



Roseland School District NEW Student Registration

PARENT NOTICE: Student placement is based on the site with the available space in each grade level. There is a possibility that the school you prefer or register your child at will not be the school that they are placed in.

Please select your site preference

- ☐ Roseland Creek Elementary (707) 543-2800 ☐ Sheppard Accelerated Elementary (707) 546-7050 ☐ Roseland Elementary: A Leadership Academy (707) 545-0100

Please request a Roseland Charter School Registration Packet for Roseland Charter Tk-6th Home School Program

Registration for Transitional Kinder & Kindergarten needs to include the following:

1. ☐ **Birth Certificate**
Kindergarten: 5 on or before Sept. 1st 2026
Transitional Kindergarten: 4 on or before September 1st 2026
2. ☐ **Proof of address:** (Current - within the last 30 days, Utility Bill: PG & E, water, garbage, etc.)
3. ☐ **Interdistrict Form** (only if out of district)
4. ☐ **Immunization Records:** (DTP 5, Polio 4, Hepatitis B 3, MMR 2, Varicella 2)
5. ☐ **Physical Exam** (Recommended not required)
6. ☐ **Dental Exam** (Recommended not required)
7. ☐ **Student Health Form Completed**
8. ☐ **Parent/Guardian Survey for incoming TK/K Completed**
9. ☐ **Special Education Services Information** (Copy of IEP if applicable)

Registrations for 1st - 6th need to include the following:

1. ☐ **Birth Certificate**
2. ☐ **Proof of address:** (Current - within the last 30 days, Utility Bill: PG & E, water, garbage, etc.)
3. ☐ **Interdistrict Form** (only if out of district)
4. ☐ **Immunization Records:** (DTP 5, Polio 4, Hepatitis B 3, MMR 2, Varicella 2)
5. ☐ **Student Health Form Completed**
6. ☐ **Special Education Services Information** (Copy of IEP if applicable)

Office Use Only

Intake Site: _____

Intake Person: _____

Date and Time Received _____

Name _____ Grade _____ DOB _____

Address _____

Parent Name _____ Phone Number _____

Siblings _____

☐ In District ☐ Out of District District of Residence _____ Approved: ☐ Yes ☐ No

Student receives Special Services: ☐ Yes ☐ No If Yes, what are the services: _____

Notes _____ Student ID No. _____

This form must remain in the student's file



LAST ENROLLED & LATE ENROLLMENT

Dear Roseland District Families

Welcome to our school district! We have been experiencing much growth in our schools. Our goal is to enroll your child in the school of your choice. However, there are times when our classes fill to capacity and changes in initial student placements are necessary.

Please note that it is possible that your child may be assigned to a different classroom, and potentially a school different than where you initially registered. This is dependent upon the availability of space in grade levels at each of our schools.

By signing this notification, you acknowledge that you are aware of the possibility that your student may be placed in a different class or school than where you initially registered.

Print First, Last Name

Sign

Date

ULTIMAS INSCRIPCIONES E INSCRIPCIONES TARDES

Estimados Familias del distrito de Roseland

¡Bienvenidos a nuestro distrito! Estamos en un gran crecimiento en nuestras escuelas. Nuestra meta es inscribir a su niño/a en la escuela de su elección. Sin embargo, hay ocasiones en que nuestras clases se llenan a capacidad y los cambios en las asignaciones iniciales de estudiantes son necesarios.

Por favor tenga en cuenta que es posible que su niño/a pueda ser asignado a una clase diferente y, potencialmente, una escuela diferente a la que se registró inicialmente. Esto es dependiente de la disponibilidad de espacio en los diferentes grados en cada una de nuestras escuelas.

Al firmar esta notificación, usted reconoce que usted es consciente de la posibilidad de que el estudiante puede ser colocado en una clase o escuela diferente en la que se registró inicialmente.

