MORGAN HILL UNIFIED SCHOOL DISTRICT / ENROLLMENT CENTER

15600 CONCORD CIRCLE, MORGAN HILL, CA 95037, (408) 201-6030 / 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)	**Category 2 (2 forms required; *Must be dated within the last 30 days*)**
☐ Mortgage Statement ☐ Escrow Papers ☐ Rental/Lease Agreement ☐ Property Tax Statement	☐ 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
- 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***

Secondary 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: _____

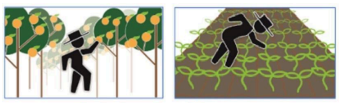
Medical Considerations: _____

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

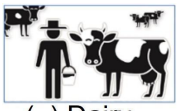
If you qualify for the Migrant Program you may be eligible for:
*Preschool Services *Health Services *Free food and transportation *Academic Resources
* PASS Program-credit recovery *Summer School Programs

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.

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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)

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

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