Simi Valley Schools
SIMI VALLEY UNIFIED SCHOOL DISTRICT

**Dr. Hani Youssef**
Superintendent
hani.youssef@simivalleyusd.org
(805) 306-4500 Extension 4002

Dear Parents:

Welcome to the Simi Valley Unified School District, a place where every child is given the opportunity to learn and grow. Our mission is to support all students to become the best potential version of themselves. We are pleased to include you as a partner with us in your child's education.

Your child's first day of school can be a sometimes emotional yet exciting experience that we are pleased to share with you. The day your child enters the transitional kindergarten program marks the beginning of a new educational adventure in your family's life. We want you to know that your child's school views you as an important participant in your child's education and is committed to providing many experiences which will enhance your child's growth and development.

Both research and our experience as educators support the fact that parent involvement in children's education is a very significant factor in a child's success in school. We encourage you to become involved with your school and your PTA as a partner in crafting the educational journey your child is about to take.

The Simi Valley Unified School District's transitional kindergarten program has been designed to optimize your child's development during this important first year of formal education. Our teachers, administrators and staff have the training and experience necessary to support your children every step of the way through their first year of school. They appreciate your trust and support. Our caring and dedicated office staff are also there to assist you.

For the 2026-27 school year, students born between September 2, 2021, and September 1, 2022, are eligible to enroll in the Transitional Kindergarten Program. TK is year one of a two-year Kindergarten program. Participating students would be enrolled in the Traditional Kindergarten Program the following year.

If you feel that your child would benefit from placement in the Simi Valley Unified School District TK program and has a birth date that occurs between July 1 and September 1, 2021, you may apply for Deferred Kindergarten enrollment. Only children with a birth date in this window who **have not** participated in a previous TK program may apply. Please contact the Elementary Education desk at the District Office, 805-306-4500 x4207.

If you are interested in our TK Program, please go to the homepage on our website, www.simivalleyusd.org, and follow the enrollment process for 2026-2027.

Should you have any questions at any time during your child's school experience, please do not hesitate to contact your child's school or our district staff. We look forward to a powerful partnership with you in your child's education. We welcome you and your child to the Simi Valley Unified School District. Simi Valley Schools, from here to anywhere.

Sincerely,

Hani Youssef

Dr. Hani Youssef
Superintendent of Schools

Simi Valley Schools
SIMI VALLEY UNIFIED SCHOOL DISTRICT

# Welcome to Transitional Kindergarten!

Dear Prospective Transitional Kindergarten (TK) Families:

Thank you for your interest in the TK program at our Simi Valley Schools! We are excited to offer this program to our community.

TK is a full-day program with a specific curriculum geared for our youngest learners. Our TK students attend the same number of hours as our Kindergarten through 5th grade students. Classes are led by credentialed teachers with early childhood experience. TK is year one of a two year Kindergarten program. After students complete the year of TK, they will move into Kindergarten the following year.

The TK program is currently offered at 16 of our 18 elementary schools as well as Justin Early Learners Academy. TK is not a School of Choice program. Every effort is made to prioritize a student's placement in their home/neighborhood school, as well as where siblings are enrolled, but we cannot guarantee placement due to required class size restrictions and availability of classroom space.

**ELIGIBILITY:**
For the 2026-27 school year, students whose date of birth falls between September 2, 2021 and September 1, 2022 are eligible to enroll in the Transitional Kindergarten Program. TK is year one of a two year Kindergarten program. Participating students would be enrolled in the Regular/Traditional Kindergarten Program the following year.

If your child has a birth date that occurs between July 1 and September 1, 2021 and feel they would benefit from TK, you may apply for Deferred Kindergarten enrollment. Only children with a birth date in this window who **have not** participated in a previous TK program may apply. Please contact the Elementary Education desk at the District Office, 805-306-4500 x4207.

**ENROLLMENT:**
All TK enrollment is completed at the District Office located at 101 W Cochran, Simi Valley. The office is open for enrollment 8:00 a.m. - 3:30 p.m. daily.

Priority enrollment is open until March 20, 2026. Priority enrollment provides families with the best opportunity to be placed at their neighborhood or sibling attended school. However, class size and classroom space will determine enrollment capacity. Enrollment received after March 20, 2026 will be placed based on availability of space remaining.

The information required for the initial TK enrollment can be found on the second page of this document. It is essential that you refer to this checklist to accurately complete the initial enrollment process. We are unable to accept incomplete packets.