Imprimir Nombre, Apellido

Firma

Fecha

December 9, 2025



Roseland Public Schools

Family Information Sheet

Do you have other children/siblings enrolled in the Roseland District? Yes____ No____
(If yes please provide information below)

Child's Name	School Attending	Grade
Child's Name	School Attending	Grade
Child's Name	School Attending	Grade
Child's Name	School Attending	Grade
Child's Name	School Attending	Grade
Child's Name	School Attending	Grade

Hoja de información familiar

¿Tiene otros hijo/a(s) que asisten al Distrito Escolar de Roseland? Si____ No____
(Si indico que si, por favor provee la información abajo)

Nombre	Escuela que asiste	Grado
Nombre	Escuela que asiste	Grado
Nombre	Escuela que asiste	Grado
Nombre	Escuela que asiste	Grado
Nombre	Escuela que asiste	Grado
Nombre	Escuela que asiste	Grado

December 9, 2025

Home Language Survey

Date of Birth: _____ Age: _____ Grade Level: _____

Date:

ROSELAND SCHOOL DISTRICT STUDENT REGISTRATION SCHOOL YEAR: 2026 -2027 GRADE:

► Has your student ever attended Roseland School District schools before? ☐ Yes ☐ No

PLEASE PRINT – STUDENT’S LEGAL NAME

Legal First Name

Legal Middle Name

Legal Last Name

Other Legal Name (if applicable)

☐ Male ☐ Female ☐ Nonbinary

Birth Date

Month

Day

Year

Parent 1/Guardian First Name

Last Name

Home Phone

Work Phone

Parent 2/Guardian First Name

Last Name

Home Phone

Work Phone

Parent 1/Guardian Email Address

Parent 2/Guardian Email Address

Mailing Address

Apt#

City

State

Zip

Residence Address (house # & street name) (IF DIFFERENT)

Apt #

City

State

Zip

(P.O Box or house # & street name)

PARENT 1 EDUCATION – Check the response that describes the education level of parent 1.

- ☐ Graduate Degree or Higher (10)
- ☐ College Graduate (11)
- ☐ Some College or Associate’s Degree (12)
- ☐ High School Graduate (13)
- ☐ Not a High School Graduate (14)

PARENT 2 EDUCATION – Check the response that describes the education level of parent 2.

- ☐ Graduate Degree or Higher (10)
- ☐ College Graduate (11)
- ☐ Some College or Associate’s Degree (12)
- ☐ High School Graduate (13)
- ☐ Not a High School Graduate (14)

WHAT IS YOUR CHILD’S ETHNICITY?

(Please check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) ☐ Not Hispanic or Latino

WHAT IS YOUR CHILD’S RACE? (Please check up to five racial categories)

No matter what you selected above for your child’s ethnicity, please continue to answer the following by marking one or more boxes to indicate what you consider your child’s race to be.

- ☐ American Indian or Alaskan Native(100)
(Persons having origins in any of the original people of North, South or Central America)
- ☐ Chinese (201)
- ☐ Japanese (202)
- ☐ Korean (203)
- ☐ Vietnamese (204)
- ☐ Asian Indian (205)

- ☐ Laotian (206)
- ☐ Cambodian (207)
- ☐ Hmong (208)
- ☐ Other Asian (299)
- ☐ Hawaiian (301)
- ☐ Guamanian (302)
- ☐ Samoan (303)

- ☐ Tahitian (304)
- ☐ Other Pacific Islander (399)
- ☐ Filipino/Filipino American (400)
- ☐ African American or Black (600)
- ☐ White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM (REV 12/2025)

School Communication:In which language do you wish to receive written communications from the school? ☐English ☐Spanish**Parent/Guardianship Information (with whom the student lives) – check all that apply**☐ Parent 1 ☐ Parent 2 ☐ Both ☐ Step-Parent 1 ☐ Step-Parent 2 ☐ Guardian ☐ Foster/Group Home ☐ Other _____Is the above (checked) person (s) the student's LEGAL guardian? ☐Yes ☐No If No, please complete a "Caregiver Affidavit"If there is a legal custody agreement regarding this student, please check one: ☐Joint Custody ☐Sole Custody ☐Guardian**PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:**1. ☐ Parent 1 ☐ Step Parent 1 /Guardian (check one)**Full Name:** _____**Employer:** _____ **City:** _____ **Daytime Phone #:** (____) _____2. ☐ Parent 2 ☐ Step Parent 2/Guardian (check one)**Full Name:** _____**Employer:** _____ **City:** _____ **Daytime Phone #:** (____) _____**DUPLICATE MAILING** – If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, Please include their name, address, and phone number:**Full Name:** _____ **Phone #:** (____) _____**Mailing Address:** _____ **City:** _____ **State:** _____ **Zip code:** _____**MOST RECENT SCHOOL ATTENDED:**

