



Saratoga Union School District

20460 Forrest Hills Dr, Saratoga, CA 95070
Email: registration@saratogausd.org • Phone: 408-867-3424
www.saratogausd.org

TK K
1

New Student Preregistration Packet 2024-2025

STEP 1: **Verify district residency.** Visit www.saratogausd.org/districtlocator. The results will read *Saratoga Union* if you reside within our school district. Refer to page 2 for how schools are assigned.

STEP 2: **Starting February 1st, 2024 email registration@saratogausd.org with ALL the following information:**

- ☐ Student's **legal** first name, middle name, and last name ☐ Student's date of birth ☐ Grade level for the 2024-25 school year
☐ Student's address ☐ Parent/Guardian legal names ☐ Parent/Guardian phone & email address to receive a registration link

STEP 3: You will receive an email from noreplyreg@saratogausd.org to complete the registration via the **online portal**.

To complete the online registration, you will need to upload the following documents:

- ☐ **Statement of Residency:** Completed and signed (page 3)
- ☐ **Proof of age:** An original birth certificate, birth record, baptism certificate. If no other forms of documentation are obtainable, an affidavit by the parent, guardian, or custodian of the minor, or any other appropriate means of proving the age of the child is permissible. (Education Code 48002)
- ☐ **Parent/Guardian identification:** Driver's license, passport, or other photo ID card
- ☐ **Immunization record:** Vaccinations and TB Risk Assessment do not need to be up-to-date at time of registration, but must be completed with records sent to the District Nurse no later than July 31.
- ☐ **TB Risk Assessment:** Signed by a U.S. physician or TB test result done in the U.S. The form is due July 31 and not required at time of registration.
- ☐ **Latest report card:** Grades 1-8 should submit a recent report card, progress report, and/or standardized test results
- ☐ **Other:** If student has received Special Education or 504 services, provide a copy of assessments/IEP/504
- ☐ **Four required proofs of residency documents showing parent/guardian name and address on each document**
If you are missing items, refer to the section below to determine if you qualify for Conditional Registration
 - ☐ 1. Homeowner: current property tax bill (showing parent name) OR official grant deed from the county
Renter: lease agreement signed and valid for the school year
 - ☐ 2. Current PG&E utility bill showing at least 30 days usage
 - ☐ 3. Current utility bill: water, sanitation, internet, or phone
 - ☐ 4. A recent copy of ONE of these mailings showing parent name and address: DMV vehicle registration, IRS mailing, Social Security or government agency mailing, Registrar of Voters or election ballot mailing, juror summons, employer pay stub, dwelling insurance, USPS address verification, credit card bill

Registration Periods: Regular or Conditional

Regular Registration Period, February 1 - February 29, 2024 at 4:00 p.m.

The regular registration period is for **current** district residents who can provide **ALL** requested documents listed above. There are **no** exceptions for incomplete documentation during this time. If you do not have all of the residency documents you may be eligible for *Conditional Registration* (below). **Families with siblings currently attending SUSD elementary schools must complete their registration by February 29 in order to receive priority placement at the same school.**

Conditional Registration Period: March 1, 2024 onwards

During the Conditional Registration period, the district will accept registrations for families in process of moving into the district who do not have all proof of residency documents.

Required items if registering during Conditional Registration: Proof of age, immunization record, purchase contract/lease, and report card copies (grades 1-8). *Remaining residency proofs are due within 60 days to remove the conditional status.*

STEP 4: Once registration and immunizations are complete, school assignments will be emailed to families early August 2024.

(continued on back)

School Assignment

SUSD does not "overflow" students to other districts. As long as your child is a district resident, they are guaranteed a placement at one of our three elementary schools (TK-5) or Redwood Middle School (6-8).

Elementary School Placement for Transitional Kindergarten (TK)/Kindergarten (K)-5:

During the online portion of the registration process, families will be asked for a first, second, and third choice of school site. District residents are guaranteed placement in one of the district schools, not necessarily in their first or second choice school. Proximity to a school is NOT a placement criteria. If a student does not receive placement at their first choice, they will be placed on a waiting list.

During the **Regular Registration Period (February)** all elementary school requests are treated *equally*. School placement is NOT determined by the registration date as long as the registration is complete by February 29. **The preregistration, online registration and document upload must be complete by February 29 by 4:00 p.m. in order to maintain priority over Conditional Registrants.** *Families with siblings attending SUSD must complete their registration by February 29 in order to receive priority placement at the same elementary school!*

If the registration requests for a particular grade level and elementary school exceed the space available, a lottery will be held with the students who registered during the Regular Registration period. Families affected by the lottery will be notified.

During the **Conditional Registration Period (March 1 onwards)** new elementary school students will be placed *first-come, first-served* based on space availability at the time the registration is successfully completed online.

