have all the documents normally required at the time of enrollment. Continue to attend their school or origin, if requested by you and it is in the best interest. Receive transportation to and from their school of origin, the same special programs, and services, if needed, as provided to all other children, including free meals and Title I. Receive the full protections and services provided under all federal and state laws, as it relates to homeless children, youth, and their families.

# ENROLLMENT FORM

## For Office Use Only (Staff Initials Required)

\_\_\_\_ Proof of Residency  
\_\_\_\_ Immunization Records  
\_\_\_\_ Birth Certificate  
\_\_\_\_ Oral Health Assessment  
\_\_\_\_ Report of Health Checkup  
\_\_\_\_ Transcripts/Transfer Grades  
\_\_\_\_ Transfer Into District  
\_\_\_\_ IEP/Psych/504/Speech  
\_\_\_\_ Legal/Caregiver Affidavit  
\_\_\_\_ MKV/Foster Youth



**BARSTOW  
UNIFIED**  
SCHOOL DISTRICT

Your **Best Choice** for **Academic Success!**

School \_\_\_\_\_ Year: \_\_\_\_\_

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

Date of Entry \_\_\_\_\_

Grade \_\_\_\_\_

Student ID # \_\_\_\_\_

## STUDENT IDENTITY INFORMATION (PLEASE PRINT CLEARLY)

### FULL LEGAL NAME (as shown on birth certificate)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ Suffix \_\_\_\_\_

FORMER/Nick Name LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_

GENDER ☐ MALE ☐ FEMALE DOB \_\_\_\_\_ Grade Level \_\_\_\_\_

BIRTHPLACE City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Has your student ever been expelled? ☐ YES ☐ NO If YES, Date \_\_\_\_\_ School \_\_\_\_\_

Has student ever attended school in Barstow Unified School District ? ☐ Yes ☐ No If YES, School \_\_\_\_\_ Grade \_\_\_\_\_

**STUDENT'S ETHNICITY?** (federally mandated information) Please check one: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

**WHAT IS YOUR CHILD'S RACE?** (federally mandated information) You may mark up to five racial categories. The above question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you considered the student's race to be.

☐ American Indian or Alaskan Native (100)  
☐ Chinese(201)  
☐ Japanese(202)  
☐ Korean(203)  
☐ Vietnamese(204)  
☐ Asian Indian(205)

☐ Laotian(206)  
☐ Cambodian(207)  
☐ Hmong(208)  
☐ Other Asian(299)  
☐ Hawaiian(301)  
☐ Guamanian(302)

☐ Samoan(303)  
☐ Tahitian(304)  
☐ Other Pacific Islander(399)  
☐ Filipino/Filipino American(400)  
☐ African American or Black(600)  
☐ White(700)

## Parent/Guardian Information:

Student lives with: ☐ Mother ☐ Father ☐ Both ☐ Step-Father ☐ Step-Mother ☐ Guardian ☐ Foster/Group Home ☐ Other: \_\_\_\_\_

First Parent/Guardian: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Legal Guardian ☐ Yes ☐ No, fill out Caregiver Affidavit

Home Address:(address, city, state, zip) \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred Language: ☐ English ☐ Spanish ☐ Other: \_\_\_\_\_

Education Level(federally mandated information) Please check mark below:

☐ Not a High School Graduate ☐ High School Graduate ☐ Some College or Associates ☐ College Graduate ☐ Graduate Degree or Higher

Second Parent/Guardian: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Legal Guardian ☐ Yes ☐ No, fill out Caregiver Affidavit

Home Address:(address, city, state, zip) \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred Language: ☐ English ☐ Spanish ☐ Other: \_\_\_\_\_

Education Level(federally mandated information) Please check mark below:

☐ Not a High School Graduate ☐ High School Graduate ☐ Some College or Associates ☐ College Graduate ☐ Graduate Degree or Higher

