Welcome to Wedgeworth's Kindergarten Round-Up & New Student Information Meeting 2026-2027

We are Wedgeworth PRIDE Warriors!

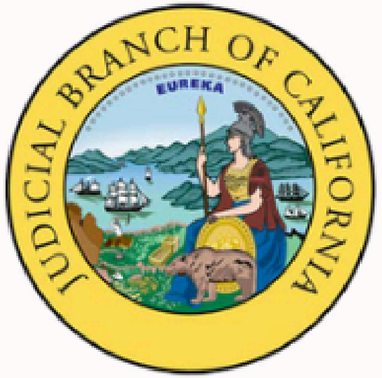




2015



2015



2016



2017



2018



2020 & 25



2021



2022



2023





2024 & 2025



Ranked top

1% in CA

108 out of 8773 ES



CALIFORNIA DISTINGUISHED SCHOOL
CALIFORNIA DEPARTMENT OF EDUCATION
2025

Wedgeworth Elementary 2025 Rankings

Wedgeworth Elementary is ranked #108 in California Elementary Schools. Schools are ranked on their performance on state-required tests, graduation, and how well they prepare their students for high school. Read more about how we rank the Best Elementary Schools.

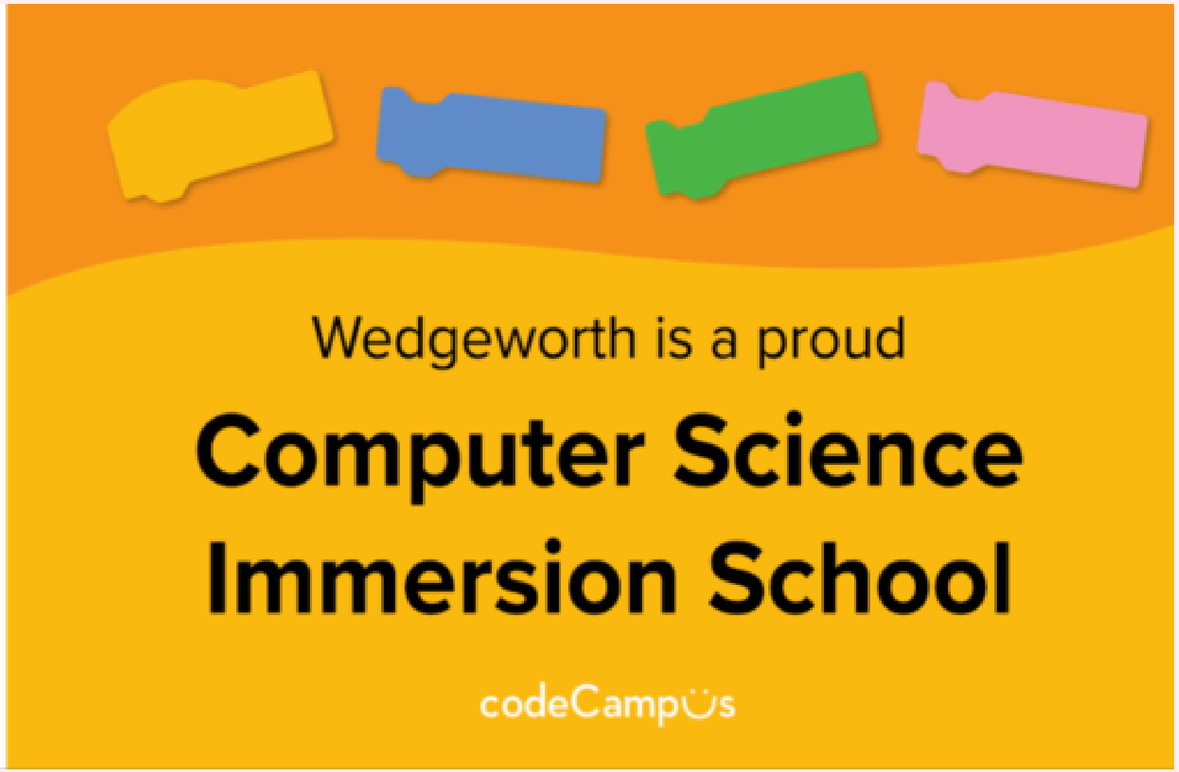
All Rankings

- #108 in **California Elementary Schools**
- #1 in **Hacienda La Puente Unified School District Elementary Schools**