School assignments for all new elementary school students will be emailed early August 2024 to families who have completed registration and turned in completed immunizations, TB test results, or other missing documents. If current immunizations**, TB form, or other required documents are not received by July 31, parents will not receive school placement information until those documents are received at the district office. **Students cannot start school until immunizations are up to date.** *School assignment is subject to change due to staffing and/or enrollment changes.*

The district makes every effort to keep K-5 siblings at the same site and to give families their first choice of school. Due to the number of classrooms, class-size limitations, and the need to balance class sizes at our schools, this is not always possible. **Waitlists** will be maintained for the first 2 weeks of the school year for students who are not placed at their first choice school. In January, currently enrolled families will have the opportunity to request a school transfer for the following school year.

Middle School Placement for Grades 6-8:

Students are placed at Redwood Middle School. The student's schedule may not be available on Schedule Release Day if there are missing immunizations**, TB form, or other required documents. **Students cannot start school until immunizations are up to date.**

Required Health Forms

All Grades:

- ☐ **Tuberculosis Assessment Form completed and signed by a U.S. physician (form attached):** Required for all students registering for TK/K for the first time, as well as for students 1st through 8th grade transferring from a school outside Santa Clara County. The form and test must be completed by a U.S. healthcare provider.
- ☐ Up to date proofs of immunization (see **Parent's Guide to Immunizations** in this packet)**

Kindergarten and 1st grade only:

- ☐ **CHDP Health Form / 1st Grade Health Assessment (form attached):** Form to be completed by a physician. This form is mandated by the state for entry into first grade. For first graders, the exam should take place between February 2023 and November 2024. For Kindergartners, the exam should take place between February 2024 and November 2025.
- ☐ **Oral Health Assessment Form (form attached):** This form is required for students who are attending a California public school for the first time and is due by May 31, 2025. The dental check-up must be done by a California licensed dental professional. The timeframe for the dental checkup is anytime from 12 months prior to school entry.

**** Immunizations records MUST be received and up to date before a student can start school.**
Updated immunizations MUST be submitted to the District Nurse by July 31, 2024.

Statement of Residency for Preregistration or Address Change

California Education Code (Section 48200) and District Board Policy 5111 require that a student be enrolled in and attend the school that is within the district in which the student's parent(s) or legal guardian(s) reside(s). This form must be completed, signed, and submitted with proof of residence documents. **DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ARE INCORRECT.** Evidence that false information was provided will result in immediate withdrawal of the student from the district. **Please PRINT NEATLY.**

☐ Homeowner ☐ Leasee/Renter ☐ Living with Co-Resident or Caregiver

Student's Legal Name: _____
First Middle Last

Student's Date of Birth: ____/____/____ Gender: M F Gender Identity if different: _____ Incoming Grade: _____
mm/dd/yyyy

Address: _____ City/Zip: _____

Parent/Guardian 1 Legal Name: _____ Relationship to Student: _____
(primary contact for school & registration) First Last

Daytime Phone Number: _____ Email Address: _____
(primary contact for school & registration)

Parent/Guardian 2 Legal Name: _____ Relationship to Student: _____
First Last

Initials are required for each statement:

- ____ (Initial) My student resides with me at the address listed above, which is my primary residence, and I am not using the above address to circumvent state law for purposes of attendance at a particular school district. I agree to notify the district office should my student, or I, move from this address. I understand that home visitation and/or residency verification is part of a periodic process when residency is established.
- ____ (Initial) I understand the Saratoga Union School District will actively investigate all cases where it has reason to believe false information has been provided on this statement; including the use of a School Attendance Officer to verify residency status (verification may include home visits).
- ____ (Initial) I understand the District may refer cases in which false information has been intentionally provided to the County District Attorney for further action and/or file civil action to recover damages incurred as a result of providing false information.
- ____ (Initial) I understand persons providing false information are subject to criminal prosecution for perjury, which is punishable by fine and/or prison term (up to 4 years in state prison). [Family Code § 6552; Penal Code § 118 and 126]
- ____ (Initial) I understand persons providing false information are also civilly liable for fraud, negligent misrepresentation, and negligence. Parties found civilly liable may be required to pay all damages caused to the District as a result of providing false information, as well as punitive damages. [Civil Code § 1709]
- ____ (Initial) I understand persons who induce, obtain, or solicit another person to provide false information are subject to the same criminal prosecution, fines, and imprisonment as the person directly committing perjury. [Penal Code § 127]
- ____ (Initial) I understand investigations that reveal students have enrolled on the basis of providing false information will lead to immediate withdrawal from the District.

In accord with State Compliance requirements, I have provided the required documentation for proof of residency for enrollment in the Saratoga Union School District. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Parent/Legal Guardian 1: _____ Date: _____

Signature of Parent/Legal Guardian 2: _____ Date: _____

For District Office Use ONLY

Registration Documents:

- ☐ Proof of age
☐ Parent photo id
☐ Immunization record
☐ TB assessment form (U.S.)
☐ TK agreement (TK only)

Residency Documents (showing parent/guardian name and residence address)

- ☐ property tax bill
☐ deed of trust
☐ lease agreement
☐ landlord letter/addendum
- both:**
☐ PG&E bill (30-90 days usage)
☐ additional utility bill
(water, internet provider, sanitation, etc)

☐ COMPLETE

- one:**
☐ DMV, gov't mail, voters/election, USPS, juror summons, paystub credit card stmt, dwelling insurance

- ☐ I agree to provide the following documents by _____ to remove the "conditional status" to attend Saratoga Union School District. Documents must show residence address.