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM

## Enrollment Form Cont.

<b>Custody Agreements</b>			
<b>Are there any current court documents? (Custody, Restraining Orders, Guardianship)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, If YES and there is a legal custody agreement, please check type: <input type="checkbox"/> Joint Custody <input type="checkbox"/> Sole Custody <input type="checkbox"/> Guardianship. If legal documents are not present at time of enrollment, we can NOT enforce custody agreement.			
<b>Does your child receive any of the following services?</b> <i>Check all that apply :</i>			
<input type="checkbox"/> Special Education Services (Individualized Education Plan IEP) <i>please provide a copy of most recent IEP.</i> <input type="checkbox"/> Speech/Language Services <input type="checkbox"/> 504 Plan		<input type="checkbox"/> English Language Development <input type="checkbox"/> Other (Specify) <input type="checkbox"/> None	
<b>Previous School Information</b>			
<b>School Name:</b>		<b>School District:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	
<b>School Phone:</b>			
<b>Student's Last Date of Attendance:</b>			
<b>Date Student first attended school in the United States?</b>  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>_____</span> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>		<b>Date Student first attended school in California?</b>  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>_____</span> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>	

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

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date

## Home Language Survey

Last Name of Student: \_\_\_\_\_

First Name of Student: \_\_\_\_\_

Middle Name of Student: \_\_\_\_\_

Age of Student: \_\_\_\_\_ Grade Level of Student: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

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### Directions to Parents and Guardians:

The California *Education Code* contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.

1. Which language did your child learn when they first began to talk? \_\_\_\_\_
2. Which language does your child most frequently speak at home? \_\_\_\_\_
3. Which language do you (the parents and guardians most frequently use when speaking with your child? \_\_\_\_\_
4. Which language is most often spoken by adults in the home?  
(parents, guardians, grandparents, or any other adults) \_\_\_\_\_

Please sign and date this form in the spaces provided below, thank you for your cooperation.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

# **Barstow Unified School District**

## **Student Internet and Network Use Agreement**

**Please read the following carefully before signing this document**

The signature(s) at the end of this document is (are) binding and indicate the party (parties) who signed has (have) read the terms and conditions carefully and understand(s) their significance.

The use of the Internet and any network resources is a privilege, not a right. Inappropriate use will result in a cancellation of those privileges. The BUSD administration, teachers and/or staff of BUSD may deny, revoke, or suspend specific user access of those students who violate the articles of this agreement. (See IV below)

### **Introduction**

This document will give you information about privileges and responsibilities of using the Internet and district networks as part of the student's educational experience. This agreement must be signed before the student will be granted access to the Internet and other resources provided through the BUSD' local and/or wide area networks.

The Internet is an electronic network connecting millions of people via computers from all over the world. Students may have access to:

- 1) Information and news from a variety of sources and research institutions;
- 2) Public domain and shareware software of all types;
- 3) Discussion groups on a wide variety of topics;
- 4) Many university libraries, the Library of Congress, and more.

However, on a public network, it is impossible to control all materials, including harmful matter.

("Harmful matter" means matter that, taken as a whole by the average person applying contemporary statewide standards, describes in a patently offensive way material which lacks serious literary, artistic, political or scientific value for minors. (ref. Penal Code section 313)).

### **I. Supervision, Monitoring and Filtering**

Students are expected to use technological resources in a responsible and age appropriate manner.

BUSD teachers will reasonably supervise and monitor student use of the Internet and on-line resources. In addition, the Internet access provided in BUSD programs is regulated by a technology protection device that filters visual depictions that are obscene, child pornography, or harmful to minors. However, the County Board of Education and the County Superintendent of Schools do not control the content of information or resources accessible on the Internet and, due to the rapid growth in Internet content, filtering may not be perfectly effective. Students and parents should be aware that some of the materials on the network might be controversial and inappropriate for use by students. BUSD teachers attempt to provide resources through the Internet that are appropriate for classroom instruction and/or research for the needs, maturity and ability of their students. BUSD take no responsibility for the accuracy or quality of information from Internet sources. Students should be aware that computer files and communications over electronic networks are not private. Electronic communications and downloaded material, including files deleted from a user's account under specific conditions, may be monitored or read by teachers and other program employees.

### **II. Acceptable Use**

Access to the Internet in education is to support learning. Academic institutions are provided access to unique resources and the opportunity for collaborative work. The use of the Internet must be in support of education and be consistent with the educational goals of the BUSD.