School	Address/City/State/Zip	Grade(s)	Date(s)

Are there psychological or confidential reports available from your child's former school? ☐Yes ☐No**Has your child been suspended?** ☐Yes ☐No**Has your child ever been expelled?** ☐Yes ☐No**What special services has your child received? (please check all boxes that apply)****Special Education:** ☐Resource (RSP) ☐Special Day Class (SDC) ☐Speech/Language ☐504**Other:** ☐ Math prevention/support ☐ Reading prevention/support ☐ Counseling☐ Help to Improve Attendance ☐ Help to Improve Behavior ☐ Other (Specify) _____**Signature of Parent/Guardian:** _____ **Date:** _____**BELOW FOR SCHOOL USE ONLY**

Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Enroll Date:	Assigned Grade:	Permanent ID:	Blank ET RC
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SONOMA COUNTY INTERDISTRICT TRANSFER AGREEMENT

STEP 1: To be completed by parent/guardian (please print)



Transfer requested for : ☐ New student ☐ Current school year Current grade: _____		Date of Request
☐ Continuing student ☐ Next school year Next grade: _____ 20____ - 20____		
Student Name (Last, First)		Birth Date
Current or Last School of Attendance		Current or Last District of Attendance
School of Residence		District of Residence
School Requested		District Requested
Parent/Guardian Name		Contact Number: ☐ Home ☐ Work ☐ Cell
Email Address		Contact Number: ☐ Home ☐ Work ☐ Cell
Address		City/Zip
Is the student currently pending disciplinary action or under an expulsion order? ☐ Yes ☐ No		
Does this student currently receive special education or other special services, such as section 504? (Attach current IEP or 504 plan) ☐ Yes, Section 504 ☐ Yes, Special Education ☐ Yes, Speech/RSP ☐ No, Does Not Apply ☐ Other: _____		
What is/are the reason(s) for the request? Please provide written documentation/evidence. (Check all that apply)		
☐ Bullying (priority given) ☐ Complete Final Year at Current School ☐ Health & Safety ☐ Specialized Program		
☐ Continuing Enrollment ☐ Recommended by SARB ☐ Proposed Change in Residence ☐ Change in Social Environment		
☐ Child Care: (address/phone of child care provider) _____		
☐ Sibling: (name(s)/grade of siblings) _____		
☐ Other: _____		

I declare, under penalty of perjury under the laws of California, that the information provided above is true and accurate. I understand that this information may be verified and that inaccurate or false information may subject my request to denial or revocation. I understand that I am responsible for the transportation of my student. I further understand that, to maintain this permit, my student must comply with the terms and conditions of the districts' attendance agreement, if any, which includes but is not limited to those terms and conditions set forth below and the academic, behavior, and attendance policy requirements of the district of desired attendance. ***I understand that the interdistrict attendance permit must be renewed annually***, if the above listed districts have an attendance agreement which provides for such. I further understand that neither district may rescind an existing permit for a student entering grades 11 or 12 in the subsequent school year.

Parent/Guardian Signature _____ Date _____

STEP 2: District of Residence

Date Received: _____

District: _____

Decision: ☐ Approved ☐ Denied

Comments: _____

By: _____

Title: _____ Date: _____

Authorized Signature: _____

STEP 3: Proposed District of Attendance

Date Received: _____

District: _____

Decision: ☐ Approved ☐ Denied

Comments: _____

By: _____

Title: _____ Date: _____

Authorized Signature: _____

IMPORTANT: Requests will be considered based on local board policies. The District of Residence will forward the approved request to the District Requested. The District Requested will mail the parent/guardian the approved form.

