MORGAN HILL UNIFIED SCHOOL DISTRICT / ENROLLMENT CENTER

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

Elementary 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 (notarized)

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

Category 1 (1 form required)	**Category 2 (2 forms required; *Must be dated within the last 30 days*)**
☐ Mortgage Statement ☐ Escrow Papers ☐ Rental or Lease Agreement ☐ Property Tax Payment	☐ 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 within 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)

☐ **Memo of Understanding** (signed)

☐ **IEP** (if applicable)

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

☐ **504** (if applicable)

☐ **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***

☐ **Health Exam for School Entry** (completed within 6 months of the first day of school for TK & Kindergarten or within 18 months of the first day of school for 1st grade)

- ***Must be completed/signed/stamped by physician***

☐ **Oral Health Assessment** (for TK, Kindergarten or 1st grade, whichever is the student's first year in public school)

- ***Must be completed/signed/stamped by physician or can be waived by parent on the form***

Elementary Registration Checklist - English ***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: _____

MORGAN HILL UNIFIED SCHOOL DISTRICT
ENROLLMENT CENTER
15600 Concord Circle, Morgan Hill, CA 95037
(408) 201-6030; enrollment@mhusd.org

Memorandum of Understanding
(TK-5 and TK-8 New Student Enrollment Process)

Parents wanting to enroll their children at any of the elementary schools in the Morgan Hill Unified School District can apply online by going to the district website: mhusd.org and clicking on the "Enroll Now" button. Enrollment must be completed for each individual student.

Requirements for enrollment in an elementary school include the following:

- ✔ Proof of Age (see checklist)
- ✔ Proof of Residence (see checklist)
- ✔ Photo ID of Parent or Legal Guardian
- ✔ Memo of Understanding (signed)
- ✔ Migrant Survey (completed)
- ✔ Proof of Immunizations
- ✔ TB Risk Assessment Form
- ✔ Report of Health Examination for School Entry: a physical exam is required for entrance into TK, Kindergarten, and 1st grade (if first time in school); form must be completed and signed by a physician.
- ✔ Oral Health Assessment Form (completed & signed; TK, Kindergarten, and 1st grade only, if first time in school)

All documents must be completed before your child is considered registered. Required documents can be uploaded during the online enrollment process or submitted directly to the school of residence. The school will finalize enrollment and the system will date and time-stamp the enrollment record. Please keep in mind that enrollment may not be guaranteed at your school of residence for the current school year; if you are applying to a potentially impacted school, enrollment may be restricted.

In the event that the grade level or special program is full at your residence school, your child will be assigned to another MHUSD school (overflowed) for the remainder of the school year or until an opening occurs at your residence school. Overflow is determined by and in accordance with district practice and policy. Siblings may also be moved if the parent requests it and if there is room at the overflow school. The Enrollment Center will monitor enrollment numbers during the school year and determine if students are able to return to their school of residence should space become available. If space becomes available, parents will be given the choice to have their children return to their school of residence during the year or have them remain at the overflow school until they matriculate to the next grade level.

Transportation is not provided for students who are diverted to other schools.

I have reviewed the TK-5/TK-8 new student enrollment process for the Morgan Hill Unified School District and understand that personnel at the District Enrollment Center and/or school staff will not be able to provide assurances regarding my child's permanent school assignment.

_____ _____

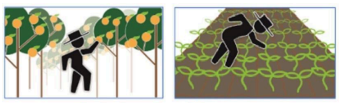
Signature of Parent/Guardian Date

MORGAN HILL UNIFIED SCHOOL DISTRICT
MIGRANT CENTER
15600 CONCORD CIRCLE, MORGAN HILL, CA 95037
PHONE: 408-201-6030 | EMAIL: enrollment@mhusd.org

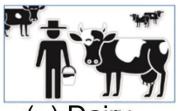
If you qualify for the Migrant Program you may be eligible for:
*Preschool Services *Health Services *Free food and transportation *Academic Resources
* PASS Program-credit recovery *Summer School Programs

Student's Name: _____ School Name: _____
Parent's Name: _____ Phone Number: _____
Today's Date: _____

1. Has your family moved in or out of the Morgan Hill area within the last 3 years?
   (Circle) **Yes** **No**
2. 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.

