



MORGAN HILL UNIFIED SCHOOL DISTRICT / ENROLLMENT CENTER

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

Lista de verificación de Registración para Secundaria

Nombre del estudiante: _____ Nivel de grado : _____

Escuela de residencia: _____

El paquete de inscripción de estudiantes completo incluye:

Prueba de edad: copia certificada del acta de nacimiento, es decir: pasaporte, acta de nacimiento, acta de bautismo or declaración jurada de edad

Verificación de residencia: Se requieren un total de 3 formularios, 1 de la Categoría #1 y 2 de la Categoría #2:

Categoría 1 (se requiere 1 formulario)

Categoría 2 (se requieren 2 formularios; Debe tener fecha dentro de los últimos 30 días)

| | |
|--|---|
| <input type="checkbox"/> Estado de cuenta de la hipoteca <input type="checkbox"/> Papeles de depósito en garantía <input type="checkbox"/> Contrato de alquiler/arrendamiento <input type="checkbox"/> Declaración de impuesto a la propiedad | <input type="checkbox"/> Factura de servicios públicos (PG&E) <input type="checkbox"/> Factura de agua <input type="checkbox"/> Factura de basura/reciclaje <input type="checkbox"/> Factura de cable o Internet <input type="checkbox"/> Declaraciones de seguro de propietarios/inquilinos <input type="checkbox"/> Licencia de conducir (*sin requisito de fecha) |
|--|---|

Si no se puede proporcionar nada de lo anterior, el propietario debe completar y firmar una Declaración Jurada de Residencia, incluida una copia de su identificación con fotografía y 2 pruebas de residencia.

***Si los documentos anteriores son falsificados, se requerirá una nueva Prueba de Residencia y el estudiante estará sujeto a ser transferido de regreso a la escuela de residencia si asiste a una escuela con una transferencia aprobada.**

Identificación con foto del padre / tutor (licencia de conducir, pasaporte)

Encuesta sobre migrantes (obligatoria/completada)

Vacunas

Formulario de evaluación del riesgo de tuberculosis o prueba de tuberculosis (PPD)

- Se requiere un formulario de evaluación del riesgo de tuberculosis si ingresa por primera vez al grado TK-12
- Se requiere un formulario de evaluación del riesgo de tuberculosis si ingresa desde fuera del condado de Santa Clara
- Prueba de TB (PPD) requerida si ingresa desde otro país *** Fecha de administracion, lectura y resultados**
- Tanto los resultados de la evaluación del riesgo de tuberculosis como los de la prueba de tuberculosis (PPD) **deben ser completados/firmado s/sellados por un médico**

IEP (si corresponde)

504 (si corresponde)

Transcripción para estudiantes que ingresan a los grados 10 a 12

** Si se inscribe para el año escolar actual, proporcione un formulario de retiro con las calificaciones de salida de la escuela anterior*

.....
Secondary Registration Checklist - Spanish 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)

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 TB disease in their lifetime? Yes No
3. Is your child immunosuppressed; current, or planned? (e.g., due to HIV infection, organ transplant, treatment with TNF-alpha antagonist or high-dose systemic steroids (e.g., prednisone \geq 15 mg/day for \geq 2 weeks). Yes No

*Most countries other than the U.S., Canada, Australia, New Zealand, or a country in western or northern Europe. This does not include tourist travel for <1 month (i.e., travel that does not involve visiting family or friends, or involve significant contact with the local population).

If YES, to any of the above questions, the child has an increased risk of TB and should have a TB blood test or a tuberculin skin test (TST) unless there is either 1) a documented prior positive IGRA or TST or 2) no new risk factors since last documented negative IGRA (performed at age \geq 2 years in US or TST performed at age \geq 6 months in U.S.)

All children with a current or prior positive IGRA/TST result must have a medical evaluation, including a chest x-ray (CXR; posterior-anterior and lateral for children <5 years old is recommended). CXR is not required for children with documented prior treatment for TB disease, documented prior treatment for latent TB infection, or BCG-vaccinated children who have a positive TST and negative IGRA. If there are no symptoms or signs of TB disease and the CXR is normal, the child should be treated for latent TB infection (LTBI) to prevent progression to TB disease.

Enter test results for all children with a positive risk assessment:

| | |
|---|--|
| Date of (IGRA) | Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate |
| Tuberculin Skin Test (TST/Mantoux/PPD) | Induration _____ mm |
| Date placed: _____ Date read: _____ | 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"/> Isoniazid and Rifampin daily - 3 advice months | <input type="checkbox"/> Prior TB/LTBI treatment (Rx & duration): _____ <input type="checkbox"/> Treatment medically contraindicated <input type="checkbox"/> Declined against medical |
| 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"/> Child has no TB symptoms. Appointment for IGRA/TST scheduled on: _____ <input type="checkbox"/> | |
| _____ Health Care Provider Signature, Title Date | |

Name/Title of Health Provider:
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 are preferred (except in persons for whom there is a contraindication, such as a drug interaction or contact to a person with drug-resistant TB) due to similar efficacy and higher treatment completion rates as compared with 9 months of daily isoniazid.

Treatment Regimens for Latent TB Infection

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

County of Santa Clara
Public Health Department

Administration
976 Lenzen Avenue, 2nd Floor
San José, CA 95126



15 de abril de 2014

Estimados padres y tutores.

El Condado de Santa Clara continúa teniendo uno de los más altos índices de tuberculosis en los Estados Unidos. La tuberculosis es una infección de bacteria que se transmite a través del aire y puede afectar los pulmones, el cerebro, los huesos, o cualquier parte del cuerpo. Los niños se pueden infectar cuando viajan, o cuando otras personas en la casa, familiares o visitantes tienen la infección. Los niños que son expuestos a una persona con tuberculosis tienen un alto riesgo de resultar con tuberculosis activa. Si se diagnostica a tiempo, la tuberculosis se puede tratar, y prevenir su contagio.

En el Condado de Santa Clara, es obligatorio que a los estudiantes que se inscriben para la escuela les hagan la prueba de la tuberculosis. Sin embargo, **partir del 1 de junio de 2014, se requerirá que SÓLO se hagan la prueba los estudiantes cuyo pediatra identifique algún factor de riesgo que indique exposición a la tuberculosis. Antes de inscribirse en la escuela, se requerirá que el pediatra complete el formulario "Santa Clara County Public Health Department Risk Assessment for School Entry", que aquí se incluye. Lleven este formulario para que lo complete el pediatra de su niño, y ya lleno entréguenlo a la escuela. Este requisito es tanto para estudiantes que asisten a escuelas públicas como privadas en el Condado de Santa Clara, y se basa en la autoridad otorgada por el Oficial de Salud del Condado de Santa Clara, de acuerdo al Código de Salud y Seguridad de California, Sección 121515.**

Este nuevo reglamento disminuye el número de pruebas innecesarias, y permite que los pediatras se aseguren que los niños con la infección de tuberculosis sean evaluados y tratados a tiempo.

Gracias por ayudarnos a proteger la salud de sus niños.

Atentamente.

Teeb Al-Samarrai, MD
Supervisor del Control de la Tuberculosis