PASADENA UNIFIED SCHOOL DISTRICT
STUDENT REGISTRATION FORM

School _____

OFFICE USE ONLY
Date Entered:
Student ID:

STUDENT DATA

_____ _____ _____ _____ ☐ / ☐ / ☐
Legal Last Name | Legal First Name | Middle Name | Suffix | Male / Female/ Nonbinary

_____ _____ _____ _____
Grade Entering | Birthdate (mm/dd/yyyy) | AKA/Nickname | Student Email (optional)

_____ _____ _____ _____ (_____) _____
RESIDENCE Address (Street and Apt. #) | City | State | Zip | Student Cell Phone (optional)

THE FOLLOWING TWO QUESTIONS ARE REQUIRED BY FEDERAL LAW

Is the student Hispanic or Latino? ☐ Yes, Hispanic or Latino ☐ No, Not Hispanic or Latino ☐ Refuse to state

What is the student's race? You may select up to five.

☐ American Indian or Alaska Native	☐ Cambodian	☐ Hmong	☐ Native Hawaiian/ Pacific Islander	☐ Other Asian
☐ Armenian	☐ Chinese	☐ Japanese		☐ Vietnamese
☐ Asian Indian	☐ Filipino	☐ Korean	☐ Samoan	☐ White
☐ Black or African American	☐ Guamanian	☐ Laotian	☐ Tahitian	☐ Refuse to state

ACADEMIC HISTORY

Has this student previously attended a pre-school (age 3+) in the United States? ☐ Yes, enrollment start date: (mm/dd/yyyy) _____ ☐ No

Has this student previously attended any school for grades TK to 12 in the United States? ☐ Yes, enrollment start date: (mm/dd/yyyy) _____ ☐ No

Has this student previously attended any school in California? ☐ Yes, enrollment start date: (mm/dd/yyyy) _____ ☐ No

Has this student previously attended any school in Pasadena Unified (including pre-K or summer school)? ☐ Yes, school: _____ ☐ No

OTHER DISTRICT ENROLLMENTS - PLEASE INCLUDE ALL PREVIOUS SCHOOLS

_____ _____ _____
School Name /District Name | Enter Grade | Leave Grade

_____ (_____)_____ _____ _____
City/State | Phone | Enter Date (mm/dd/yyyy) | Leave Date(mm/dd/yyyy)

_____ _____ _____
School Name /District Name | Enter Grade | Leave Grade

_____ (_____)_____ _____ _____
City/State | Phone | Enter Date (mm/dd/yyyy) | Leave Date(mm/dd/yyyy)

_____ _____ _____
School Name /District Name | Enter Grade | Leave Grade

_____ (_____)_____ _____ _____
City/State | Phone | Enter Date(mm/dd/yyyy) | Leave Date (mm/dd/yyyy)

Was this student expelled? [Disclosure of information is REQUIRED by California Education Code 48915.1(b)]: ☐ Yes ☐ No

SPECIALIZED EDUCATIONAL SERVICES

Does the student receive specialized education services? (Please provide a copy of the student's education plans, if applicable):
☐ 504 Plan ☐ Special Education/IEP ☐ Gifted and Talented Education (GATE) ☐ Other, please specify: _____

PARENT / GUARDIAN INFORMATION

Parent / Legal Guardian #1 Name: _____ **Relationship to Student** _____
Last Name, First Name

Lives with? ☐ Yes ☐ No **Primary contact?** ☐ Yes ☐ No **In what language would you prefer to receive school communications?** _____

Primary Phone Number (_____) _____ **Secondary Phone Number** (_____) _____
☐ Cell ☐ Home ☐ Work ☐ Other ☐ Cell ☐ Home ☐ Work ☐ Other

Email address: _____

Parent / Guardian #1 Education Level (Required: Please check only the **HIGHEST** education level completed.)
☐ Graduate School ☐ College graduate ☐ Some college (includes AA degree) ☐ High school (HS) graduate ☐ Not a HS graduate ☐ Decline to State