MORGAN HILL UNIFIED SCHOOL DISTRICT
MIGRANT CENTER
15600 CONCORD CIRCLE, MORGAN HILL, CA 95037
PHONE: 408-201-6030 | EMAIL: enrollment@mhusd.org

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: _____

1. ¿Se ha mudado su familia fuera o dentro de la ciudad de Morgan Hill-San Martín durante los últimos 3 años?
   (Circule) **Sí** **No**
2. 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? (Circule) **Sí** **No**


( ) Agricultura


( )Empacado Alimentos


( ) Industria Lechera


( ) Industria Pesquera


( ) Viveros


( ) Industria Maderera

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

SCC Public Health Department Tuberculosis (TB) Risk Assessment for School Entry

Child's Name: _____ Date of Birth: _____ Sex: _____
Last, First Month/Day/Year

Address: _____ Phone: _____ School /Grade: _____
Street, City, Zip Code

This form must be completed by a licensed health professional in the U.S. Re-testing should only be done in persons who previously tested negative and have new risk factors since the last assessment

1. Was your child born in, resided, or traveled (for more than one month) to a country with an elevated rate of TB? 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).
2. Has your child been in close contact to anyone with TB disease in their lifetime?
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 ≥ 15mg/day for ≥ 2 weeks).

Does your child have any of the above risk factors? ☐ Yes ☐ No

If YES, to any of the above questions (new TB risk factor since last screening), the child has an increased risk of TB and should have a TB blood test or a tuberculin skin test (TST) unless there is a documented prior positive IGRA or TST. All children with a positive IGRA/TST result must have a medical evaluation, including a chest x-ray (CXR) (posterior-anterior and lateral for children <5 years old). If there are no symptoms or signs of TB disease and the CXR is normal, the child should be treated for (LTBI) to prevent progression to TB disease. If a child has documentation of previous treatment for LTBI or TB disease and has no symptoms, they should not undergo skin or blood testing and do not need a new chest X-ray.

If child's X-ray is not normal and there are symptoms that suggest TB, call SCC TB Program (408)792-1381

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

Date of IGRA: _____ Results: ☐ Negative ☐ Positive ☐ Indeterminate

Tuberculin Skin Test (TST/Mantoux/PPD)
Date placed: _____ Date Read: _____
Induration: _____ mm
Results: ☐ Negative ☐ Positive

Chest X-ray Date: _____ Impression: ☐ Normal ☐ Abnormal

☐ LTBI Treatment Start Date: _____
- ☐ Rifampin daily - 4 months
- ☐ Isoniazid/Rifapentine - weekly X 12 weeks
- ☐ Isoniazid and Rifampin daily - 3 months
- ☐ Isoniazid daily - 9 months

☐ Prior TB/LTBI Treatment (Rx/duration):
_____
_____
☐ Treatment Medically Contraindicated
☐ Declines Against Medical Advise

Please check one of the boxes below and sign:

☐ Child has no TB symptoms, no risk factors for TB, and does not require a TB test
☐ Child has a risk factor, has been evaluated for TB and is free of active TB disease.
☐ Child has no new risk factors since last negative IGRA/TST and has no symptoms.
☐ Child has no TB symptoms. Appointment for RA/TB test/chest x-ray scheduled on:

_____ _____
Health Care Provider Signature, Title Date

Name/Title of Health Care Provider:
Facility/Address:
Phone Number:

County of Santa Clara
Public Health Department

Public Health Administration
150 W. Tasman Drive, 2nd Floor
San José, CA 95134
408.792.5040

TB Testing Methods - Children

An Interferon Gamma Release Assay (IGRA, i.e., QuantiFERON-TB Gold Plus (QFT) or T-SPOT.TB) or Mantoux tuberculin skin test (TST) should be used to test those at increased risk of TB exposure or disease-based on a standardized risk assessment tool. An IGRA can now be used in children of all ages and is especially preferred in BCG-vaccinated children to avoid a false positive TST result. A TST of ≥10mm induration is considered positive. If a child has had contact with someone with active TB disease, or the child is immunosuppressed, then a TST of ≥5 mm is considered positive.

