



# MORGAN HILL UNIFIED SCHOOL DISTRICT / ENROLLMENT CENTER

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

## Secondary Registration Checklist - English

Name of Student: \_\_\_\_\_ Grade : \_\_\_\_\_

School of Residence: \_\_\_\_\_

### Completed Student Enrollment Packet includes:

☐ **Proof of Age:** certified copy of birth record, ie: passport, birth certificate, baptismal certificate or affidavit of age

☐ **Proof of Residence:** Total of 3 forms required, 1 from Category #1 and 2 from Category #2:

#### Category 1 (1 form required)

- ☐ Mortgage Statement
- ☐ Escrow Papers
- ☐ Rental/Lease Agreement
- ☐ Property Tax Statement

#### Category 2 (2 forms required; *Must be dated within the last 30 days*)

- ☐ Utility Bill (PG&E)
- ☐ Water Bill
- ☐ Garbage/Recycling Bill
- ☐ Cable or Internet Bill
- ☐ Homeowners/Renters Insurance Declarations
- ☐ Driver's License (*\*no date requirement*)

*If none of the above can be provided, an Affidavit of Residency must be completed and signed by the homeowner, including a copy of their photo ID and 2 proofs of residence.*

***\*If above documents are falsified, new Proof of Residence will be required with in 10 days and student will be subject to transfer back to residence school if attending a school on an approved transfer***

☐ **Parent/Guardian Photo ID** (drivers license, passport)

☐ **Migrant Survey** (required/completed)

☐ **Immunizations**

☐ **TB Risk Assessment Form or TB(PPD) Test**

- TB Risk Assessment Form required if entering TK-12th grade for the first time
- TB Risk Assessment Form required if entering from outside of Santa Clara County
- TB (PPD) Test required if entering from another country **\* Date administered, read and the results**
- Both TB Risk Assessment and TB (PPD) Test results **must be completed/signed/stamped by physician**

☐ **IEP** (if applicable)

☐ **504** (if applicable)

☐ **Transcript** for students entering grades 10 - 12

***\* If enrolling for current school year, please provide withdrawal form with exit grades from previous school***

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Secondary Registration Checklist - English

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*For Office Use Only*

Assigned School: \_\_\_\_\_ Aeries ID #: \_\_\_\_\_ Previous School: \_\_\_\_\_ Leave Date: \_\_\_\_\_

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

Medical Considerations: \_\_\_\_\_



If you qualify for the Migrant Program you may be eligible for:

- \*Preschool Services \*Health Services \*Free food and transportation \*Academic Resources  
\* PASS Program-credit recovery \*Summer School Programs

Student's Name: \_\_\_\_\_ School Name: \_\_\_\_\_

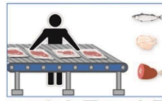
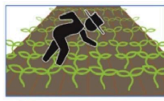
Parent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

- Has your family moved in or out of the Morgan Hill area within the last 3 years?  
(Circle) **Yes** **No**
- When you moved within the last 3 years, did you or a member of your family seek or obtain seasonal employment in one or more of the following? (Circle) **Yes** **No**



( ) Agriculture



( ) Food Packaging



( ) Dairy



( ) Fishing Industry



( ) Plant Nursery



( ) Lumber Industries

**\*\*Please complete it and return it to your child's school.**



Si califican para el programa migrante puede ser elegible para:

- \*Servicios pre-escolares \*Comida y transporte gratis \*Servicios de salud  
\*Recursos académicos-Recuperación de créditos PASS \*Programa de escuela de verano

Nombre del estudiante: \_\_\_\_\_

Escuela: \_\_\_\_\_

Nombre de padres: \_\_\_\_\_

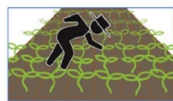
Teléfono: \_\_\_\_\_

Fecha: \_\_\_\_\_

- ¿Se ha mudado su familia fuera o dentro de la ciudad de Morgan Hill-San Martín durante los últimos 3 años?  
(Circle) **Sí** **No**
- Cuando se mudaron en los últimos 3 años, ¿usted o algún miembro de su familia buscó u obtuvo trabajo temporal en uno o más de lo siguiente? (Circle) **Sí** **No**



( ) Agricultura



( ) Empacado Alimentos



( ) Industria Lechera



( ) Industria Pesquera



( ) Viveros



( ) Industria Maderera

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

Address \_\_\_\_\_ Phone: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Street City Zip

# 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  $\geq 2$  years old and is preferred in BCG-vaccinated children to avoid a false positive TST result. A TST of  $\geq 10$  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  $\geq 5$  mm is considered positive. If a BCG-vaccinated child has a positive TST, and an IGRA is subsequently performed and is negative, testing is considered negative unless the child was exposed to someone with TB disease or is immunosuppressed. For immunosuppressed children, screening should be performed by CXR in addition to a TST/IGRA (consider doing both) and symptom review. TB screening can be falsely negative within 8 weeks after exposure, so are best obtained 8 weeks after last exposure.