Dual Immersion Mandarin K-5

Computer Science Program





Hacienda La Puente USD

Grade Level Placement
Based on Date of Birth

2026-2027

Student's DOB	Grade Placement
10/02/08 – 09/01/09	12
09/02/09 – 09/01/10	11
09/02/10 – 09/01/11	10
09/02/11 – 09/01/12	9
09/02/12 – 09/01/13	8
09/02/13 – 09/01/14	7
09/02/14 – 09/01/15	6
09/02/15 – 09/01/16	5
09/02/16 – 09/01/17	4
09/02/17 – 09/01/18	3
09/02/18 – 09/01/19	2
09/02/19 – 09/01/20	1
09/02/20 – 09/01/21	K
09/02/21 – 09/01/22	Transitional K

K-5 Registration 2026-2027

Check List for Registration

Please bring the following documents to register your child:

****Proof of Aeries Online Enrollment (print)**

1. Birth Certificate_____
2. Proof of Residence_____

(Gas, water, or electric bills/Mortgage payment/ Rental Agreement)

3. Immunization Records_____
4. Form B
5. Oral Health Exam (Kinder only) ____

*6. Interdistrict Permit- if you live outside of HLPUSD-you must contact your home district . Inters won't be processed until summer pending space.

Please note: Registration packets will not be accepted if any of these items are missing.

Form B
Pg. 1 & 2

Oral Health Assessment

HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT
ONLINE Enrollment Form – PART B

Office Use Only

SSID:	Lunch #:	School:	Teacher:	Date Enrolled:
Student #: / Family #:	Language Proficiency:	Home Language:	Certificate #/Other Proof:	Date Cum Requested:

Address Verification: Current Utility Bill (not overdue, past due or final bill): ☐Gas Bill ☐Water Bill ☐Electric Bill ☐Final Escrow Papers ☐Mortgage Statement ☐Property Tax Bill ☐Lease ☐Rental Agreement (not receipt)

Inter/Intradistrict: ☐Intra-Choice ☐Intra-Open Enrollment ☐Intra-IEP ☐Intra-Overage ☐Inter-Regular ☐Inter-IEP ☐Allen Bill

Demographics

Last Name	First Name	Middle	Gender Assigned at Birth	Gender Identity	Date of Birth
Street Address & Apt #	City	Zip	Home Phone	Grade	

Has student ever been retained? ☐No ☐Yes
What Grade? _____

Has student ever attended a school in HLPUSD before? ☐No ☐Yes
School _____

Transfer Information

Previous School
Previous District
Street Address
City, State, Zip
Phone/Fax Numbers

List the names of ALL other schools this student has

Name of School	C

Parent/Guardian Information

	Father	Mother
Full Name		
	☐Yes ☐No Has custody	☐Yes ☐No Has custody
	☐Yes ☐No Holds educational rights	☐Yes ☐No Holds educati
	☐Yes ☐No Lives with child	☐Yes ☐No Lives with chil
	☐Yes ☐No Send school mail	☐Yes ☐No Send school n
	☐Yes ☐No Emergency contact	☐Yes ☐No Emergency co

List All Other Children in the Family

First Name	Last Name	Gender	Birth Date	Li

HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT
ONLINE Enrollment Form – PART B

List All Other Persons Living with the Family

First Name	Last Name	Relationship to Student	Adult or Child?

In compliance with Education Code Section 49015, I make the following declaration:

☐Yes ☐No My child is currently expelled from another school or district.
☐Yes ☐No My child is currently under expulsion proceedings.
☐Yes ☐No My child has been expelled in the past.

(If any of the responses are "yes," the student shall be referred to make an appointment with the applicable administrator at the district office for furth processing before the child can enroll in school.)

Parent/Guardian Signature *Date*

Does your student receive any special education services (SDC, RSP, speech)/ have an IEP?

☐No My student does not receive any special education services and does NOT have an IEP.
☐Yes My student receives special education services and has an IEP.
(Special Education Department will need to review IEP before final placement decision is made to ensure proper services are in place)
☐Yes I have attached a copy of their most recent IEP.
☐No I do NOT have a copy of their most recent IEP.