_____ _____ _____ _____
Mailing Address *if different from student* (Street and Apt. #) City State Zip
Should a second copy of mail be sent to this address? ☐ Yes ☐ No

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

Lives with? ☐ Yes ☐ No **Primary contact?** ☐ Yes ☐ No **In what language would you prefer to receive school communications?** _____

Primary Phone Number (_____) _____ **Secondary Phone Number** (_____) _____
☐ Cell ☐ Home ☐ Work ☐ Other ☐ Cell ☐ Home ☐ Work ☐ Other

Email address: _____

Parent / Guardian #2 Education Level (Required: Please check only the **HIGHEST** education level completed.)
☐ Graduate School ☐ College graduate ☐ Some college (includes AA degree) ☐ High school (HS) graduate ☐ Not a HS graduate ☐ Decline to State

_____ _____ _____ _____
Mailing Address *if different from student* (Street and Apt. #) City State Zip
Should a second copy of mail be sent to this address? ☐ Yes ☐ No

PARENT/GUARDIAN MILITARY STATUS

Is one or more of the student's parents/guardians active in the United States Armed Forces (Army, Navy, Marine Corps, Coast Guard)? ☐ Yes ☐ No

SUPPLEMENTAL QUESTIONS

Is there an individual who is restrained from contact with this student by court decree? ☐ Yes ☐ No
Is there a court order pertaining to the custody or educational rights holder of this child? ☐ Yes ☐ No
Does the child receive visits from a social worker, or was the child placed in the home by a social worker? ☐ Yes ☐ No

HOME LANGUAGE SURVEY

Which language did the child learn when they began to talk?_____

Which language does the child speak most frequently at home?_____

What language does the parent/guardian most frequently use to speak to the child?_____

Which language is most often spoken by adults in the home?_____

LOCAL PHYSICIAN INFORMATION

Doctor's Name (Last, First) ____________ Name of Medical Facility ____________ (______) ____________ Phone ☐ Cell ☐ Home ☐ Work ☐ Other

Medical Facility Address (Street and Suite #) ____________ City ____________ State ______ Zip ______

EMERGENCY CONTACTS

Last Name, First Name ____________ (______) ____________ Phone ☐ Cell ☐ Home ☐ Work ☐ Other (______) ____________ Phone ☐ Cell ☐ Home ☐ Work ☐ Other

Address (Street and Apt. #) ____________ City, State ____________ Relationship to Child ____________

Last Name, First Name ____________ (______) ____________ Phone ☐ Cell ☐ Home ☐ Work ☐ Other (______) ____________ Phone ☐ Cell ☐ Home ☐ Work ☐ Other

Address (Street and Apt. #) ____________ City, State ____________ Relationship to Child ____________

Last Name, First Name ____________ (______) ____________ Phone ☐ Cell ☐ Home ☐ Work ☐ Other (______) ____________ Phone ☐ Cell ☐ Home ☐ Work ☐ Other

Address (Street and Apt. #) ____________ City, State ____________ Relationship to Child ____________

Students will only be released to those named on this form. No treatment will be given other than in a serious emergency without contacting the parent/guardian. My signature certifies that all information is accurate. In order to keep my child safe, I will report any changes in address, telephone, or emergency information to the school site within five days.

SIGNATURE OF PARENT/ LEGAL GUARDIAN____________________________ DATE____________

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION- FERPA PRIVACY AUTHORIZATION

I give consent for Pasadena Unified School District to submit information to the LEA billing option vendor regarding school health services provided to my child for the purpose of receiving federal reimbursement. This reimbursement helps to defray the cost of providing these health services.

____________________ ____________

Parent/Guardian Signature Date

Student Name(Last, First) _____ ID#_____

STUDENT HOUSING QUESTIONNAIRE

The information provided below will help the district determine what services you and/or your child may be eligible for. This could include additional education 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 the appropriate school district staff.

Presently, are you and/or your family living in any of the following situations?