Please contact Sendy Franco Oceguera at 805-306-4500 x4207 for assistance or to answer any questions about the enrollment process. For more information about our TK program for the 2026-2027 school year, please visit our website at www.simivalleyusd.org, and search for Kindergarten Programs.

Sincerely,
Lori Neiman
Director of Elementary Education

Simi Valley Schools
SIMI VALLEY UNIFIED SCHOOL DISTRICT

# Welcome to Transitional Kindergarten!

## TK ENROLLMENT PROCESS

**INITIAL TK ENROLLMENT DOCUMENTS DUE AT TIME OF ENROLLMENT**

- ☐ Completed Enrollment Form
- ☐ Copy of Birth Certificate or Passport
- ☐ Proof of Address
  (Utility Bill - Gas, Water, Electric, or Solar *only.* Lease/rental agreement or finalized escrow documents.*)*
  - *If utility bills are not in your name, please reference the Shared Address Affidavit located on our website.*
- ☐ Current Immunization Records
- ☐ TK Age Eligibility Form

**DUE BEFORE AUGUST 12, 2026 (the first day of school)**

- ☐ Completed Immunization Record (4 Polio, 5 DPT, 2 MMR, 2 Varicella, 3 Hepatitis B)

The enrollment form, proof of birth, proof of address, and current immunization status must be completed and returned to be considered eligible for TK placement.

***Children will not be allowed to begin school unless a completed record of immunization is on file in the school office. Your placement may be forfeited without the required documentation.***

Simi Valley Schools
SIMI VALLEY UNIFIED SCHOOL DISTRICT

# TRANSITIONAL KINDERGARTEN AGE-ELIGIBILITY FORM

I have been informed that my Transitional Kindergarten (TK) age-eligible* child:

_____ _____ will be enrolled in a TK program in
Name of Child Birthdate

the Simi Valley Unified School District for the_____school year.

Transitional Kindergarten is the first year of a two-year kindergarten program **as established by the Kindergarten Readiness Act of 2010 (SB 1381).**
**Transitional Kindergarten is year one. *Traditional* Kindergarten is year two. Transitional Kindergarten students will be promoted to Traditional Kindergarten at the end of the school year.**

_____
District/School Official Date provided to parent

_____
Name of parent/guardian Parent signature Date

This **Transitional Kindergarten Age-Eligibility Form** must be placed in student's cumulative folder.

*Below is the TK age eligibility:

Children born on or before September 1, 2022 shall be admitted to a Transitional Kindergarten program.

# SIMI VALLEY UNIFIED SCHOOL DISTRICT
## ENROLLMENT FORM

(PLEASE DO NOT WRITE OR TYPE IN SHADED AREAS)

Student ID ☐☐☐☐☐☐ Sp. Ed. Code ☐☐☐ Entry Date ☐☐☐☐☐☐
School ☐☐

## Student Information (PLEASE PRINT)

**Legal Last Name** _____ Suffix _____(Jr., Sr., etc.)

**Legal First Name** _____ **Legal Middle Name** _____

☐ Male ☐ Female ☐ Non-Binary Grade _____ Age _____ Birth Date _____ /_____ /_____

Birth City _____ Birth State _____ Birth Country _____

**Primary Residence**

_____ _____ _____ _____
Street Address Unit # City State Zip

**Mailing Address** (if different than primary residence)

_____ _____ _____ _____
Street Address or P.O. Box Unit # City State Zip

**Student Mobile Phone #** (_____) _____ - _____
(If applicable)

**Parent/Guardian** _____ **Primary Telephone** (_____) _____ - _____

**Is the student's ethnicity Hispanic/Latino?**

☐ Yes
☐ No

The above part of the question is about ethnicity, not race. *No matter what you selected above, please answer the section to the right* by marking one or more boxes to indicate what you consider the student's race to be.

**What is the student's Race? (Please check *all* that apply)**

☐ Alaskan / Native American

☐ Black / African American

☐ Caucasian / White

Asian
☐ Chinese
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Asian Indian
☐ Laotian
☐ Cambodian
☐ Other Asian
☐ Filipino
☐ Hmong

Pacific Islander
☐ Hawaiian
☐ Guamanian
☐ Samoan
☐ Tahitian
☐ Other Pacific Islander

**Student's Communication Language:** ☐ English or ☐ Spanish
(CorrLng)

Has your child attended SVUSD schools previously? ☐ No ☐ Yes Date: _____/____/_____

**LAST SCHOOL STUDENT ATTENDED:**

**School Name** _____ **Phone: (____) _____ - _____**

**School Address** _____ **City:** _____ **State:** ____ **Zip:** _____

**HAS YOUR CHILD EVER BEEN EXPELLED FROM ANY SCHOOL OR SCHOOL DISTRICT?** ☐ No ☐ Yes

School/District Name: _____ Date(s) of Expulsion: _____

Note: California Education Code 48915.1 requires disclosure of prior expulsions when enrolling in a new school district. This information is used solely to ensure appropriate educational placement and support for your child.