Evaluation of Children with Positive TB Tests

- All children with a new positive IGRA/TST result must have a medical evaluation, including a symptom review, focused physical exam and CXR (frontal and lateral are recommended for children, especially those <5 years old). Since a positive TST may sometimes be caused by infection with nontuberculous mycobacteria or occasionally by BCG vaccination, some providers and parents prefer to verify a positive TST with an IGRA blood test. A CXR / symptom review and physical exam are still required to rule out TB disease before performing a second test as the TB tests may be falsely negative in the setting of TB disease. In this case, if the IGRA is negative, there are no symptoms or signs of TB disease and the CXR is normal, the child is considered free of TB infection.
- A child with a previous positive IGRA test should not undergo repeat testing as it may be positive for life. If the child received well-documented treatment for TB infection or disease in the past and has no symptoms to suggest TB disease, no further testing or imaging is required.
- For children with TB symptoms (e.g., cough for >2-3 weeks, shortness of breath, hemoptysis, fever, poor weight gain/weight loss, night sweats, etc.) or an abnormal CXR concerning active TB disease, report to the County of Santa Clara Public Health Department TB Program within one working day. The child will need to be fully evaluated for TB disease and treatment depending on the results. A negative TST or IGRA does not rule out active TB disease in a patient with an abnormal CXR or symptoms or signs of TB disease. A symptomatic child cannot enter school unless active TB disease has been excluded or treatment has been initiated.
- If the IGRA/TST is positive, there are no symptoms or signs of TB disease and the CXR is normal, the child should be treated for latent TB infection (LTBI), ideally through the medical home. 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 with 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

For more details: See AAP Red Book 33rd edition; LTBI Clinical Recommendations (tbcontrollers.org); TB-LTBI-Treatment (ca.gov)

- Rifampin daily for 4 months
- 12-dose Weekly Isoniazid/Rifapentine (3HP) Regimen
- Isoniazid and Rifampin daily for 3 months
- Not recommended: Isoniazid daily for 9 months

Board of Supervisors: Sylvia Arenas, Cindy Chavez, Otto Lee, Susan Ellenberg, S. Joseph Simitian
County Executive: James R. Williams

County of Santa Clara
Public Health Department

Public Health Administration
150 W. Tasman Drive, 2nd Floor
San José, CA 95134
408.792.5040

September 10, 2024

Dear Parent/Guardian,

Santa Clara County has one of the highest numbers 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. Anyone can get TB, but children who were born or travel to countries where TB is common or who have spent time with someone with TB are more likely to get TB. TB is treatable and preventable if found early. Santa Clara County requires TB screening for students enrolling in school.

School entry screening is a good time to find a regular clinic if your family doesn't already have one. There are lots of benefits to having a regular clinic including having a place to get vaccines. Children enrolling in a Santa Clara County school for the first time need to have their healthcare provider fill out the TB screening form which is attached.

Take this form to your clinic or provider to complete and return to your child's school. Treatment can help protect you from getting sick with TB disease. People who have TB usually have cough that keeps going on. They may have fever or weight loss without another good reason. They often are more tired and may even cough up blood and were often born in a part of the world where there is a lot of TB: Asia, Africa, Latin America or Eastern Europe. Talk to your clinic or provider about testing your whole family if you have been around someone who might have TB.

Thank you for helping us protect the health of your children by asking your clinic team to review the questions on this form and testing for TB if they have a risk for TB infection.