All applications must include a copy of the most current transcript/report card. Requests will be considered based on local board policies.

PARENTS RIGHTS AND DUTIES

As a parent or legal guardian, you have the right to:

- Request an interdistrict attendance agreement from your district of residence. If one or both parents or legal guardians are employed within the boundaries of a school district that is not their district of residence, they may be eligible for residency with the district in which their place of employment is located, pursuant to the "Allen Bill," at Education Code section 48204(b). This form should not be used to meet residency requirements under the Allen Bill. Additionally, this form should not be used for enrollment into a charter school.
- Receive a written copy of local school board policy relating to interdistrict attendance agreement requests from both the district of residence and the district you desire to attend. These policies stipulate the school boards' policies with regard to granting, denying, and revoking interdistrict attendance permits.
- Receive a written copy of the Districts' Attendance Agreement, if any, which stipulates the written agreement between the districts with regard to interdistrict attendance permits.
- Discuss your situation with your local district superintendent or appointed designee.
- If applicable, appeal an adverse decision to the school board denying the permit request, pursuant to that school board's policies, and receive written notice of local board action within a period of time specified by the board policy.
- Appeal a school district's decision regarding a request for interdistrict transfer to the Sonoma County Board of Education. Such an appeal must be filed within 30 calendar days of the date of the school district's final denial. Please refer to governing board policy for further information.
- Students with disabilities may not be discriminated against in the interdistrict transfer process. Information collected related to a student's disability should be used only to determine capacity in special education programs and/or if a school district would need to create a new program to serve a student.

You are encouraged to review the relevant school districts' governing board policies for further information and any additional rights.

TERMS AND CONDITIONS

- This Interdistrict Attendance Permit is valid only for the school year/s granted. This Permit expires at the end of the duration granted by both districts, and must be renewed prior to its expiration. A district may not require renewal for a student entering grades 11 and 12.
- This Permit may be revoked at any time by the district of attendance pursuant to their policies and regulations.
- If the student participates in any athletic program governed by the California Interscholastic Federation (CIF), he/she may not be eligible to participate at the new school. Parent/guardian should check the CIF rules before submitting this agreement.
- The parent/guardian is responsible for providing transportation to and from the school of attendance.

Each school district in Sonoma County has a local policy and criteria for accepting or denying requests for interdistrict attendance permits, which may or may not include the reasons listed on the previous page. After reviewing the policies of your district of residence and the district of desired attendance, fully complete the interdistrict attendance permit.
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Roseland School District
District Office
1691 Burbank Ave.
Santa Rosa, CA. 95407
707-545-0102

**AFFIDAVIT OF STUDENT'S FAMILY
LIVING WITH FRIEND OR RELATIVE**

I _____ am verifying that
Landlord

Name(s) of Student(s)

and his/her family _____
Name(s) of Parent(s)

are living with me at the following address:

Number and Street

City

Zip code

My telephone number is: (____) _____

A copy of utility bill or rental agreement must be attached

I understand that all communication between the school and the student(s) living with me will be done through the above address and telephone number.

WARNING: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

Date

Roseland School District
Student Health History

Date: ____/____/____ School: _____
Student's Name: _____
☐ Male ☐ Female ☐ Nonbinary Birthdate: ____/____/____
Parent/ Guardian: _____
Telephone: Home (____) _____ Cell (____) _____
Address: _____
Street Apt. City Zip

Has your child had any of the following?

- | | | |
|---|---|--|
| ☐ Chicken Pox | ☐ Tuberculosis | ☐ Diabetes |
| ☐ Asthma | ☐ Allergies | ☐ Stinging Insect Allergy |
| ☐ Heart Problems | ☐ Behavior Problems | ☐ Convulsion, Seizures |
| ☐ Frequent Colds | ☐ Recurring Ear Infections | ☐ Eye Problems |
| ☐ Movement Limitation | | |
| ☐ Recent illness, hospitalization, surgery or other physical conditions which limits your child's physical activity at school. | | |

Please provide additional information for any of the above conditions checked:

All medication sent to school must be in the prescription container with the current date.