**District Enter Date:** _____/____/_____ **School Enter Date:** _____/____/_____

**Home Language Survey:** The California Education Code contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.
(**Please indicate only one language per line**):

1. Which language did your child learn when he/she **first** began to talk? _____ (First)
2. What language do you use ***most frequently*** to speak to your child? _____ (Primary)
3. What language does your child ***most frequently*** use at home? _____ (at Home)
4. What language ***is most often spoken by adults*** in the home? _____ (by Adults)

**Date student first attended any public school in the U.S.** _____/_____/_____

**Date student first attended any public school in California** _____/_____/_____

**Residence**: Where is your child/family currently living?

Please check appropriate box:
☐ In a single family permanent residence (house, apt., condo, mobile home)
☐ Doubled-Up (sharing housing with other families/individuals due to economic hardship or loss)
☐ In a shelter or transitional housing program
☐ In a motel/hotel
☐ Unsheltered (car/campsite)
☐ Other (please specify):

**SPECIAL PROGRAMS:**

### Special Education
Has your child qualified for a Special Education Program? ☐ No ☐ Yes If yes, please provide a copy of the IEP
( ☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech/Language)

### 504 Plan
Does your child have a 504 Plan? ☐ No ☐ Yes: If yes, please provide a copy of the 504 Plan

### G.A.T.E.
Has your child qualified for the G.A.T.E.(Gifted) Program? ☐ No ☐ Yes

| **SIBLINGS:** | | | Birth Date | Name of Current School |
|---|---|---|---|---|
| Last | First | Middle | __/__/__ mo./day/year | |
| Last | First | Middle | __/__/__ mo./day/year | |
| Last | First | Middle | __/__/__ mo./day/year | |
| Last | First | Middle | __/__/__ mo./day/year | |
| Last | First | Middle | __/__/__ mo./day/year | |
| Last | First | Middle | __/__/__ mo./day/year | |

**Student Guardianship Status:** ☐ Parent/Legal Guardian ☐ Foster Family ☐ Licensed Children's Inst.
☐ Foreign Exchange ☐ Other:_____

*If a custody agreement exists, it is the responsibility of the Parents/Legal Guardians to provide the school with a copy of the agreement. In the absence of a legally binding agreement, the Parents/Legal Guardians listed will be presumed to have full and equal custodial rights.*

*For students in Foster Care or LCI Placement: The student's foster parent or case manager must supply a copy of the Court Findings and Orders.*

## PARENT/GUARDIAN:

### Parent/Guardian #1:

☐ Mother ☐ Father ☐ Other: _____

Does the student live with this Contact? ☐ Yes ☐ No Communication Language _____ (CorrLng)

**Parent Education:** ☐ Graduate Degree or Higher ☐ College Graduate
☐ High School Graduate ☐ Not a High School Graduate ☐ Some College or Associates Degree

**Name: Last First**

**Primary Number:** ( ) --

**Mailing address if different from primary residence**:

_____

**Street City State Zip**

**Work Number:** Ext. ( ) --

**Mobile Number:** ( ) --

**E-Mail Address:** _____

### Parent/Guardian #2:

☐ Mother ☐ Father ☐ Other: _____

Does the student live with this Contact? ☐ Yes ☐ No Communication Language _____ (CorrLng)

**Parent Education:** ☐ Graduate Degree or Higher ☐ College Graduate
☐ High School Graduate ☐ Not a High School Graduate ☐ Some College or Associates Degree

**Name: Last First**

**Primary Number:** ( ) --

**Mailing address if different from primary residence**:

_____

**Street City State Zip**

**Work Number:** Ext. ( ) --

**Mobile Number:** ( ) --

**E-Mail Address:** _____

## EMERGENCY CONTACTS:

### Emergency Contact #1

Type: ☐ Relative _____ (relationship to student)
☐ Friend ☐ Babysitter ☐ Other: _____