### **III. Prohibited Use**

1. BUSD students shall not disclose, use or disseminate personal identification information about themselves or others when using electronic mail or other forms of electronic communication. Personal information includes student names, photographs, personal account addresses, home addresses, telephone numbers, Social Security numbers, or other individually identifiable information.
2. BUSD students shall not use the Network for any commercial, political, or personal use. Students shall not use the Internet for purposes unrelated to educational endeavors.
3. BUSD students are prohibited from accessing, posting, transmitting, publishing or displaying harmful or inappropriate matter that is threatening, obscene, disruptive, or sexually explicit, or that could be construed as harassment or disparagement of others based on their race, medical condition, marital status, sex, age, sexual orientation, political or religious beliefs. This includes a perception that a person has any of these characteristics or that a person is associated with someone who has, or is perceived to have, any of these characteristics.
4. BUSD students shall not use technological resources to encourage the use of drugs, alcohol, or tobacco, or to promote unethical practices or conduct any activity prohibited by law, policy, or administrative regulation.
5. BUSD students shall not violate copyright laws. All communications and information accessible via the network should be assumed to be the property of the author and should not be reused without his/her permission. Students may place copyrighted material, including multimedia, on the system only with appropriate permission.
6. BUSD students shall not read other users' mail or files; they shall not attempt to interfere with other users' ability to send or receive electronic mail; nor shall they attempt to delete, copy, modify, forge, or fraudulently use other users' mail or files.
7. BUSD students shall not commit acts of vandalism using BUSD technology resources. Vandalism includes, but is not limited to, hacking, intentionally transferring, uploading, downloading, or creating computer viruses and/or any malicious use of technology resources. Also included are any actions that harm or destroy equipment, materials, or data, in any form, of any other user. Public offenses related to computer crime are defined in Penal Code section 502.

### **IV. Consequences (Disciplinary Action)**

Violation of the above items may result in the cancellation of Internet and network privileges. The BUSD Executive Director (or designee) may close a student account at any time deemed necessary. Depending on the seriousness of the offense, disciplinary actions based on any combination of the following policies/procedures will be enforced: Education Code, BUSD district policy, and school site discipline policy. Any user identified as a security risk or having a history of problems with other computer systems may be denied access to the local/wide area network and the Internet.

## **STUDENT INTERNET AND NETWORK USE AGREEMENT**

I understand and will abide by the BUSD Student Internet and Network Use Agreement terms and conditions for access to the Internet and/or BUSD networks. I understand that my signature is binding and indicate that I have read the terms and conditions carefully and understand their significance.

I further understand that any violation of these regulations is unethical and some actions could constitute a criminal offense. Should I commit any violation, my access privileges will be revoked, school disciplinary action will be taken against me, and appropriate legal action will be considered.

Student User's Name (please print) \_\_\_\_\_

Student User's Signature \_\_\_\_\_

Date \_\_\_\_\_

### **Parent or Guardian Network Responsibility Agreement**

(If user is **under the age of 18**, a parent or guardian must also read and sign this agreement.)

As the parent or guardian of this student, I have read the terms and conditions as outlined in the BUSD Student Internet and Network Use Agreement.

I understand that this access is designed for educational purposes and that the BUSD has taken precautions to eliminate inappropriate materials. However, I also recognize it is impossible for the BUSD to restrict access to all inappropriate materials and I will not hold them responsible for material the student may access.

Parent or Guardian Name (please print) \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_





## RELEASE OF DIRECTORY INFORMATION

School: \_\_\_\_\_

\_\_\_\_\_  
Students LAST Name (Print)

\_\_\_\_\_  
Student FIRST Name (Print)

\_\_\_\_\_  
Grade

### Please initial all that you agree:

\_\_\_\_\_ **SCHOOL DISTRICT/WEB:** I permit the above-named student's name and photos to be used in the school/district's web pages and publications, including video productions.

\_\_\_\_\_ **NEWS MEDIA:** I permit directory information and photos for above named student to be released to the news media/press, including academics and athletics recognitions.

\_\_\_\_\_ **INTERESED PARTIES:** I permit directory information for the above-named student to be released to interested parties including parent/teacher organizations, colleges, universities, educational institutions, and prospective employers.

\_\_\_\_\_ **MILITARY (High School Only):** I permit directory information for the above-named student to be released to the U.S. Military and military schools.

\_\_\_\_\_ **SCHOOL DISTRICT YEARBOOK PRINT:** I permit the above-named student's name and photos to be used in the school/district's yearbook/print media, including school newspaper.

\_\_\_\_\_  
Parent Name (Print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## BARSTOW UNIFIED SCHOOL DISTRICT

### PARENT NOTIFICATION OF STATE IMMUNIZATION REQUIREMENTS

**Immunizations – EC 49403 and 48216, HSC 120335, 120365, and 120370 - Students must be immunized against certain communicable diseases.** Students are **prohibited** from attending school unless immunization requirements are met for age and grade. The school district shall cooperate with local health officials in measures necessary for the prevention and control of communicable diseases in school age children. The district may use any funds property of personnel and may permit any person licensed as a physician or registered nurse to administer an immunizing agent to any student whose parents have consented in writing.