Does your child require medication while at school? ☐ Yes ☐ No

If Yes, please complete an "Authorization for Administration of Medication" (obtain form from the school office)

Please indicate:

Medication: _____ Dosage: _____ Hour(s) given: _____
Medication: _____ Dosage: _____ Hour(s) given: _____

Date of last physical exam: ____/____/____ Doctor: _____

Date of last dental exam: ____/____/____ Dentist: _____

Does your child wear glasses: ☐ Yes ☐ No

Does your child have any medical conditions which might require care while at school or which restrict his/her physical activity, such as in contact sports? (*Please Describe*)

Information obtained from this health history may be included on a confidential health conditions list, if appropriate. For more information/concerns, please contact the school nurse.

Parent Signature

Date

Parent/Guardian Survey for Transitional Kindergarten/Kindergarten

Student Name _____ Grade Level _____

Parent/Guardian Name _____ Phone Number _____

The following questions will help us learn more about your child so we can best meet their needs.

1. Did your child attend preschool? If so, where and when? _____

2. For students entering Kindergarten, did your child attend Transitional Kindergarten? If so, where?

3. Please let us know if your child can do the following self-care activities (*please check one of the following options for each category*):

A. Use the bathroom:

☐ Is independent ☐ Needs some assistance ☐ Needs full assistance/wears diapers

B. Can dress themselves (e.g., put on a jacket, button, zip, etc.):

☐ Is independent ☐ Needs some assistance ☐ Needs full assistance

C. Can manage meals/snacks (opening containers, using utensils, feeding themselves):

☐ Is independent ☐ Needs some assistance ☐ Needs full assistance

4. Is your child comfortable with being away from parents/caregivers? If not, what strategies help make them feel better?

5. Are there any behaviors or routines that classroom staff should be aware of?

6. Is there anything else you would like to share with your child's teacher/school staff so we can best support your child and family?

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 ☐ Nonbinary
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.

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.

Community Immunization Clinics and Clinical Services in Sonoma County ***Clínicas de Inmunización de la Comunidad y Servicios Clínicos en el Condado de Sonoma***

The following family clinics offer medical care and immunizations to established patients. Those with a * offer limited immunization services to the public but encourage establishing care as well.

*Las siguientes clínicas ofrecen cuidado médico e inmunizaciones a pacientes establecidos. Aquellos con una * ofrecen servicios limitados al público, pero también anima a que se establezca cuidado médico.*

Healdsburg:

Alliance Medical Center*

1381 University Ave., Healdsburg

1st Friday (El primer viernes del mes): 8-10am

VFC Eligible children only. Adults call for appointment. (Solamente niños elegibles para VFC.

Adultos llame para una cita)

(707) 433-5494 www.alliancemed.org

Petaluma:

Petaluma Health Center*

1179 N. McDowell Blvd., Petaluma

Call for appointment (Llame para una cita)

(707) 559-7500 www.phealthcenter.org

Rohnert Park:

Concentra Medical Center* (walk in care M-F 8-5)

6174 State Farm Dr., Rohnert Park

TB Testing: Monday-Wednesday/Friday Adult immunizations: Monday-Friday (Pruebas de TB: lunes a miércoles/viernes

Inmunizaciones para adultos lunes a viernes)

(707) 586-4320

Rohnert Park Health Center*

5900 State Farm Dr., 2nd Floor, Rohnert Park Call for appointment (Llame para una cita)

(707) 559-7500 www.phealthcenter.org

Santa Rosa:

Caritas Campus*

301 6th St., Ste. 214, Santa Rosa

TB Testing: Monday-Wednesday/Friday 8:30am-5:30pm (Pruebas de TB: lunes a miércoles/viernes 8:30am-5:30pm)

Walk-ins with check-in at 8:15am & 1:15pm (Sin cita con registro a las 8:15am y 1:15pm)

(707) 583-8700 www.srhealth.org

Concentra Medical Center* (walk in care M-F 8-5)

1221 North Dutton Ave., Santa Rosa TB Testing: Monday-Wednesday/Friday Adult immunizations: Monday-

Friday (Pruebas de TB: lunes a miércoles/viernes. Inmunizaciones para adultos: lunes a viernes.)