Sincerely,

Sara H. Cody, MD
Health Officer

Ann M. Loeffler, MD
Tuberculosis Controller

Board of Supervisors: Sylvia Arenas, Cindy Chavez, Otto Lee, Susan Ellenberg, S. Joseph Simitian
County Executive: James R. Williams

County of Santa Clara
Public Health Department

Administration
976 Lenzen Avenue, 2nd 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

Board of Supervisors: Mike Wasserman, Cindy Chavez, Dave Cortese, Ken Yeager, S. Joseph Simitian
County Executive: Jeffrey V. Smith

County of Santa Clara
Public Health Department

Immunization Education and Planning Program
1993 McKee Road, Bldg.B
San José, CA 95116
Phone: 408.937.2271
Fax: 408.937.2272

December 1, 2015

TO: Parents/Guardian:

SUBJECT: Senate Bill 277

Re: New immunization requirements for 2016

Under a new law known as SB 277, beginning January 1, 2016 exemptions based on personal beliefs will no longer be an option for the vaccines that are currently required for entry into child care or school in California. Most families will not be affected by the new law because their children have received all required vaccination. Personal beliefs exemptions on file for a child already attending child care or school will remain valid until the child reaches the next immunization checkpoint at kindergarten (including transitional kindergarten) or 7th grade.

For more information about school immunization requirements and resources, please visit the California Department of Public Health's website at www.shotsforschool.org, or contact your Local health department Immunization Education and Planning Program 408.937.2271

Thank you for helping us to keep our children and community healthy.

Sincerely,
Santa Clara Public Health Department

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.

MORGAN HILL UNIFIED SCHOOL DISTRICT
ENROLLMENT CENTER
15600 CONCORD CIRCLE, MORGAN HILL, CA 95037
PHONE: 408-201-6030 | EMAIL: enrollment@mhusd.org

Oral Health Exam Form

To make sure your child is ready for school, California law, *Education Code* Section 49452.8, now requires that your child have an oral health assessment (dental checkup) 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 or registered dental health professional.

Please take the attached Oral Health Assessment/Waiver Request form 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 indicate the reason for this in Section 3 of the form. You can get more copies of the necessary form at your child's school or online from the California Department of Education's Web site at http://www.cde.ca.gov/ls/he/hn/. California law requires schools to maintain the privacy of students' health information. Your child's identity will not be associated with any report produced as a result of this requirement.

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

- Medi-Cal/Denti-Cal's toll-free number or Web site 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, contact your local social service agency at http://www.dhs.ca.gov/mcs/medi-Calhome/Countylisting1.htm.
- Healthy Families' toll-free number or Web site can help you to find a dentist who takes Healthy Families insurance or to find out if your child can enroll in the program: 1-800-880-5305 or http://www.healthyfamilies.ca.gov/hfhome.asp.
- For additional resources that may be helpful, contact the local health department at: http://www.ca.gov./msv/medi-cal-Calhome/Countylisting1.htm

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.

Thank you for your cooperation with this new state requirement. If you have questions about the new oral health assessment requirement, please contact a school nurse at 408-201-6040.

MORGAN HILL UNIFIED SCHOOL DISTRICT
ENROLLMENT CENTER
15600 CONCORD CIRCLE, MORGAN HILL, CA 95037
PHONE: 408-201-6030 | EMAIL: enrollment@mhusd.org

Oral Health Assessment Form

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

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

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: □ Male □ Female
Parent/Guardian Name:	Child's race/ethnicity: □ White □ Black/African American □ Hispanic/Latino □ Asian □ Native American □ Multi-racial □ Other_____ □ Native Hawaiian/Pacific Islander □ Unknown		

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:	Caries Experience (Visible decay and/or fillings present) □ Yes □ No	Visible Decay 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)

_____ _____ _____

Licensed Dental Professional Signature ***CA License Number*** ***Date***

Section 3: Waiver of Oral Health Assessment Requirement
To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

□ I am unable to find a dental office that will take my child's dental insurance plan. My child's dental insurance plan is:
□ Medi-Cal/Denti-Cal □ Healthy Families □ Healthy Kids □ Other _____ □ None

□ I cannot afford a dental check-up for my child

□ I do not want my child to receive a dental check-up

Optional: other reasons my child could not get a dental check-up: _____

If asking to be excused from this requirement: ▶ _____ _____

Signature of parent or guardian ***Date***

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 31 of your child's first school year.
Original to be kept in child's school record.