- Temporary Shelters: Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or Federal Emergency Management Agency (FEMA)
- Hotels/Motels: Temporarily living in a motel or hotel due to loss of housing, economic hardship, natural disaster, or similar reason.
- Temporary Shared Housing: Sharing housing with others(s) (i.e. multiple families living in homes/apartments designed for a single-family OR renting a room(s) in another family's home due to the loss of housing, economic hardship, natural disaster, lack of adequate housing, or similar reasons).
- Unsheltered: Living in a car, park, campground, abandoned building, or other inadequate accommodations (i.e. lack of water, electricity, or heat).
- Unaccompanied Youth: I am a student under the age of 18 living apart from parents/guardians.
- Permanent Single-Home: Living in a single-home residence that is permanent.

Students who lack a fixed, regular, and adequate nighttime residence may have the right to:

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

OTHER CHILDREN LIVING IN THE HOME

Last Name, First Name, Middle Name	Relationship	Birthdate	Current School	Grade

If you have any questions about these rights, please contact Families in Transition (FIT), the homeless education program of the Pasadena Unified School District:

Office of Families in Transition, (626) 396-5782

ADDITIONAL INFORMATION

The information provided below will help the district determine if your student is eligible for additional services. Responses to these questions do not impact enrollment eligibility.

Child's Birth City	State/Province	Child's Birth Country

If born outside of the United States, what date did the child first enter the United States? (mm/yyyy) _____

Required Documents for Student Enrollment

- ☐ **New and returning students only: Parent/Guardian Photo Identification (choose 1)**
  - ☐ Driver's license or CA ID card
  - ☐ Government-issued ID with photo
  - ☐ Military ID card
  - ☐ Passport
  - ☐ Bank or employee ID card with photo

- ☐ **New and returning students only: Verification of Student's Date of Birth (choose 1)**
  - ☐ Birth certificate
  - ☐ School record
  - ☐ Hospital record of birth
  - ☐ Passport
  - ☐ Adoption papers
  - ☐ Baptismal certificate

- ☐ **New and returning students and entering 7th graders: Student's Immunization Record (with state required immunizations).**
  - ☐ California immunization requirements for TK-12th grade students

- ☐ **Health Forms (Submit to the school's nurse/health clerk once complete)**
  - ☐ Health History Form (all students, annually)
  - ☐ TB Risk Assessment Questionnaire (new and returning students only)
  - ☐ Kindergarten Only:
    - ☐ Oral Health Assessment Form
    - ☐ Oral Health Assessment Form Spanish
  - ☐ Kindergarten/1st Grade Only: Report of Health Examination for School Entry

- ☐ **Verification of Address (choose 1; must be dated within 60 days of submission and show the name and address of the parent/guardian)**
  - ☐ Property tax bill
  - ☐ Current rental/lease agreement
  - ☐ Utility service (gas, electric, water) contract, statement, or receipt
  - ☐ Mail/Letter from government agency
  - ☐ Monthly mortgage statement or escrow documents

- ☐ **Important Additional Documents (if applicable)**
  - ☐ Special Education Documents – Copy of most recent IEP; Please contact the special education department if your child is new to PUSD: 626-396-3600 Ext. 88600, sped@pusd.us.
  - ☐ Legal Documents – Foster placement, court documents, and/or restraining orders
  - ☐ Permits to attend a school other than the student's neighborhood school- School lottery offer, intradistrict permit, and/or interdistrict permit
  - ☐ Transcripts or most recent report card for students previously enrolled in grades TK-12 in a non-PUSD school
  - ☐ Parent Portal Access Form Spanish Version
  - ☐ Tech Equity Take Home Initiative Spanish Version

PARENTS' GUIDE TO IMMUNIZATIONS

REQUIRED FOR SCHOOL ENTRY

Starting July 1, 2019

Students Admitted at TK/K-12 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.)
  For 7th-12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
- **Polio (OPV or IPV) — 4 doses**
  (3 doses OK if one was given on or after 4th birthday)
- **Hepatitis B — 3 doses**
  (Not required for 7th grade entry)
- **Measles, Mumps, and Rubella (MMR) — 2 doses**
  (Both given on or after 1st birthday)
- **Varicella (Chickenpox) — 2 doses**

These immunization requirements apply to new admissions and transfers for all grades, including transitional kindergarten.