☐ CONDITIONAL

- ☐ TB assessment form
☐ property tax bill
☐ deed of trust
☐ lease agreement
☐ landlord addendum
- both:**
☐ PG&E bill
☐ additional utility
(water, internet provider, sanitation, etc)

- one:**
☐ DMV, gov't mail, USPS voters/election, juror paystub, credit card stmt, dwelling insurance

Parent Initial: _____

Form Revised 08/31/2020

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REQUIRED IMMUNIZATIONS FOR SCHOOL ENTRY

Please bring your child's immunization records with you at the time of registration. You may view and print a digital copy of your child's California vaccine record at: [MyVaccineRecord.CDPH.CA.gov](https://myvaccinerecord.cdph.ca.gov)

Students Entering Transitional Kindergarten or Kindergarten Need:

☐ **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap or Td) — 5 doses**

4 doses OK if one was given on or after 4th birthday;
3 doses OK if one was given on or after 7th birthday.

☐ **Polio (IPV or OPV) — 4 doses**

3 doses OK if one was given on or after 4th birthday.

☐ **Hepatitis B — 3 doses**

☐ **Measles, Mumps, and Rubella (MMR) — 2 doses**

Both doses must be given on or after 1st birthday.

☐ **Varicella (Chickenpox) — 2 doses**

New and Transfer Students Entering TK/K-12th Grade Need:

☐ **All immunizations listed above**

For 7th-12th graders: at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
Hepatitis B vaccine is required for any grade, except for entry into 7th grade.

Students Starting 7th Grade Need:

☐ **Tetanus, Diphtheria, Pertussis (Tdap) —1 dose**

☐ **Varicella (Chickenpox) — 2 doses**

What other immunizations should I ask my health care provider about?

When you visit your health care provider for back-to-school immunizations, make sure to also ask about other vaccines that help keep your child healthy, including **hepatitis A, COVID-19, and the annual flu vaccine**. Preteens and teens should also get the **human papillomavirus (HPV) vaccine** to protect against certain cancers and **meningococcal vaccines**.

Learn more about [vaccines your child needs according to their age](https://bit.ly/CDCVaccinesByAge) (bit.ly/CDCVaccinesByAge) and [where you can get your child immunized](https://bit.ly/Where2BVaxed) (bit.ly/Where2BVaxed).

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Enroll. Get Care. Renew.

Free or Low Cost Health Coverage
Exists for ALL Lower-Income
California Families (options on page 2)

CALIFORNIA

Information for other
states is different.



Renew Your Coverage in 2023-24!

IMPORTANT for 2023 and 2024: CONTINUOUS MEDI-CAL COVERAGE PROTECTIONS END STARTING APRIL 2023.

Do you or a family member have Medi-Cal coverage? If so, you may need to take steps to keep it. You will need to renew your Medi-Cal at some point between April 2023 and May 2024. Annual renewals are usually due in the same month you first enrolled in Medi-Cal.

What to Do to Stay Covered:

- ▶ **Update your contact information.** Tell your county Medi-Cal office about any changes in your contact information (mailing address, phone number, email) so they can contact you with information about how to renew your coverage.
- ▶ **Check your mail.** When it is time to renew coverage, Medi-Cal will mail you a letter to let you know if you need to complete a renewal form or if your renewal can be completed automatically.
- ▶ **Complete your renewal form.** If you receive a renewal form, your coverage will not be renewed unless you complete it. Renewal forms will be sent in a **YELLOW ENVELOPE**. Fill out the form and answer any county follow up questions right away by phone, online, mail or in person to help avoid a gap in your coverage.



How to Renew your Medi-Cal Coverage and Report Changes:

- ▶ **Set up an account online.**
Visit: <https://benefitscal.com/> OR
- ▶ **Contact your county Medi-Cal office.**
To find your county Medi-Cal office, visit dhcs.ca.gov/COL or call (800) 541-5555.

What if You No Longer Qualify for Medi-Cal Coverage?

If your family income increased above Medi-Cal eligibility levels (see income chart on second page), you may qualify for discounted premiums through Covered California. If so, when your Medi-Cal coverage ends, Covered California will send you information about your automatic enrollment and what you need to do to activate it. Your Covered California coverage would begin when:

- ▶ You pay your premium, OR
- ▶ If you have no premium, when you accept the coverage online or by phone.

Often when family income increases, your child(ren) may still qualify for Medi-Cal even if adult family members no longer qualify. Continue to fill out and submit renewal information to keep your child(ren)'s free Medi-Cal coverage even if you may be enrolled in Covered California.