### Evaluation of Children with Positive TB Tests

- All children with a positive IGRA/TST result must have a medical evaluation, including a CXR (posterior-anterior and lateral is recommended for children  $<5$  years old). A CXR is not required for a positive TST with negative IGRA in a BCG-vaccinated child, or if the child has documentation of prior treatment for TB disease or treatment for latent TB infection.
- For children with TB symptoms (e.g., cough for  $>2$ -3 weeks, shortness of breath, hemoptysis, fever, weight loss, night sweats) or an abnormal CXR consistent with active TB disease, report to the County of Santa Clara Public Health Department TB Program within one day. The child will need to be evaluated for TB disease with sputum AFB smears/cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease in a patient with symptoms or signs of TB disease. The child cannot enter school unless active TB disease has been excluded or treatment has been initiated.
- If there are no symptoms or signs of TB disease and the CXR is normal, the child should be treated for latent TB infection (LTBI). Do not treat for LTBI until active TB disease has been excluded.
- Short-course regimens are preferred (except in persons for whom there is a contraindication, such as a drug interaction or contact to a person with drug-resistant TB) due to similar efficacy and higher treatment completion rates as compared with 9 months of daily isoniazid.

### Treatment Regimens for Latent TB Infection

- Rifampin 15 - 20 mg/kg (max. 600 mg) daily for 4 months
- 12-dose Weekly Isoniazid/Rifapentine (3HP) Regimen:
  - Isoniazid
    - 2-11 years old: 25 mg/kg rounded up to nearest 50 or 100 mg (max. 900 mg)
    - $\geq 12$  years old: 15 mg/kg rounded up to nearest 50 or 100 mg (max. 900 mg)
  - Rifapentine
    - 10.0-14.0 kg: 300 mg
    - 14.1-25.0 kg: 450 mg
    - 25.1-32.0 kg: 600 mg
    - 32.1-50.0 kg: 750 mg
    - $>50$  kg: 900 mg
  - Vitamin B6 50 mg weekly
- Isoniazid 10 mg/kg (range, 10-15 mg/kg; max. 300 mg) daily for 9 months. Recommended pyridoxine dosage is 25 mg for school-aged children (or 1-2 mg/kg/day).
- Isoniazid and Rifampin daily for 3 months: Children: Isoniazid 10-20 mg/kg (300 mg maximum) Rifampin 15-20 mg/kg; (600 mg maximum)

# County of Santa Clara

## Public Health Department

Administration  
976 Lenzen Avenue, 2<sup>nd</sup> Floor  
San José, CA 95126



April 15, 2014

Dear Parent/Guardian,

Santa Clara County continues to have one of the highest rates of tuberculosis (TB) in the United States. TB is a bacterial infection spread through the air and can affect the lungs, brain, bones, or any part of the body. Children can become infected when traveling, from household members, family, or visitors who are infected. Children exposed to someone with TB have a very high risk of developing active TB. If diagnosed early, TB is treatable and preventable.

Santa Clara County has required mandatory tuberculosis (TB) testing for students enrolling in school. However, **effective June 1, 2014, students enrolling into school will be required to undergo TB testing ONLY if their healthcare provider identifies a risk factor for TB exposure. Prior to school enrollment children will be required to have their healthcare provider complete the *Santa Clara County Public Health Department Risk Assessment for School Entry* form which is attached. Take this form to your provider to complete and return to your child's school.** This requirement applies to students attending both public and private schools in Santa Clara County and is based on the authority given the Santa Clara County Health Officer under the California Health and Safety Code, Section 121515.

This new policy will decrease unnecessary testing and allow healthcare providers to ensure that children who have TB infection are evaluated and treated promptly.

Thank you for helping us protect the health of your children.

Sincerely,

Teeb Al-Samarrai, MD  
Tuberculosis Controller