Beginning **January 1, 2016** parents of students in any school, will **no longer be allowed to submit a personal beliefs exemption** to a currently required vaccine. A personal beliefs exemption on file at school prior to January 1, 2016 will continue to be valid until the student enters the next grade span at kindergarten (including transitional kindergarten) or 7th grade.

Students are not required to have immunizations if they attend a home-based private school or an independent study program and do not receive classroom-based instruction. However, parents must continue to provide immunization records for these students to their schools. The immunization requirements do not prohibit students from accessing special education and related services required by their individualized education programs.

A student not fully immunized may be temporarily excluded from a school or other institution when that child has been exposed to a specified disease and whose documentary proof of immunization status does not show proof of immunization against one of the communicable diseases described above. State law requires the following immunizations before a child may attend school:

- a. All new students, in transitional kindergarten through grade 12, to the Barstow Unified School District must provide proof of polio, diphtheria, pertussis, tetanus, measles, mumps, rubella, and varicella immunizations.
- b. All transitional kindergarten and kindergarten students must also provide proof of vaccination against hepatitis B.
- c. All seventh grade students must also provide proof of a second immunization for measles, mumps, rubella, and a pertussis booster vaccination. Free-or low-cost immunizations for children are available at Public Health. Please call 1-800-722-4777 for information. Information about a medical exemption or personal beliefs exemption from immunizations for your student is available at 1-800-722-4777.

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_  
*Last First Initial*

**PARENT/GUARDIAN:** Please check the appropriate box(es), if any, that best describes your student's current health condition(s) and return the completed form to school. Please provide specific information regarding conditions that may affect student learning and participation in school activities.

√	Health Condition	Medication	Specific Information
<input type="checkbox"/>	ADD/ADHD		
<input type="checkbox"/>	Allergy-Bee/Insect Life Threatening <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/>	Allergy-Food Life Threatening <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/>	Allergy-Medication Life Threatening <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/>	Allergy-Other(animal,latex,etc.) Life Threatening <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/>	Asthma- <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Serious		
<input type="checkbox"/>	Autism		
<input type="checkbox"/>	Birth Defect/Genetic Disorder		
<input type="checkbox"/>	Bladder/Kidney Problem		
<input type="checkbox"/>	Blood disorders (Chronic)		
<input type="checkbox"/>	Cerebral Palsy		
<input type="checkbox"/>	Colitis/Crohn's Disease		
<input type="checkbox"/>	Confidential Health Problem (call District Nurse)		
<input type="checkbox"/>	Diabetes( <b>Requires meeting w/District Nurse</b> )		
<input type="checkbox"/>	Down Syndrome/Intellectual Disability		
<input type="checkbox"/>	Emotional/Psychological/Eating Disorder		
<input type="checkbox"/>	Hearing Problems (infections, tubes, nerve damage, etc.)		
<input type="checkbox"/>	Deaf/Hard of Hearing <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear		
<input type="checkbox"/>	Hearing Aids <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear		
<input type="checkbox"/>	Heart Problems- <input type="checkbox"/> No restrictions or <input type="checkbox"/> Restrictions		
<input type="checkbox"/>	Hemophilia – Call District Nurse		
<input type="checkbox"/>	Hypoglycemia/physician diagnosed		
<input type="checkbox"/>	Medication Taken at Home, explain		
<input type="checkbox"/>	Medication Taken at School ( <b>Requires physician note</b> )		
<input type="checkbox"/>	Menstrual Problems (Severe)		
<input type="checkbox"/>	Migraine Headaches (physician diagnosed, list med)		
<input type="checkbox"/>	Nosebleeds – Severe		
<input type="checkbox"/>	Orthopedic Condition-Description:		
<input type="checkbox"/>	Physical Activity Limitation ( <b>Requires physician note</b> )		
<input type="checkbox"/>	Prosthesis		
<input type="checkbox"/>	Scoliosis (physician diagnosed)		
<input type="checkbox"/>	Seizure Disorder-Type:		
<input type="checkbox"/>	Sickle Cell Anemia (explain)		
<input type="checkbox"/>	Skin Disorder		
<input type="checkbox"/>	Speech Difficulties		
<input type="checkbox"/>	Traumatic Brain Injury		
<input type="checkbox"/>	Tuberculosis/or history of positive skin tests Chest X-ray required w/positive skin test. List Med		
<input type="checkbox"/>	Visual Impairment <input type="checkbox"/> Right Eye <input type="checkbox"/> Left Eye		
<input type="checkbox"/>	Glasses/Contact lens <input type="checkbox"/> Distance <input type="checkbox"/> Reading		
<input type="checkbox"/>	<b>Other Health Concern(s) not listed-Describe:</b>		
<input type="checkbox"/>	<b>NO HEALTH CONCERNS AT THIS TIME</b>		