Enroll.

Ways to enroll in Medi-Cal and Covered California:

- ☎ **1(800) 300-1506**
- 🌐 **www.coveredca.com**
- 🏠 **In-person: dhcs.ca.gov/COL**
- ✉ **Apply by mail:** Medi-Cal printable applications here: www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/SingleStreamApps.aspx
- 👥 **Find Help in Your Community:**
Scan the QR code below or go to: allinforhealth.org/HealthCoverageResources to locate help near you.

Get Care.

- ▶ Find a primary care doctor. Ask your health plan for help locating an available doctor near you.
- ▶ Schedule an annual checkup for you and your child(ren). Young children need frequent well-child visits within a year.
- ▶ Your health plan is required to help you make appointments and get interpretation services. Additionally, Medi-Cal is required to help you get free transportation to your appointments.
- ▶ Find a dentist. Visit SmileCalifornia.org to find a Medi-Cal dentist and a dental home near you.
- ▶ In Covered California, dental care is covered for children. Adults will need to purchase an additional dental plan.

Renew.

DHCS Medi-Cal must be renewed every year except for those listed below. It is important to ensure that Medi-Cal has your current address so that when it's time to renew your coverage, they can contact you. If you receive a renewal notice, be sure to act! Children in foster care and former foster care youth are not required to renew their coverage. Postpartum individuals also do not need to renew their coverage within 12 months postpartum



Covered California health plans must be renewed every year. Renewal information will be mailed at the end of the year, or you can contact Covered California directly.

➔ **Scan the QR code** for information about when and how to renew!



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**Need
Help?**

Scan this
QR code for
LOCAL HELP in your area.

OR GO TO:

www.allinforhealth.org

Options for Health Coverage

Medi-Cal:

- ▶ Children and adults qualify for full-scope Medi-Cal benefits depending on their income. Children, pregnant and postpartum individuals have higher income eligibility levels than other adults (see chart below).
- ▶ Medi-Cal covers ALL COSTS for screenings, immunizations, checkups, specialists, mental health, vision, dental services, and all other medically necessary care.
- ▶ Medi-Cal enrollment is available year round.
- ▶ Most Medi-Cal enrollees must enroll in a Medi-Cal health plan that will manage their health care coverage. Each health plan is different and has their own list of healthcare providers. Learn more about health plans at: <https://www.healthcareoptions.dhcs.ca.gov>
- ▶ Medi-Cal plans offer services using telehealth. Ask your provider about accessing care over video or phone.

- ▶ For more information about services covered under Medi-Cal for Kids & Teens, go to www.allinforhealth.org or click for the [DHCS webpage](#), flier for [kids](#) and [teens](#) and [know your rights letter](#).

Covered California:

- ▶ Covered California offers a selection of health plans. They help in comparing and choosing a health plan that works best for each person. To learn more, visit: CoveredCA.com
- ▶ Many Californians may qualify for financial assistance via a Premium Tax Credit or reductions in what enrollees pay for their health care (known as cost-sharing reductions).
- ▶ Enroll during Open Enrollment or any time you experience a **life-changing event**, like losing your job or having a baby. You have 60 days from the event to complete enrollment.



Immigrant Families

Expansion of Medi-Cal

- ▶ Currently, every income-eligible child or person under the age of 26, every adult 50 years and older, DACA recipients, pregnant persons and recently pregnant persons are eligible for Medi-Cal health coverage and benefits **REGARDLESS OF IMMIGRATION STATUS**.
- ▶ Young people who are undocumented and turning 26 in 2023 will continue on Medi-Cal until 2024. By 2024, these individuals will be sent information about when and how to renew their Medi-Cal.
- ▶ In 2024, California is removing all barriers to Medi-Cal based on immigration status. Beginning on January 1, 2024, all California residents with qualifying incomes will be eligible for full Medi-Cal benefits regardless of their immigration status.

Covered California

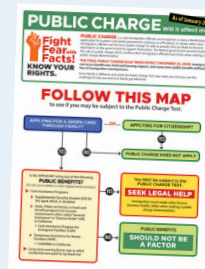
- ▶ Those with immigration documentation can qualify for Covered California and its financial

assistance. Some counties offer other health care options regardless of immigration status

Updated Public Charge Rule

- ▶ In December 2022, the federal government updated the public charge rule and made clear that using Medi-Cal is not considered for purposes of public charge (except in the case of long-term institutionalized care, also known as skilled nursing home care).
- ▶ Your child's enrollment in Medi-Cal and use of health care services will not impact your immigration status.

- ▶ While the public charge test may make you nervous, use this **Public Charge Roadmap** to better understand whether it applies to you or your family member.