(707) 543-8360

Dutton Campus

1300 N. Dutton Ave., Santa Rosa

Call for appointment (Llame para una cita)

(707) 396-5151 www.srhealth.org

Elsie Allen Campus*

599 Bellevue Ave., G-17, Santa Rosa

For teens 12-19 only. Call for appointment.

(Solamente para adolescentes 12 a 19. Llame para una cita.)

(707) 583-8777 www.srhealth.org

Jewish Community Free Clinic*

50 Montgomery Dr., Santa Rosa Appointments available (Citas disponible):

Monday (Lunes) 1-5, Tuesday (Martes) 10-1, Thursday (Jueves) 10-1 & 3-7—call for available vaccines (llame para vacunas disponibles). TB Tests: Monday/Tuesday. Free to anyone without insurance (Pruebas de TB Lunes/Martes. Gratis para cualquier persona sin seguro médico). Also offering Physicals, Mental Health, Acupuncture, and Women's Health by appointment.

(707) 585-7780 www.jewishfreeclinic.org

Lombardi Campus

751 Lombardi Ct., Ste. B, Santa Rosa Call for appointment (Llame para una cita)
(707) 547-2222 www.srhealth.org

Pediatric Campus*

711 Stony Point Rd., Ste. 17, Santa Rosa Children 0-18 only (Solamente niños 0 a 18 años) Call for appointment (Llame para una cita)
(707) 578-2005 www.srhealth.org

Sonoma County Indian Health Project, Inc.

144 Stony Point Rd., Santa Rosa
Established patients only (Solamente pacientes establecidos)
(707) 521-4500 www.scihp.org

Vista Campus*

3569 Round Barn Cir., Santa Rosa
Call for appointment (Llame para una cita)
(707) 303-3600 www.srhealth.org Sonoma:

Sonoma Valley Community Health Center*

19270 Sonoma Highway, Sonoma
Call for appointment (Llame para una cita)
(707) 939-6070 www.svchc.org West County:

Gravenstein Community Health Center

652 Petaluma Ave., Ste. H, Sebastopol Call for appointment (Llame para una cita)
(707) 823-3166 www.wchealth.org

Occidental Area Health Center

3802 Main St., Occidental
Call for appointment (Llame para una cita)
(707) 874-2444 www.wchealth.org

Russian River Health Center

16387 First St., Guerneville
Call for appointment (Llame para una cita)
(707) 869-2849 www.wchealth.org Windsor:

Alliance Medical Center*

8465 Old Redwood Hwy, Ste. 320, Windsor 1st Friday (el primer viernes del mes): 8-10am VFC eligible children only. Adults call for appt. (Solamente niños elegibles para VFC. Adultos llame para una cita)
(707) 433-5494 www.alliancedmed.org Various Locations:

Providence Mobile Health Clinic*

Clinics throughout Sonoma County. Call for day/time. (Ofrecen clínicas en varios lugares. Llame para el horario)
(707) 547-4612 www.providence.org

The following are services available from Sonoma County Public Health:

Los siguientes son servicios disponibles a través de Salud Pública del Condado de Sonoma:

- **Childhood Lead Poisoning Prevention 1-800-427-8982**
- **Laboratory Services (707) 565-4711** 3313 Chanate Rd., Santa Rosa Monday-Friday 8 am – 5 pm
Testing available to the public. Ticks: (707) 565-4715
- **Maternal, Child & Adolescent Health Toll-free Line 1-800-427-8982**
For help finding family planning, prenatal care, and affordable health care in Sonoma County.
- **Tobacco Prevention (707) 565-6680**
- **Travel Immunization Information** <https://sonomacounty.ca.gov/immunizations> www.cdc.gov/travel
- **Tuberculosis (TB) Control Program (707) 565-4567** Examination and treatment for suspect and active TB. By appointment only.
- **TB Skin Testing** available at all community health centers, call clinics for details. TB skin tests are also available at other locations in Sonoma County, visit: <https://sonomacounty.ca.gov/tb>