Students Starting 7th Grade Need:

- **Tetanus, Diphtheria, Pertussis (Tdap) —1 dose**
  (Whooping cough booster usually given at 11 years and up)
- **Varicella (Chickenpox) — 2 doses**
  (Usually given at ages 12 months and 4-6 years)

In addition, the TK/K-12 immunization requirements apply to 7th graders who:

- previously had a valid personal beliefs exemption filed before 2016 upon entry between TK/Kindergarten and 6th grade
- are new admissions

Records:

California schools are required to check immunization records for all new student admissions at TK/Kindergarten through 12th grade and all students advancing to 7th grade before entry. Parents must show their child's Immunization Record as proof of immunization.

PASADENA UNIFIED SCHOOL DISTRICT
HEALTH PROGRAMS

HEALTH HISTORY FORM (to be filled out by parent or guardian)

SECTION 1: STUDENT INFORMATION

Child's Name: _____ Grade: _____ Gender:
Birthdate: _____ Female ☐
Phone: _____ Alternative Phone: _____ Male ☐
Address: _____ Non-binary ☐
Parent/Guardian
Name: _____
Emergency Contact Name: _____
Relationship to student: _____ Phone: _____

SECTION 2: PAST MEDICAL HISTORY AND ILLNESSES

If your student is returning to PUSD and has not experienced any changes in their health conditions, proceed to SECTION 3.
Mark with an X any health conditions that the student has had.

	YES		YES		YES		YES		YES
No health problems	☐	Depression	☐	Bladder/Kidney problems	☐	Frequent Colds	☐	Anemia	☐
Vision problems	☐	Rheumatic Fever	☐	Orthopedic problems	☐	Wheezing	☐	Polio	☐
Hearing problems	☐	Rubella (3 day)	☐	Frequent headaches/Migraines	☐	Hemophilia	☐	Mumps	☐
Cancer	☐	Whooping Cough	☐	Frequent Ear Infection	☐	Meningitis	☐	Sickle Cell	☐
Heart Condition	☐	Tuberculosis	☐	Frequent Sore Throats	☐	Alcoholism	☐	Epilepsy	☐
Autism	☐	Scarlet Fever	☐	Mental Health diagnosis	☐	Smoking	☐	Anxiety	☐
Diabetes	☐	Pnuemonia	☐	High Blood Pressure	☐	Substance Abuse	☐	Seizures	☐
ADHD	☐	Diphtheria	☐	Mononucleosis	☐	Asthma	☐	Other:	☐

If you checked other, please explain: _____
Does your student have seasonal allergies and/or allergies to medicine, bee stings and/or food? _____
If yes, please list allergies. _____
If your student had a reaction, please describe the reaction to the substance: _____

Does your student take daily medication? If yes, please list route, dose, and frequency.

Does your student require any specialized health-related procedures? If yes, please explain.

SECTION 3: FAMILY HISTORY

If your student is returning to PUSD and there are no changes in the family history of health conditions, proceed to SECTION 4.
Mark with an X the conditions that <u>any</u> family members have had.

	YES		YES		YES		YES		YES
Diabetes	☐	Jaundice	☐	Rheumatic Fever	☐	Alcoholism	☐	Anxiety	☐
Epilepsy	☐	Syphilis	☐	Bleeding Disorder	☐	Smoking	☐	Depression	☐
Cancer	☐	Tuberculosis	☐	Hypertension	☐	Anemia	☐	Obesity	☐
Heart Disease	☐	Substance Abuse	☐	Birth Defects	☐	Kidney Disease	☐	Other:	☐
Asthma	☐	Allergies	☐						