Go to: allinforhealth.org/public-charge

Financial Help. You or your family may qualify for free Medi-Cal or premium assistance under Covered California.*

SEE NOTE BELOW FOR INCOMES IN THIS RANGE	Covered California Premium Subsidies**									Tax credit continues beyond 400%
	American Indian / Alaska Native (AI/AN) Zero Cost Sharing									AI/AN Limited Cost Sharing
% FPL	100%	138%	150%	200%	213%	250%	266%	300%	322%	400%
Household Size	If 2023 household income is at or less than									
1	\$13,590	\$18,755	\$20,385	\$27,180	\$28,947	\$33,975	\$36,150	\$40,770	\$43,760	\$54,360
2	\$18,310	\$25,268	\$27,465	\$36,620	\$39,001	\$45,775	\$48,705	\$54,930	\$58,959	\$73,240
3	\$23,030	\$31,782	\$34,545	\$46,060	\$49,054	\$57,575	\$61,260	\$69,090	\$74,157	\$92,120
4	\$27,750	\$38,295	\$41,625	\$55,500	\$59,108	\$69,375	\$73,815	\$83,250	\$89,355	\$111,000
5	\$32,470	\$44,809	\$48,705	\$64,940	\$69,162	\$81,175	\$86,371	\$97,410	\$104,554	\$129,880
6	\$37,190	\$51,323	\$55,785	\$74,380	\$79,215	\$92,975	\$98,926	\$111,570	\$119,752	\$148,760
	Medi-Cal for Adults		Medi-Cal for Pregnant & Postpartum Individuals			Medi-Cal Access for Pregnant & Postpartum Individuals				
	Medi-Cal for Kids (0–18 Yrs.)							CCHIP***		

* For information on calculating income and household size visit: healthcare.gov/income-and-household-information

** For Covered California, these 2023 income eligibility levels are effective at the beginning of the upcoming open enrollment period starting in November 1, 2023.

*** For San Francisco, San Mateo, and Santa Clara County residents only.

Note: Consumers after 138% FPL may qualify for a Covered California health plan with financial help including: federal premium tax credit, Zero Cost Sharing and Limited Cost Sharing AI/AN plans. Source: www.coveredca.com/pdfs/FPL-chart.pdf



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FOR MORE INFORMATION GO TO: www.allinforhealth.org

Child's Name: _____ Birthdate: _____ Male/Female _____ School: _____
 Last, First month/day/year
 Address _____ Phone: _____ Grade: _____
 Street City Zip

Santa Clara County Public Health Department Tuberculosis (TB) Risk Assessment for School Entry

This form must be completed by a 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"/> Rifampin daily - 4 months <input type="checkbox"/> Isoniazid/Rifapentine - weekly X 12 weeks <input type="checkbox"/> Isoniazid daily - 9 months <input type="checkbox"/> Other: _____	
Prior TB/LTBI treatment (Rx & duration): _____ <input type="checkbox"/> Treatment medically contraindicated <input type="checkbox"/> Declined against medical advice	
Please check one of the boxes below and sign: <input type="checkbox"/> Child has no TB symptoms, no risk factors for TB, and does not require a TB test. <input type="checkbox"/> Child has a risk factor, has been evaluated for TB and is free of active TB disease. <input type="checkbox"/> Child has no new risk factors since last negative IGRA/TST and has no symptoms. <input type="checkbox"/> _____	
_____ Health Care Provider Signature, Title Date	

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

County of Santa Clara

Public Health Department

Tuberculosis Prevention & Control Program
976 Lenzen Avenue, Suite 1700
San José, CA 95126
408.885.2440



Testing Methods

An Interferon Gamma Release Assay (IGRA, i.e., QuantiFERON or T-SPOT.TB) or Mantoux tuberculin skin test (TST) should be used to test those at increased risk. An IGRA can be used in all children ≥ 2 years old and is preferred in BCG-vaccinated children to avoid a false positive TST result. A TST of ≥ 10 mm induration is considered positive. If a child has had contact with someone with active TB disease (yes to question 2 on reverse), or the child is immunosuppressed, then TST ≥ 5 mm is considered positive. If a BCG-vaccinated child has a positive TST, and an IGRA is subsequently performed and is negative, testing is considered negative unless the child was exposed to someone with TB disease or is immunosuppressed. For immunosuppressed children, screening should be performed by CXR in addition to a TST/IGRA (consider doing both) and symptom review. 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)
 - ≥ 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



SARATOGA UNION
SCHOOL DISTRICT

Nurturing minds. Inspiring futures.

**CHDP Health Form for
TK/ Kindergarten/ First grade students
2024-25**

Dear parents and /or guardians,

To protect the health of children, California law (Health and Safety Code Section 124085) requires that every child entering the first grade to get a health examination on school entry (also known as the CHDP exam). This exam can be done 18 months before first grade up to 3 months after enrolling in first grade. A typical 5-year-old check-up will satisfy this requirement.

To find out more information on Child Health and Disability Prevention (CHDP) services, please refer to the Santa Clara County CHDP program (408) 792-5550, or their website: www.sccphd.org/chdp

Here is a list of due dates for submitting this form:

For TK students – by 11/30/26;

For K students – by 11/30/25;

For 1st graders – by 11/30/24.