**Name: Last First**

**Primary Number:** ( ) --

### Emergency Contact #2

Type: ☐ Relative _____ (relationship to student)
☐ Friend ☐ Babysitter ☐ Other: _____

**Name: Last First**

**Primary Number:** ( ) --

### Emergency Contact #3

Type: ☐ Relative _____ (relationship to student)
☐ Friend ☐ Babysitter ☐ Other: _____

**Name: Last First**

**Primary Number:** ( ) --

# Student Medical History

Student Name: _____ Student Id: _____

## No on-going health problems or concerns: ☐

| **Please mark boxes and specify as needed:** Health Problem(s) | | Medication(s) for this Problem | Taken at Home | **Taken at School |
|---|---|---|---|---|
| ☐ | Emotional/Mental Health Concerns | | ☐ | ☐ |
| ☐ | ADD/ADHD | | ☐ | ☐ |
| ☐ | Autism Spectrum Disorder | | ☐ | ☐ |
| ☐ | Anaphylaxis/Epi-Pen | | ☐ | ☐ |
| | Allergy, nuts ☐ Mild ☐ Moderate ☐ Severe | | ☐ | ☐ |
| | Allergy (other) ☐ Mild ☐ Moderate ☐ Severe Specify: | | ☐ | ☐ |
| | Asthma ☐ Mild ☐ Moderate ☐ Severe | | ☐ | ☐ |
| ☐ | Neurological Impairment | | ☐ | ☐ |
| ☐ | Respiratory Condition | | ☐ | ☐ |
| ☐ | Diabetes, Type I | | ☐ | ☐ |
| ☐ | Diabetes, Type II | | ☐ | ☐ |
| ☐ | Lactose Intolerance | | ☐ | ☐ |
| ☐ | Cerebral Palsy | | ☐ | ☐ |
| ☐ | Migraine and other headaches | | ☐ | ☐ |
| ☐ | Digestive Problems | | ☐ | ☐ |
| ☐ | Seizures | | ☐ | ☐ |
| ☐ | Immune System Abnormalities | | ☐ | ☐ |
| ☐ | Adverse Drug Reaction | | ☐ | ☐ |
| ☐ | Hearing Concerns | | ☐ | ☐ |
| ☐ | Speech Difficulty | | ☐ | ☐ |
| ☐ | Congenital/Birth Abnormalities | | ☐ | ☐ |
| ☐ | Scoliosis | | ☐ | ☐ |
| ☐ | Heart Disease | | ☐ | ☐ |
| ☐ | Vision Concerns – Glasses/Contacts | | ☐ | ☐ |
| ☐ | Oncology (Cancer) Condition | | ☐ | ☐ |
| ☐ | Organ Transplant | | ☐ | ☐ |
| ☐ | Concussion | | ☐ | ☐ |

**Other current health problems:**

**List Physical Health Care Needs at School (excluding medications) i.e., wheelchair, G-tube feedings, nebulizer, etc.:**

**** For a student to take medication at school during the school day the "Request for Medication to be Taken During School Hours" form must be completed by Physician and parent.**

_____ _____

Signature of Parent/Guardian Date

# All About Me

Preferred Name:

Did your child attend preschool? Yes No

Can your child use the toilet independently? Yes No

Sibling(s) - Age(s)

Choose 3 of the characteristics listed below that best describes your child.

active
aggressive
confident
cooperative
dependent
enthusiastic
impulsive
independent
methodical
outgoing
passive
questioning
quiet
self-conscious
shy
sympathetic

What are some of your child's strengths?

I would love to see my child improve in:

Is there any medical/dietary information we should know about (allergies, food restrictions)?

What activities does your child enjoy?

What does your child need in the classroom?

challenge
choices
creativity
direction
discipline
encouragement
excitement
guidance
independence
nurturing
organization
praise
predictability
structure
support

What motivates your child?

How is your child feeling about starting school?

SimiValleySchools
SIMI VALLEY UNIFIED SCHOOL DISTRICT

**Sean Goldman,**
**Assistant Superintendent,**
**Student Support Services**

## Oral Health Notification Letter

Dear Parent or Guardian:

Having a healthy mouth helps your child do well in school. To make sure your child is ready for school, California law *Education Code* Section 49452.8, requires that your child have an oral health assessment or dental check-up in his or her first year in public school (kindergarten or first grade). Every child needs an oral health assessment from a licensed dentist or other licensed or registered dental health professional, and a completed Oral Health Assessment form (attached to this letter) to meet this requirement.