If you checked other, please explain: _____

SECTION 4: VISION HEALTH

Please check one of the following:
Student wears glasses for distance. ☐ Student wears glasses for near and distance vision. ☐
Student wears glasses for work up close. ☐ Not sure if student needs glasses. ☐ Other: ☐
No glasses needed by student. ☐ Date of last formal vision exam: _____

SECTION 5: INSURANCE

Does your student have health insurance? Please check one of the following:
Private Insurance ☐ Medi-Cal ☐ No Insurance ☐
Please state the name and phone number of your student's current health care provider (primary doctor):
Physician Name: _____ Phone: _____ Date of last physical exam: _____
Anything else you would like the school nurse to know? _____

California Pediatric Tuberculosis Risk Assessment

- Use this tool to identify asymptomatic **children** for latent TB infection (LTBI) testing.
- **Do not repeat testing** unless there are **new risk factors** since the last test.
  If initial negative screening test occurred prior to 6 months of age, repeat testing should occur at age 6 months or older
- Do not treat for LTBI until active TB disease has been excluded:
  For children with TB symptoms or abnormal chest x-ray consistent with active TB disease, evaluate for active TB disease with a chest x-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative tuberculin skin test or interferon gamma release assay does not rule out active TB disease.

LTBI testing is recommended if any of the boxes below are checked.

☐ **Birth, travel, or residence** in a country with an elevated TB rate for at least 1 month

- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe
- If resources require prioritization within this group, prioritize patients with at least one medical risk for progression (see the California Adult Tuberculosis Risk Assessment User Guide for this list).
- Interferon Gamma Release Assay is preferred over Tuberculin Skin Test for non-U.S.-born persons ≥2 years old

☐ **Immunosuppression,** current or planned

HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥2 mg/kg/day, or ≥15 mg/day for ≥2 weeks) or other immunosuppressive medication

☐ **Close contact** to someone with infectious TB disease during lifetime

Treat for LTBI if LTBI test result is positive and active TB disease is ruled out.

☐ **None**; no TB testing is indicated at this time.

Provider Name: _____

Assessment Date: _____

Patient Name: _____

Date of Birth: _____

See the California Pediatric TB Risk Assessment User Guide for more information about using this tool. To ensure you have the most current version, go to the TB RISK ASSESSMENT page (https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Risk-Assessment.aspx)

California TB Pediatric Risk Assessment User Guide

Avoid testing persons at low risk

Routine testing of persons without risk factors is not recommended and may result in unnecessary evaluations and treatment because of falsely positive test results.

Local recommendations, mandated testing and other risk factors

Several risk factors for TB that have been used to select children for TB screening historically or in mandated programs are not included among the 3 components of this risk assessment. This is purposeful in order to focus testing on children at highest risk. However, certain populations may be mandated for testing by statute, regulation, or policy. This risk assessment does not supersede any mandated testing. Testing can also be considered in children with frequent exposure to adults at high risk of TB infection, such as those with extensive foreign travel in areas with high TB rates. Local recommendations should also be considered in testing decisions. Local TB control programs and clinics can customize this risk assessment according to local recommendations. **Providers should check with local TB control programs for local recommendations.** A directory of TB Control Programs is available on the CTCA website. (https://www.ctca.org/locations.html)

Most patients with LTBI should be treated

Persons with risk factors who test positive for LTBI should generally be treated once active TB disease has been ruled out with a physical exam, chest radiograph and, if indicated, sputum smears, cultures, and nucleic acid amplification testing (NAAT). However, clinicians should not feel compelled to treat persons who have no risk factors but have a positive test for LTBI.

When to repeat a risk assessment and testing

Risk assessments should be completed for new patients, patients thought to have new potential exposures to TB since last assessment, and during routine pediatric well-child visits. Repeat risk assessments should be based on the activities and risk factors specific to the child. Children who volunteer or work in health care settings might require annual testing and should be considered separately. Re-testing should only be done in persons who previously tested negative and have new risk factors since the last assessment (unless they were <6 months of age at the time of testing). In general, new risk factors would include new close contact with an infectious TB case or new immunosuppression, but could also include foreign travel.