Please have your doctor / pediatrician sign and date the form, and return it with this registration packet or to your child's school before the due date.

Thank you for your attention and cooperation!

Healthy regards,

Cristina Lee

Cristina Lee, RN, PHN, MSN
District Nurse

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street	City	ZIP code	SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER**HEALTH EXAMINATION**

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	___/___/___
Physical Examination	___/___/___
Dental Assessment	___/___/___
Nutritional Assessment	___/___/___
Developmental Assessment	___/___/___
Vision Screening	___/___/___
Audiometric (hearing) Screening	___/___/___
TB Risk Assessment and Test, if indicated	___/___/___
Blood Test (for anemia)	___/___/___
Urine Test	___/___/___
Blood Lead Test	___/___/___
Other	___/___/___

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.

Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

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

Fill out if patient or guardian has signed the release of health information.

- ☐ Examination shows no condition of concern to school program activities.
- ☐ Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

☐ Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian

Date

Name, address, and telephone number of health examiner

Signature of health examiner

Date

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

Oral Health Assessment Form

California law (*Education Code* Section 49452.8) says every child must have a dental check-up (assessment) by May 31st of his/her first year in public school. A California licensed dental professional must do the check-up and fill out Section 2 of this form. If your child had a dental check-up in the last 12 months, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out the separate Waiver of Oral Health Assessment Requirement Form.

This assessment will let you know if there are any dental problems that need attention by a dentist. This assessment will also be used to evaluate our oral health programs. Children need good oral health to speak with confidence, express themselves, be healthy and, ready to learn. Poor oral health has been related to lower school performance, poor social relationships, and less success later in life. For this reason, we thank you for making this contribution to the health and well-being of California's children.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's Birth Date: MM – DD – YYYY										
Address:			Apt.:										
City:		ZIP Code: 											
School Name:	Teacher:	Grade:	Year child starts kindergarten: Y Y Y Y										
Parent/Guardian First Name:	Parent/Guardian Last Name:		Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female										
Child's Race/Ethnicity:	<table><tr><td><input type="checkbox"/> White</td><td><input type="checkbox"/> Native American</td></tr><tr><td><input type="checkbox"/> Black/African American</td><td><input type="checkbox"/> Multi-racial</td></tr><tr><td><input type="checkbox"/> Hispanic/Latino</td><td><input type="checkbox"/> Native Hawaiian/Pacific Islander</td></tr><tr><td><input type="checkbox"/> Asian</td><td><input type="checkbox"/> Unknown</td></tr><tr><td><input type="checkbox"/> Other (please specify)</td><td></td></tr></table>			<input type="checkbox"/> White	<input type="checkbox"/> Native American	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Multi-racial	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Asian	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other (please specify)	
<input type="checkbox"/> White	<input type="checkbox"/> Native American												
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Multi-racial												
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/Pacific Islander												
<input type="checkbox"/> Asian	<input type="checkbox"/> Unknown												
<input type="checkbox"/> Other (please specify)													

Continued on Next Page

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: MM – DD – YYYY	Untreated Decay (Visible Decay Present) <input type="checkbox"/> Yes <input type="checkbox"/> No	*Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment Urgency: <div> <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) </div> <div> <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions) </div>		
<div> <div> <div></div> <div> <i>Licensed Dental Professional Signature</i> </div> </div> <div> <div></div> <div> <i>CA License Number</i> </div> </div> <div> <div>MM – DD – YYYY</div> <div> <i>Date</i> </div> </div> </div>		

*Check "Yes" for Caries experience if there is presence of untreated decay or fillings
Check "No" for Caries experience if there is no untreated decay and no fillings

Section 3: Follow-up to Urgent Care (Filled out by entity responsible for follow up)

Parent notified that child has urgent dental care need on:	MM – DD – YYYY
A follow-up appointment for this child has been scheduled for:	MM – DD – YYYY
Did child receive needed treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, entity responsible for follow-up will be encouraged to check back in with parent) <input type="checkbox"/> I don't know

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 31st of your child's first school year.

Original to be kept in child's school record.



For Transitional Kindergarten enrollment only

Kindergarten Continuance Form Agreement for a Two-Year Kindergarten Program

Name of Pupil: _____
First Middle Last

Date of Birth: ____/____/____(mm/dd/yyyy)

Transitional Kindergarten Entrance Date: 2024-2025 school year

Information for parent or guardian:

California law provides that after a child has been lawfully admitted to a kindergarten and has attended for a year, the child shall be promoted to first grade unless the school district and the child's parent/guardian agree to have the child continue to attend kindergarten for not longer than one (1) additional year. The rule applies whether a child begins kindergarten at the beginning of a school year or at some later date. Because kindergarten-age children often do not develop at a steady or predictable rates, California Department of Education recommends that approval for a child to continue not be given until near the anniversary of a child's admittance to kindergarten.

