



MORGAN HILL UNIFIED SCHOOL DISTRICT / ENROLLMENT CENTER

15600 CONCORD CIRCLE, MORGAN HILL, CA 95037, (408) 201-6030 / enrollment@mhusd.org

Secondary Registration Check-Off List/Lista de verificación de Registración para Secundaria

Name of Student: _____ Grade (Grado): _____
(Nombre del estudiante)

School of Residence (Escuela de residencia): _____

Completed Student Enrollment Packet includes /El paquete completo de inscripción de estudiantes incluye:

- Online Enrollment Confirmation (printed) / Confirmación de inscripción en línea (impresa)**
- Proof of Age / Prueba de edad:** certified copy of birth record, ie: passport, birth certificate, baptismal certificate or affidavit of age / copia certificada del acta de nacimiento, es decir: pasaporte, acta de nacimiento, acta de bautismo or declaración jurada de edad
- Residency verification / Verificación de residencia**
** only 1 needed unless requested by school personnel. Must be dated within the last 30 days*
** solo se necesita 1 a menos que lo solicite el personal de la escuela. Debe tener una fecha dentro de los últimos 30 días*
 - Utility bill (electricity, gas, water, garbage/recycling) / Factura de servicios públicos (electricidad, gas, agua, basura/reciclaje)
 - Copy of your lease or rental agreement, escrow paperwork, or mortgage statement / Copia de su contrato de arrendamiento o alquiler, documentación de depósito en garantía o declaración de hipoteca
 - Property tax payment receipt / Recibo de pago del impuesto predial
 - Correspondence from a government agency / Correspondencia de una agencia gubernamental
 - Affidavit of residency / Declaración jurada de residencia
- Parent/Guardian Photo ID (drivers license, passport) / Identificación con foto del padre / tutor** (licencia de conducir, pasaporte)
- Migrant Survey (required/completed) / Encuesta sobre migrantes** (obligatoria/completada)
- Immunizations / Vacunas**
- TB Risk Assessment Form or TB(PPD) Test / Formulario de evaluación del riesgo de tuberculosis o prueba de tuberculosis (PPD)**
 - TB Risk Assessment Form required if entering TK-12th grade for the first time
Se requiere un formulario de evaluación del riesgo de tuberculosis si ingresa por primera vez al grado TK-12
 - TB Risk Assessment Form required if entering from outside of Santa Clara County
Se requiere un formulario de evaluación del riesgo de tuberculosis si ingresa desde fuera del condado de Santa Clara
 - TB (PPD) Test required if entering from another country * **Date administered, read and the results**
Prueba de TB (PPD) requerida si ingresa desde otro país * **Fecha de administracion, lectura y resultados**
 - Both TB Risk Assessment and TB (PPD) Test results **must be completed/signed/stamped by physician**
Tanto los resultados de la evaluación del riesgo de tuberculosis como los de la prueba de tuberculosis (PPD) **deben ser completados/firmado s/sellados por un médico**
- IEP (if applicable) / IEP** (si corresponde)
- Transcript for students entering grades 10 - 12 / Transcripción** para estudiantes que ingresan a los grados 10 a 12

** If enrolling for current school year, please provide withdrawal form with exit grades from previous school*
** Si se inscribe para el año escolar actual, proporcione un formulario de retiro con las calificaciones de salida de la escuela anterior*

.....
For Office Use Only

Assigned School: _____ Aeries ID #: _____ Previous School: _____ Leave Date: _____

McKinney Vento: Yes / No Entered into Aeries/Uploaded Docs by: _____ Date: _____

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. 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 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).
- Isoniazid and Rifampin daily for 3 months: Children: Isoniazid 10-20 mg/kg (300 mg maximum) Rifampin 15-20 mg/kg; (600 mg maximum)



MORGAN HILL UNIFIED SCHOOL DISTRICT

MIGRANT CENTER

15600 CONCORD CIRCLE, MORGAN HILL, CA 95037

PHONE: 408-201-6030 | EMAIL: 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: _____

- Has your family moved in or out of the Morgan Hill area within the last 3 years?
(Circle) **Yes** **No**
- When you moved 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

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: _____

- ¿Se ha mudado su familia fuera o dentro de la ciudad de Morgan Hill-San Martín durante los últimos 3 años? (Circule) **Sí** **No**
- 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
- () Lechería
- () Viveros
- () Empacadoras
- () Pesca

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