Immunosuppression

The exact level of immunosuppression that predisposes to increased risk for TB progression is unknown. The threshold of steroid dose and duration used in the Pediatric TB Risk Assessment are based on data in adults and in accordance with ACIP recommendations for live vaccines in children receiving immunosuppression.

Foreign travel or residence

Travel or residence in countries with an elevated TB rate may be a risk for TB exposure in certain circumstances (e.g., extended duration, likely contact with persons with infectious TB, high prevalence of TB in travel location, non-tourist travel). The duration of at least 1 consecutive month to trigger testing is intended to identify travel most likely to involve TB exposure. TB screening tests can be falsely negative within the 8 weeks after exposure, so are best obtained 8 weeks after a child's return.

IGRA preference in non-U.S.-born children ≥2 years old

Because IGRA has increased specificity for TB infection in children vaccinated with BCG, IGRA is preferred over the tuberculin skin test for non-U.S.-born children ≥2 years of age. IGRAs can be used in children <2 years of age, however, there is an overall lack of data in this age group, which complicates interpretation of test results. In BCG vaccinated immunocompetent children with a positive TST, it may be appropriate to confirm a positive TST with an IGRA. If IGRA is not done the TST result should be considered the definitive result.

Negative test for LTBI does not rule out active TB

It is important to remember that a negative TST or IGRA result does not rule out active TB disease. A negative TST or IGRA in a patient with active TB disease can be a sign of extensive disease. Any suspicion for active TB disease or extensive exposure to TB should prompt an evaluation for active TB disease, including physical exam, symptom review, and 2-view chest x-ray.

Emphasis on short course for treatment of LTBI

Shorter regimens for treating latent TB infection have been shown to be as effective as 9 months of isoniazid, and are more likely to be completed. Use of these shorter regimens is preferred in most patients, although the 12 week regimen is not recommended for children <2 years of age or children on antiretroviral medications. It is under study in pregnancy. Drug- drug interactions and contact to drug resistant TB are other contra-indications for shorter regimens.

Shorter duration LTBI treatment regimens

Medication	Frequency	Duration
Rifampin	Daily	4 months
Isoniazid + rifapentine	Weekly	12 weeks*

* 11-12 doses in 16 weeks required for completion.

Refusal of recommended LTBI treatment

Refusal should be documented. Recommendations for treatment should be made at future encounters with medical services. If treatment is later accepted, TB disease should be excluded and chest x-ray repeated if it has been more than 6 months from the initial evaluation for children 5 years or older and 3 months for children less than 5 years of age.

Symptoms that should trigger evaluation for active TB

Patients with any of the following symptoms that are otherwise unexplained should be evaluated for active TB disease: cough for more than 2-3 weeks, fevers, night sweats, weight loss, lymphadenopathy, hemoptysis or excessive fatigue.

Resources

Fact Sheets for LTBI Regimens, Isoniazid+Rifapentine, Rifampin, and Isoniazid are available on the TBCB LTBI Treatment page. (www.cdph.ca.gov/LTBITreatment)

American Academy of Pediatrics, Red Book Online, Tuberculosis is available on the Red Book Online website. (https://redbook.solutions.aap.org/chapter.aspx?sectionid=189640207&bookid=2205)

Abbreviations

AFB= acid-fast bacilli BCG= Bacillus Calmette-Guérin
CXR= chest x-ray DOT= directly observed therapy
IGRA=interferon gamma release assay LTBI= latent TB infection
MDR =multiple drug resistant NAAT= nucleic acid amplification testing
SAT= self-administered therapy TST= tuberculin skin test

PASADENA UNIFIED SCHOOL DISTRICT

EDUCATION CENTER • HEALTH PROGRAMS

Dear Parent or Guardian:

To make sure your child is ready for school, California law, *Education Code* Section 49452.8, requires that your child have an oral health assessment (dental check- up) by May 31 in either kindergarten or first grade, whichever is his or her first year in public school. Assessments that have happened within the 12 months before your child enters school also meet this requirement. The law specifies that the assessment must be done by a licensed dentist or other licensed dental health professional.