I agree to have my child [named above] continue in kindergarten until June 2026
(may not be more than one year beyond anniversary date)

Signature of parent/guardian

Date

Print name

Relationship to student

District Approval:

Signature of District Superintendent

Date

[District Staff: place original form in student's cumulative folder]

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STAY INFORMED!

News from classroom, school and district

Our district uses **ParentSquare** to notify you about classroom, school and district news. ParentSquare provides a simple and safe way for everyone at school to connect. With ParentSquare you are able to:



- Receive school and classroom communication via email, text or app
- View the school and classroom calendar and RSVP for events
- Send messages to teachers or staff
- Sign up to volunteer or bring items
- Opt for individual notifications or a daily digest
- Choose a preferred language

At the start of the school year, you will receive an invitation email to join ParentSquare. Use ParentSquare via computer or mobile device. Download the free app for Android or iOS from www.parentsquare.com. Our goal is for every family to join ParentSquare and stay informed!

Student illness or injury at school

For individual student concerns, parents/guardians will be notified first via phone. If we cannot reach a parent/guardian, then we will call the people on your emergency contact list.

School-wide emergency

Emergency notifications will be sent via automated email, text and/or voice through ParentSquare.

Important safety tip:

In the event of a school-wide emergency, PLEASE DO NOT call the office as we need to keep phone lines open for emergency personnel. Updates are sent as soon as we are able.

STAY CONNECTED!

Checklist:

- ☐ List your correct email and phone at the time of registration or annual update.
- ☐ Download the ParentSquare app from www.parentsquare.com



- ☐ Bookmark your school website and district website www.saratogausd.org
- ☐ Follow us on social media:



fb.com/saratogausd



[@saratogausd](https://www.instagram.com/saratogausd)

If you are not receiving notifications or your contact information has changed, contact your school office right away!

ParentSquare Tips for Parents

1 Activate Account

Click the link in your invitation email/text or sign up on ParentSquare.com or via the ParentSquare app.

2 Download App

It's easy to stay in the loop with the ParentSquare app. Download it now from the App store or Google Play.

3 Set Preferences

Click your name in the top right to visit your account page and set your notification and language preferences.

4 Get Photos & Files

Click 'Photos & Files' in sidebar to easily access pictures, forms and documents that have been shared with you.

5 Appreciate Posts

Click 'Appreciate' in your email/ app or website to thank a teacher or staff for a post. Teachers love the appreciation.

6 Comment or Reply

Click 'Comment' in app or website to privately ask a question about the post that your teacher or school sent.

7 Participate

Click 'Sign Ups & RSVPs' in the sidebar to see available opportunities. Click bell on top to check your commitments.

8 Join a Group

Click 'Groups' in the sidebar to join a group or committee at your school to participate or to stay up-to-date.

9 Find People

Click 'Directory' in the sidebar to find contact information for teachers and parents (not available at all schools).

10 Get in Touch

Click 'Messages' in the sidebar to privately get in touch with staff, teachers and parent leaders.

Disability Categories

Information

CHILD FIND Special Education

Santa Clara SELPAs I, II, III, IV, & VII



- Autism
- Deaf-Blindness
- Emotionally Disturbed
- Hearing Impairment including Deafness
- Intellectual Disability
- Language/Speech Disorder
- Multiple Disabilities
- Orthopedic Impairment
- Other Health Impairment
- Specific Learning Disability
- Traumatic Brain Injury
- Visual Impairment

Northwest Santa Clara County SELPAs:

www.sccoe.selpa.org
(408) 453-6960

Southeast Consortium for SpEd:

<http://southeastsepa.org/>
(408) 223-3771

San Andreas Regional Center:

www.sanandreasregional.org
(408) 374-9960

Santa Clara County Early Start

(for children 0-3 years of age):
www.sccoe.org/depts/students/Pages/earlystart.aspx
(408) 392-3801

School District Locator

(for children 3 years or older):
www.sccoe.org/resources/families/Pages/School-District-Locator.aspx



Child Find

Referral



What is “Child Find”?

The purpose of Child Find is to identify, locate, and evaluate children and adults birth through 21 years of age who are suspected of having or have a diagnosed disability or developmental delay in order to provide appropriate special education services under the law.

What is Special Education?

Special Education is instruction designed to meet the unique learning needs of the individual student with disabilities from ages 3 to 22 years of age. It is defined as:

- specially designated instruction
- at no cost to parents
- to meet the unique needs of a child with disability

Special Education services may be provided in a variety of educational settings, but are required by IDEA to be delivered in the least restrictive environment.

When can a Child be Referred to Special Education?

A child can be referred when:

- A health or a medical disorder interferes with development and/or learning
- A child seems to have difficulty seeing or hearing
- A child appears to have social, emotional or behavioral difficulties that affect his/her ability to learn or interact with others
- A child has a diagnosed progressive or degenerative condition that will eventually impair or impede the child’s ability to learn
- A child seems to have difficulty understanding directions like others that are his/her age
- The child’s speech is not understood by family or friends

Note: A pupil shall be referred for special education instruction and services only after the resources of the regular education program have been considered and, where appropriate, utilized.