Parent/Guardian Signature *Date*

Is your student a Foster Youth? ☐No ☐Yes

If student is in foster care: _____ _____ _____
CSW Name *Email* *Phone Numbe*

Has your student ever been a Foster Youth? ☐No ☐Yes

When the district sends mail to your home, in what language do you prefer? ☐English ☐Spanish ☐Mandarin

I understand that it is my responsibility to furnish the school with new phone numbers and change of address information within 72 hours of th and that a school official may visit the above listed address to verify occupancy during the school year. If residency has changed within the distri of residence must be resubmitted. If outside the district, appropriate transfer forms will also be required. I understand that an inter-district tran

Hacienda La Puente Unified School District

Oral Health Assessment/Waiver Request Form

California law, *Education Code Section 49452.8*, now requires that your child have an oral health assessment by kindergarten or first grade, whichever is his or her first year of public school. The assessment must be performed by a licensed dentist or other licensed or registered dental health professional. Oral health assessments that have happened within the 12 months before your child enters school also meet this requirement. If you cannot take your child for this assessment, you may be excused from this requirement by filling out Section 3 of this form.

Section 1 -- To be completed by the parent or guardian

Child's First Name:	Last Name:	Middle Initial:	Birthdate:
Address:			Apt.:
City:	State: Zip:		Phone:
School:	Teacher:	Grade:	Boy Girl
Parent/Guardian:	Child's Race/ethnicity: ☐White ☐Asian ☐Native Hawaiian/Pacific Islander ☐Unknown ☐Black/African American ☐American Indian ☐Hispanic/Latino ☐Alaska Native ☐Multi-racial		

Section 2 -- To be completed by the dental professional conducting the assessment

Oral Health Data Collection

Assessment Date:	Visible fillings present: ☐Yes ☐No	Visible caries present: ☐Yes ☐No	Treatment Urgency: ☐No obvious problem found ☐Early dental care recommended ☐Urgent care needed

Dental professional's signature **Date**

Section 3 -- To be completed by parent/guardian requesting to be excused from requirement

WAIVER -- I request that my child be excused from the oral health assessment requirement for the following reason: (Please check the box that best describes the reason.)

☐ I am unable to find a dental office that will take my child's insurance plan.
My child is covered by the following insurance plan:
☐ Medi-Cal/Denti-Cal ☐ Healthy Families ☐ Healthy Kids ☐ None
☐ Other: _____
☐ I cannot afford an oral health assessment for my child.
☐ I do not wish my child to receive an oral health assessment.
Optional: Other reasons my child could not get an oral health assessment: _____

County of Los Angeles **Public Health**
Tuberculosis Control Program

Pediatric Tuberculosis (TB) Risk Assessment

This tool is used to identify asymptomatic children for latent TB infection (LTBI) testing.

☐ **Birth, travel, or residence** in a country with an elevated TB rate for at least 1 month

- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe
- If resources require prioritization within this group, prioritize patients with at least one medical risk for progression (see the California Adult Tuberculosis Risk Assessment User Guide for this list).
- Interferon Gamma Release Assay is preferred over Tuberculin Skin Test for non-US born persons ≥2 years old

☐ **Immunosuppression**, current or planned

- HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥2 mg/kg/day, or ≥15 mg/day for ≥2 weeks) or other immunosuppressive medication

☐ **Close contact** to someone with infectious TB disease at any time

- The Centers for Disease Control and Prevention indicates that the investigation of contacts and treatment of infected contacts is an important component of the U.S. strategy for TB elimination.

- Re-testing should only be done in persons who previously tested negative and have new risk factors since the last risk assessment. *If initial negative screening test occurred prior to 6 months of age, repeat testing should occur at age 6 months or older.*
- For children with TB symptoms or abnormal chest x-ray consistent with active TB disease → Evaluate for active TB disease *with a chest x- ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing.*
- *A negative tuberculin skin test or interferon gamma release assay does not rule out active TB disease.*
- Do not treat for LTBI until active TB disease has been excluded.

See the **Pediatric TB Risk Assessment User Guide** below for more detailed information about this tool.