Take the attached Oral Health Assessment or to the dental office, as it will be needed for your child's check-up. If you cannot take your child for this required assessment, please complete the Waiver of Oral Health Assessment Required and indicate the reason on the form. You can get more copies of the necessary form at your child's school or online from the California Department of Education at https://www.cde.ca.gov/ls/he/hn/oralhealth.asp . California law requires schools to maintain the privacy of students' health information. Your child's identity will not be associated with any report produced because of this requirement.

The following resources will help you find a dentist and complete this requirement for your child:

1. Medi-Cal/Denti-Cal's can help you to find a dentist who takes Denti-Cal: 1-800-322-6384; http://www.denti-cal.ca.gov. For help enrolling your child in Medi-Cal/Denti-Cal, please contact the Young & Healthy at 626-795-5166 or the Pasadena Public Health Department at 626-744-6086.

2. For additional resources that may be helpful, please contact:
   The Pasadena Public Health Department
   1845 N. Fair Oaks Avenue
   Pasadena, CA 91103
   Phone: 626-744-6000
   Website: https://www.cityofpasadena.net/public-health/

Remember, your child is not healthy and ready for school if he or she has poor dental health! Here is important advice to help your child stay healthy:

- Take your child to the dentist twice a year.
- Choose healthy foods for the entire family. Fresh foods are usually the healthiest foods.

- Brush teeth at least twice a day with toothpaste that contains fluoride.

- Limit candy and sweet drinks, such as punch or soda. Sweet drinks and candy contain a lot of sugar, which causes cavities and replaces important nutrients in your child's diet. Sweet drinks and candy also contribute to weight problems, which may lead to other diseases, such as diabetes. The less candy and sweet drinks, the better!

Baby teeth are very important. They are not just teeth that will fall out. Children need their teeth to eat properly, talk, smile, and feel good about themselves. Children with cavities may have difficulty eating, stop smiling, and have problems paying attention and learning at school. Tooth decay is an infection that does not heal and can be painful if left without treatment. If cavities are not treated, children can become sick enough to require emergency room treatment, and their adult teeth may be permanently damaged.

Many things influence a child's progress and success in school, including health. Children must be healthy to learn, and children with cavities are not healthy. Cavities are preventable, but they affect more children than any other chronic disease.

If you have questions about the new oral health assessment requirement, please contact the PUSD Health Programs Department at 626-396-3600 Ext. 88240.

Sincerely,

Ana Maria Apodaca
Director, Health Programs

APPROVED:

Helen Hill, Ed.D
Acting Chief Academic Officer

Attachments:
Oral Health Assessment Form
Waiver of Oral Health Assessment Requirement Form

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: ☐ Male ☐ Female

Child's Race/Ethnicity:		
	☐ White	☐ Native American
	☐ Black/African American	☐ Multi-racial
	☐ Hispanic/Latino	☐ Native Hawaiian/Pacific Islander
	☐ Asian	☐ Unknown
	☐ 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) ☐Yes ☐No	*Caries Experience (Visible decay and/or fillings present) ☐Yes ☐No

Treatment Urgency:

◯ **No obvious problem found**

◯ **Early dental care recommended** (caries without pain or infection; or child would benefit from sealants or further evaluation)

◯ **Urgent care needed** (pain, infection, swelling or soft tissue lesions)

_____	_____	MM – DD – YYYY _____
Licensed Dental Professional Signature	***CA License Number***	***Date***

*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?

◯ **Yes**

◯ **No** (If no, entity responsible for follow-up will be encouraged to check back in with parent)

◯ **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.

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.