**IF IN NEED OF EMERGENCY MEDICAL CARE AND WE ARE NOT ABLE TO CONTACT YOU, WE WILL CALL 911. STUDENTS MAY BE TRANSPORTED TO Barstow Community Hospital.**

Date \_\_\_\_\_



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 (PIM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DIAP/DTP/DTTd (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)

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)

and 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 (PIM 171 B) found at your child's school.

## 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: <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:	<u>Caries Experience</u> (fillings present)  <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Visible Decay</u> <u>Present:</u>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Treatment Urgency:</u> <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)
_____ <b>Licensed Dental Professional Signature</b>		_____ <b>CA License Number</b>	_____ <b>Date</b>

### 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.*

PS June 2017

Barstow Unified School District  
Student EMERGENCY Form



**BARSTOW  
UNIFIED**  
SCHOOL DISTRICT

Your **Best Choice** for **Academic Success!**

OFFICE USE  
ONLY

STUDENT # \_\_\_\_\_

Teacher \_\_\_\_\_

**ALERTS**

Medical \_\_\_\_\_

Legal \_\_\_\_\_

Household Name \_\_\_\_\_

**Please fill out completely and sign where indicated. In an emergency it is the school district policy to retain students at school for their safety. This form will be used by the school staff when student(s) are released to go home during a school emergency.**

**STUDENT'S LAST NAME**

**FIRST NAME**

Middle Name \_\_\_\_\_

Birthdate \_\_\_\_\_ ☐ Male ☐ Female Grade \_\_\_\_\_ Home Language \_\_\_\_\_

Student Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

MAILING ADDRESS -if Different \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

**HOUSEHOLD 1-Whom Student Lives With**

Parent's Legal/Guardians Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Lives with ☐ Yes ☐ No DOB \_\_\_\_\_

Work Address \_\_\_\_\_ City /State/Zip \_\_\_\_\_

Phone Numbers: Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email Address \_\_\_\_\_ Legal Guardian ☐ Yes ☐ No Active Military ☐ Yes ☐ No

Branch: \_\_\_\_\_

Parent's Legal/Guardians Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Lives with ☐ Yes ☐ No DOB \_\_\_\_\_

Work Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone Numbers: Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email Address \_\_\_\_\_ Legal Guardian ☐ Yes ☐ No Active Military ☐ Yes ☐ No

Branch: \_\_\_\_\_

**HOUSEHOLD 2**

Additional Mailing Request ☐

Parent 's/Legal Guardian's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Lives with ☐ Yes ☐ No DOB \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Work Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone Numbers: Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email Address \_\_\_\_\_ Legal Guardian ☐ Yes ☐ No Active Military ☐ Yes ☐ No

Branch: \_\_\_\_\_

**To the Principal: In case you are unable to reach me during any emergency, you are authorized to contact and, if necessary, release my child to any of the following:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_

Phone Numbers: Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_

Phone Numbers: Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_

Phone Numbers: Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

**Please complete both sides of the BUSD Emergency Form**

**SIBLINGS: Full name of Brothers and Sisters (oldest first) living in this household (Please indicate all children)**

1. Name _____	DOB _____	Grade _____	Relationship _____
2. Name _____	DOB _____	Grade _____	Relationship _____
3. Name _____	DOB _____	Grade _____	Relationship _____
4. Name _____	DOB _____	Grade _____	Relationship _____
5. Name _____	DOB _____	Grade _____	Relationship _____
6. Name _____	DOB _____	Grade _____	Relationship _____
7. Name _____	DOB _____	Grade _____	Relationship _____
8. Name _____	DOB _____	Grade _____	Relationship _____

**EMERGENCY MEDICAL TREATMENT**

(Education Code 49407) In the event your child is ill or injured during regular school hours and such illness or injury required medical treatment such as but not limited to an x-ray, examination, medical or surgical diagnosis/treatment and/or hospital care as advised by any licensed physician, to be rendered the parent or guardian cannot be reached the school district, school principal, physician or hospital treating child shall not be held liable for the reasonable treatment. Unless the parent or guardian has previously filed with the school district a written objection to any medical treatment other than first aid.