How can Children be Referred?

A referral may be made by a parent or by any person concerned about a child. Parent involvement and agreement is obtained prior to any further action. Information is confidential and the privacy of children and parents is protected.

Who is Eligible for Services?

A student must be evaluated and identified as having a disability to be eligible for special education programs and related services. Depending upon the degree of the student’s impairment, they may require special education and/or related services.





The Saratoga Union School District takes part in the National School Lunch Program by offering a balanced nutritious lunch every school day. Which includes freshly made salads, sandwiches and entrees we also offer 1% white or nonfat chocolate milk as well as a fruit and vegetable bar with an assortment of in season fresh produce. The Saratoga Union School District is pleased to offer many entrée choices made with whole wheat/whole grains, lean meat, natural cheeses, and reduced sodium content. The meal components offered by Saratoga Union School District Food Services comply with all United States Department of Agriculture (USDA) and California Department of Education (CDE) standards and calorie limitations.

Saratoga Union School District schools are also part of the National School Breakfast Program which offers nutritious breakfast meals along with milk and fresh fruit each school day.

Visit <https://saratogausd.nutrislice.com> for current menus and nutritional information.

All enrolled students will have access to healthy, delicious meals at no cost regardless of household income. There are no requirements to complete a meal application. Any student can simply show up and receive a complimentary breakfast and/or lunch.

Saratoga Union School District receives several federal funding sources based on students that qualify for Free/Reduced meal program applications. Since the meal program is serving meals at no cost to Saratoga Union School District families, it is important that you complete the "It's more than a meal application", which will help increase SUSD funding from federal programs.

Based on Free/Reduced eligibility, this funding supports:

- Title I funds – Counseling, Intervention, and Reading/Math support.
- Title II funds – Professional Development for all staff.
- Title III funds – Immigration and English Learner students support and curriculum.
- Title IV funds – Project Cornerstone for elementary reading support.
- Supplemental Funds – Intervention, Teacher Aides and translation services.

It's more than a meal applications can be found at:

<https://family.titank12.com/income-form/new?identifier=UTZFTF>

Thank you for your participation in this important funding initiative.

Questions? *Contact Lupe Peña at lpna@saratogausd.org at Sodexo Food Services.*



The Tree House (for grades TK-8)

Located at Argonaut, Foothill, and Saratoga Elementary Schools and Redwood Middle School

The Saratoga Union School District offers an extended day child care program **The Tree House**. Tree House is a safe, high-quality extended day program serving our district's TK/Kindergarten through eighth-grade students and their working parents. We offer an after-school schedule supportive of the whole child, including supervised play, engaging age-appropriate activity choices, homework help, and healthy snacks at all three elementary school campuses.

The Tree House staff are highly trained, nurturing, and energetic caregivers who believe that children thrive in a fun, encouraging, child-centered, hands-on program. They take pride in creating and maintaining an optimal after-school experience for students with access to a variety of campus facilities and resources.

- Tree House is conveniently located on campus
- The Tree Houses operate on days when school is in session
- After-school care begins when students are dismissed and ends promptly at 6:00 p.m.
- **Plans Offered:** Full-time (4-5 days/week), Part-time (2-3 days/week), One Day a Week, and Flex Pass (6 visits to Tree House during 2024-2025 school year)

Tree House Registration (new and returning students)

Register for Tree House on our online [registration portal](#).

Registration is first-come first-served and will open in May 2024 for the 2024-2025 school year

Registration forms are processed within 48-72 business hours of being received.

Questions?

Contact: Jessica Baker

Director, Learning & Extended Day Programs

jbaker@saratogausd.org

(408) 359-6638





LGS | Recreation

Los Gatos - Saratoga Department of Community Education & Recreation (LGS Recreation) offers a variety of fee-based education and recreation programs year-round to all Saratoga Union School District (SUSD) students. We offer a variety of school-aged programs, in addition to programs for infants, toddlers, teens, adults, and 55+, and encourage you to visit lgsrecreation.org or call 408-354-8700 for details.

After School Enrichment

LGS Recreation offers a wide variety of After School Enrichment (ASE) class options. Classes may include languages, crafts, media arts, sports, Chess, science and more! All class offerings can be found on our website under the "My School Programs" tab.

Summer Fun Academy

LGS Recreation's Summer Fun Academy is open to all students 1st-8th grade. The program provides students the opportunity to strengthen their academics and to get outside and play during the summer months through a wide variety of challenging, fun, and engaging programs.

World of Discovery Preschool

Our mission is to inspire children to embrace challenge and find self-worth through their achievements. Our licensed preschool encourages children two years through incoming kindergarten to actively explore and use their imaginations through play and age appropriate curriculum.

Day Camps

During non-instructional days, winter, spring, and summer breaks, LGS Recreation offers a variety of day camps. Campers will experience arts & crafts, science, cooking, sports, technology and so much more! Camp locations may vary and full/half day options are available.