

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:(Nombre del estudiante)	lo):				
School of Residence (Escuela de residencia):		_			
Completed Student Enrollment Packet includes /El paquet	e completo de inscripción de estudiantes	incluye:			
Online Enrollment Confirmation (printed) / Confirmation	ación de inscripción en línea (impresa)				
Proof of Age / Prueba de edad: certified copy of birth recocopia certificada del acta de nacimiento, es decir: pasaporte, acta					
Residency verification / Verificación de residencia * only 1 needed unless requested by school personnel. M * solo se necesita 1 a menos que lo solicite el personal de Utility bill (electricity, gas, water, garbage/basura/reciclaje) Copy of your lease or rental agreement, es arrendamiento o alquiler, documentación Property tax payment receipt / Recibo de Correspondence from a government agen Affidavit of residency / Declaración jurada	e la escuela. Debe tener una fecha dentro de los recycling) / Factura de servicios públicos (de scrow paperwork, or mortgage statement de depósito en garantía o declaración de la pago del impuesto predial cy / Correspondencia de una agencia gube	electricidad, gas, agua, / Copia de su contrato de nipoteca			
Parent/Guardian Photo ID (drivers license, passport) / Ide	ntificación con foto del padre / tutor (licer	icia de conducir, pasaporte)			
Migrant Survey (required/completed) / Encuesta s	obre migrantes (obligatoria/completada	a)			
Immunizations / Vacunas					
 TB Risk Assessment Form or TB(PPD) Test / Formulari TB Risk Assessment Form required if entering TK-12tl Se requiere un formulario de evaluación del riesgo de TB Risk Assessment Form required if entering from or Se requiere un formulario de evaluación del riesgo de TB (PPD) Test required if entering from another count Prueba de TB (PPD) requerida si ingresa desde otro pe Both TB Risk Assessment and TB (PPD) Test results material Tanto los resultados de la evaluación del riesgo de tul ser completados/firmado s/sellados por un médico 	n grade for the first time tuberculosis si ingresa por primera vez al grad utside of Santa Clara County tutside of Santa Clara County try * Date administered, read and the results try * Fecha de administracion, lectura y resul tust be completed/signed/stamped by physicia	o TK-12 do de Santa Clara (tados n			
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 * Si se inscribe para el año escolar actual, proporcione un formu For Offi	llario de retiro con las calificaciones de salida de la				
Assigned School: Aeries ID #:		Leave Date:			
McKinney Vento: Yes / No Entered into Aeries/Uploaded Docs by					
Medical Considerations:		MHUSD			

Child's Name:Last,	Birthdat First	e: month/da	Male/Fema y/year	ale School:					
AddressStreet	City	Zip	Phone:		_ Grade:				
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.									
Was your child born in, with an elevated rate of		or more tha	n one month) to a co	ountry	☐ Yes	□ No			
2. Has your child been in close contact to anyone with 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 or a tuberculin skin test (TST) unless there is either 1) a documented prior positive IGRA or TST or 2) no new risk factors since last documented negative IGRA (performed at age ≥2 years in US or TST performed at age ≥ 6 months in 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 chi	dren with a positive	risk asses	sment:						
Date of (IGRA)			Result: Negative	☐ Positive	e 🛭 Indeterr	ninate			
Tuberculin Skin Test (TST/N	•		Indurationr						
Date placed: Chest X-Ray Date:	Date read:	. □ Normal	Result: Negative	e D Positive					
LTBI Treatment Start Date: □ Rifampin daily: □ Isoniazid/Rifap □ Isoniazid daily:	- 4 months entine - weekly X 12	weeks	□ Prior TB/LTBI	dically contraind		v			
Please check one of the boxes below and sign: Child has no TB symptoms, no risk factors for TB, and does not require a TB test. Child has a risk factor, has been evaluated for TB and is free of active TB disease. Child has no new risk factors since last negative IGRA/TST and has no symptoms. Child has no TB symptoms. Appointment for IGRA/TST scheduled on:									
Name/Title of Health Provid Facility/Address: Phone number:	er:	nealth Care	Provider Signature, T	iue	<u> </u>	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 ≥10mm 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)

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



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:	Schoo	ol Name:			
Parent's Name:	Phone Number:				
	Today's Date:				
 Has your family moved in or 	s your family moved in or out of the Morgan Hill area within the last 3 years?				
(Circle) Yes	No				
When you moved within the	e last 3 years, did you or a mer	nber of your family seek or obtain seasonal			
employment in one or more	of the following? (Circle)	Yes No			
() Agriculture () Foo		**Please fill out completely and return			
() Dairy () Fis	hing Industries	to your child's school.			
() Plant Nursery					
					
	MORG	GAN HILL UNIFIED SCHOOL DISTRICT			
MORGAN HILL		MIGRANT CENTER			
UNIFIED SCHOOL DISTRICT	1560	0 CONCORD CIRCLE, MORGAN HILL, CA 95037			
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	ara el programa migrante pued	- ·			
	e-escolares *Comida y trans				
	salud *Recursos académico	**			
_ créditos PAS	*Programa de escuela de ve	erano			
Nombre del estudiante:		Escuela:			
Nombre de padres:		Teléfono:			
		Fecha:			
		Morgan Hill-San Martín durante los últimos			
		e) Sí No			
		miembro de su familia buscó u obtuvo			
trabajo temporal en uno o m	as de lo siguiente? (Circul	e) Sí No			
() = -					
	pacadoras	**Favor de llenar completamente y			
() Lechería () Pes	ca	regresar a la escuela de su hijo (a)			
() Viveros					