**HEALTH ALERTS**—List any medical condition which restricts physical activity or requires special attention. Include conditions such as asthma and allergies such as peanut and bee stings.

If none, please indicate "none". \_\_\_\_\_

Does the STUDENT HAVE HEALTH INSURANCE? (Check one) ☐ Yes ☐ No

if **YES** ☐ Private Health Insurance ☐ Medi-Cal ☐ Other

Medical Health Care ID Number \_\_\_\_\_

Private Health Insurance Name \_\_\_\_\_ Group # \_\_\_\_\_

Name of Doctor/Medical Office \_\_\_\_\_

Phone # of Doctor Office/Medical Office \_\_\_\_\_

My child is allergic to the following medications \_\_\_\_\_

My child currently takes the following medications: \_\_\_\_\_

I certify that I have read and understood this form and do hereby give my authorization for emergency medical treatment, and that all of the information I have provided on this form is true and correct.

**Signature (Check one)**

☐ **Parent**

☐ **Legal Guardian**

**Date**

**Please complete both sides of the BUSD Student Emergency Form**





# BARSTOW UNIFIED SCHOOL DISTRICT

Your **Best Choice** for **Academic Success!**

## Release of Records

551 South Avenue H  
Barstow, CA 92311 Ph:  
760-255-8800 Fax: 760-255-8191

### Central Enrollment Center

The below named student will be enrolling at our district

Student Name:	Students Date of Birth: Grade:
Last School of Attendance/ City, State:	Phone: Fax: Email:
Parent/Guardian Signature:	Date:

#### OFFICE USE ONLY

☐ 1<sup>st</sup> Request ☐ 2<sup>nd</sup> Request ☐ 3<sup>rd</sup> Request

Staff Requesting:	Date:
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We are requesting the following documents:

<p><b>Please email <a href="mailto:enroll@busdk12.com">enroll@busdk12.com</a> Fax 760-255-8191 (pending enrollment):</b></p> <p><input type="checkbox"/> Birth Certificate</p> <p><input type="checkbox"/> Immunization</p> <p><input type="checkbox"/> Unofficial Transcript</p> <p><input type="checkbox"/> Withdraw grades</p> <p><input type="checkbox"/> Most recent IEP, Psych Report, and/or Speech</p> <p><input type="checkbox"/> 504 Plan</p> <p><input type="checkbox"/> Discipline/Expulsion Records</p>	<p><b>Please mail to school site marked below:</b></p> <p><input type="checkbox"/> Cumulative File</p> <p><input type="checkbox"/> Special Education Records</p> <p><input type="checkbox"/> Official Transcript</p> <p><input type="checkbox"/> Medical Health File</p> <p><input type="checkbox"/> Other: _____</p> <p>Enrollment Date: _____</p>
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**PLEASE MAIL TO:**  
**BUSD-ATTN:(School Site)**  
**551 South Avenue H.**  
**Barstow, CA 92311**

School Site	Phone:	Fax:
<input type="checkbox"/> Barstow Fine Arts Academy	760-255-4901	760-255-4906
<input type="checkbox"/> Cameron Elem	760-255-6260	760-255-8179
<input type="checkbox"/> Crestline Elem	760-252-5121	760-252-5152
<input type="checkbox"/> Henderson Elem	760-255-6250	760-255-8162
<input type="checkbox"/> Lenwood Elem	760-253-7713	760-253-7708
<input type="checkbox"/> Montara Elem	760-252-5150	760-252-5185
<input type="checkbox"/> Skyline Elem	760-255-6090	760-255-6095
<input type="checkbox"/> Barstow STEM Academy	760-255-6151	760-255-6104
<input type="checkbox"/> Barstow Jr. High School	760-255-6202	760-255-6203
<input type="checkbox"/> Barstow High School	760-255-6119	760-255-4076
<input type="checkbox"/> Central High School	760-255-6060	760-255-2125
<input type="checkbox"/> Central Enrollment Center	760-255-8800	760-255-8191