Provider: _____

Assessment Date: _____

Patient Name: _____

Date of Birth: _____
(Place sticker here if applicable)

For the most current version, go to the PEDIATRIC TB RISK ASSESSMENT at: http://publichealthlacounty.gov/tb/TBTesting.htm

Revised 4/2020

Tuberculosis Clearance Form

This satisfies requirements in the California Education Code, and the California Health and Safety Code.

Certificate of Completion of Tuberculosis Risk Assessment and/or Examination

Date of TB risk assessment and/or examination: _____month/____day/_____year

First and Last Name of the patient assessed and/or examined: _____

Date of Birth: _____month/____day/_____year

The patient named above has submitted to a pediatric tuberculosis risk assessment. The patient does not have risk factors, or if tuberculosis risk factors were identified, the patient has had a TB skin test (TST) or TB blood test (IGRA), and chest x-ray (CXR) if indicated, and upon exam determined to be free of infectious tuberculosis. The patient is cleared to attend school.

Please print, place label or stamp with Health Care Provider Information below:

_____

Name of Health Care Provider Completing the TB Risk Assessment and/or Examination

_____

Health Care Provider Signature

_____

Facility Name and Address

In order to protect the privacy of individuals, all information regarding this assessment is considered confidential. The facility and the Los Angeles County Department of Public Health cannot release the name(s) of any ill person(s).

Revised 4/2020

DI Interest Form

HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT
WEDGEWORTH ELEMENTARY SCHOOL
16949 WEDGEWORTH DRIVE • HACIENDA HEIGHTS, CA 91745 • (626) 933-8101

Dr. Paulina Cho, Princial
Mrs. Terri Serey, Assistant Principal
Veronica Dennis, SOM

MANDARIN CHINESE DUAL IMMERSION PROGRAM
INTEREST FORM

2026-2027 SCHOOL YEAR

PARENT/GUARDIAN INFORMATION

NAME(S)_____

ADDRESS_____CITY_____

HOME NUMBER_____ CELL NUMBER_____

EMAIL_____

STUDENT INFORMATION GRADE _____

NAME_____ BIRTHDATE_____

TK Student : **YES/NO** Name of TK School _____

HOMESCHOOL_____ HOME DISTRICT_____

SIBLING: **YES/NO** SIBLING NAME & GRADE _____

I want to enroll my child in the Mandarin Chinese Dual Immersion Program at Wedgeworth Elementary for the fall program in August 2026. *Please note – This interest form is not a guaranteed admittance for the Dual Immersion Mandarin program.

Parent Signature _____ Date_____

PLEASE RETURN FORM WITH REQUIRED DOCUMENTS DURING REGISTRATION

*Please complete the AERIES online registration for the 2026-2027 school year. APPLICATIONS WILL BE TIME STAMPED WHEN ONLINE ENROLLMENT & REQUIRED DOCUMENTS (Birth certificate, immunization records, proof of residence & Form B) ARE RECEIVED.

Enrollment Process

1. Must have a valid email address.
2. Submit online registration and print it out. (Aeries Online Registration-select the perferred language)
DO NOT DOUBLE REGISTER TO 2-MORE SCHOOLS. THAT WILL AFFECT THE ABILITY TO REGISTER AT WEDGEWORTH.
3. Fill out form B and bring the following documents: Birth certificate, immunization records, and proof of residency, and DI interest form (if interested)

Jan. 20- Once the online enrollment application is submitted, please bring (after online enrollment completed) or email your required documents then your application will be time-stamped.
***Any incomplete documents will not be accepted.
*** Please note, once the student is enrolled at Wedgeworth, the DI program is not guaranteed.

The TK-12 online Aeries enrollment link will go live on

Tuesday, January 20, 2026

Aeries Online Enrollment is for NEW students only. If your student is currently a TK student enrolled in any HLPUSD school, DO NOT APPLY ONLINE. Simply bring the required documents and screenshot approved TK enrollment.

If you reside outside of the HLPUSD attendance area, please contact your home district for interdistrict transfer permit.

OUR Earth OUR Future



Celebration of Learning &

OPEN HOUSE

Thursday, January 29, 2025

4:30-6:00PM

Thank You! Xie Xie! Gracias!

Become a Wedgeworth PRIDE Warriors!

Award Winning School
Provides World Class Education
Innovative Electives