Pasadena Unified School District

Parent Portal Access Form

The Parent Portal is designed to allow parents access to their student's information. Access to Parent Portal will provide parents/guardians the opportunity to view student data and information through the Internet. Student data may include but not be limited to grades, attendance, medical, demographics and discipline from the District's student information system Aeries. This information is only accessible by knowing the student's ID Number, Telephone Number, and Verification Code (VPC). By setting up an account and/or logging onto the Parent Portal, you agree to abide by the Pasadena Unified School District rules and regulations. **Use of this system and its services are strictly limited to authorized account holders ONLY. All users are to be responsible for their student's information codes and passwords. PUSD will only provide log in information to parents or guardians.** PUSD will not be responsible for unauthorized access if the user has not been careful with their information. Ways to protect your information include but are not limited to: Do not give anyone your password. Do not write your password down. Close the browser when you are done. If you wish to continue to use the Internet, open a new browser window. Do not choose a password that is easily guessed by someone else such as a spouse's, children, grandchildren, or pet's name, birth date, anniversary date, address, social security number, etc. Suggestions on passwords include combinations of letters and numbers or upper and lower case letters.

Parents will be able to access the following information for their child:

- Attendance
- Grades/Gradebook
- Classes
- Report Cards
- Demographics
- Medical
- Contacts
- Teacher/Counselor Email
- Transcripts
- Test Details/Test Scores
- Grad Status
- College Entrance Requirements

For parents to create an account and access the Parent Portal, they must visit the school's administrative office to confirm and obtain the following:

1. Identity verified by school admin staff and Parent Access Request form submitted to site for approval
2. Student's Permanent ID Number
3. Verification Pass Code (VPC)
4. Telephone number on record with their child's school

INNOVATIVE TECHNOLOGY SERVICES

PUSD Parent Portal Access Form

Please print

School: _____

Students Name: (First) _____(MI) _____ (Last) _____

Students Permanent ID: _____

Parent/Guardian Name: _____

Mailing Address: _____

Primary Phone: _____

Email Address: _____

Signature: _____Date: _____

***PUSD will only provide log in information to student's parents/legal guardians. Any other individual requesting access to a Parent Portal account must get the information directly from the student's parent/legal guardian.**

For School Office Use Only:

Authorized staff below confirms identification of the parent/guardian was verified

DATE: _____

VERIFIED BY: (PRINT NAME) _____

PARENT/GUARDIAN VERIFIED BY: (CHECK ONE)

☐ CA ID / DRIVERS LICENSE

☐ OTHER ID (please specify): _____

FORM TO BE FILED IN STUDENTS CUM FOLDER

Revised: 10/15/2018

TechEquity Take Home Initiative

Dear PUSD Parent/Guardian,

In our continuous efforts to provide the best education and opportunities for all of our students, the District is excited to announce the continuation of our TechEquity initiative. This initiative includes a 1:1 take home program for students in grades K-12. Each student will be assigned a Chromebook that will be used both at home and in school to support and enhance student learning and achievement.

The Purpose

The purpose of this initiative is to provide all students with rich online programs, learning resources, and equitable access to 21st century tools. With these educational tools we hope to provide endless opportunities for all students within PUSD, allowing for creative innovation and independent learning.

Implementation

In order to support and sustain this initiative we have implemented learning opportunities for students, parents, teachers, and administrators. Our Digital Citizenship program equips all participants with resources and tips for safe online practices. Although providing a rich 21st century education is our focus, keeping our students safe online is our top *priority*, which is why students may not bring or use their own devices on campus. All PUSD issued devices include content filtering.

All students will receive a new device this year to ensure up-to-date technology. The devices are insured for normal wear and tear, basic repairs and are replaceable if stolen, provided a police report is filed and turned into the district.

We are pleased to offer this educational opportunity to all of our students. Thank you for your continued partnership and support. By signing below, you acknowledge that your student is receiving a district managed device.

In order to receive a new device your student must return this form and return any existing Chromebooks they previously had.

Teacher Name:_____

Student ID#:_____Student's full name:_____

Parent/guardian's full name:_____

Parent/guardian's signature:_____ Date:_____

Revision: July 2022