If your child has not had an oral health assessment in the past 12 months, they will need one before May 31. Take the attached form to your child's dentist to complete, if your child had an oral health assessment or dental check-up in the past 12 months. The following information will help you find a dentist:

1.You can call the Medi-Cal Telephone Service Center at 1-800-322-6384 or visit Smile California - Find a Dentist (https://smilecalifornia.org/find-a-dentist/) to find a dentist that accepts Medi-Cal. For help enrolling your child in Medi-Cal, you can apply by mail, go in person to your local Social Services office, or online at Apply for Medi-Cal.(https://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx)

2.For additional resources that may be helpful, contact your local public health department, click Apply for Health Coverage (https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx) to find yours.

When you take your child to the dentist, bring the attached form to be completed.

If you cannot take your child for an oral health assessment, please fill out the separate Waiver of Oral Health Assessment Requirement form, and return the form.

Please return the form to your child's school. Your child's identity will not be in any report. Schools keep students' health information private. You can get more copies of the form at your child's school or on-line from the California Department of Education. (https://www.cde.ca.gov/Is/he/hn/oralhealth.asp)

We want your child to be healthy and ready for school! Even though they fall out, baby teeth are very important. Children need healthy baby teeth to eat, talk, smile, and feel good about themselves. Children with cavities may have pain, difficulty eating, stop smiling, and have problems paying attention and learning at school.

**101 W. Cochran Street ▪ Simi Valley, CA 93065 ▪ Telephone: 805-306-4500 Ext. 4302 ▪ Fax: 805-520-6586 ▪ sean.goldman@simivalleyusd.org**

Here is important advice to help your child stay healthy:

- Take your child to the dentist. Dental check-ups can help keep your child's mouth healthy and pain free.
- Choose healthy foods for the entire family, like fresh fruits and vegetables.
- Brush teeth at least twice a day with toothpaste that contains fluoride.
- Limit candy and sweet drinks like punch, juice or soda. Sweet drinks and candy contain a lot of sugar, which causes cavities and leaves less room for your child to have healthy foods and drinks. Sweet drinks and candy can also cause weight problems, which may lead to other diseases, such as diabetes. Give your child healthy choices like water, milk, and fruit instead.

If you have questions about the new oral health assessment requirement, please contact Student Support Services at 805-306-4500.

Thank you!

Sincerely,

Sean Goldman
Assistant Superintendent, Student Support Services

**101 W. Cochran Street ▪ Simi Valley, CA 93065 ▪ Telephone: 805-306-4500 Ext. 4302 ▪ Fax: 805-520-6586 ▪ sean.goldman@simivalleyusd.org**

# Oral Health Assessment Form

California law (*Education Code* Section 49452.8) says every child must have a dental check-up (assessment) by May 31st of his/her first year in public school. A California licensed dental professional must do the check-up and fill out Section 2 of this form. If your child had a dental check-up in the last 12 months, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out the separate Waiver of Oral Health Assessment Requirement Form.

This assessment will let you know if there are any dental problems that need attention by a dentist. This assessment will also be used to evaluate our oral health programs. Children need good oral health to speak with confidence, express themselves, be healthy and, ready to learn. Poor oral health has been related to lower school performance, poor social relationships, and less success later in life. For this reason, we thank you for making this contribution to the health and well-being of California's children.

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

| Child's First Name: | Last Name: | Middle Initial: | Child's Birth Date: MM – DD – YYYY |
|---|---|---|---|
| Address: | | | Apt.: |
| City: | | | ZIP Code: |
| School Name: | Teacher: | Grade: | Year child starts kindergarten: Y Y Y Y |
| Parent/Guardian First Name: | Parent/Guardian Last Name: | | Child's Gender: ☐ Male ☐ Female |

| Child's Race/Ethnicity: | | |
|---|---|---|
| | ☐ White | ☐ Native American |
| | ☐ Black/African American | ☐ Multi-racial |
| | ☐ Hispanic/Latino | ☐ Native Hawaiian/Pacific Islander |
| | ☐ Asian | ☐ Unknown |
| | ☐ Other (please specify) | |

*Continued on Next Page*

**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:<br><br>MM – DD – YYYY | Untreated Decay<br>(Visible Decay Present)<br><br>☐Yes ☐No | *Caries Experience<br>(Visible decay and/or fillings present)<br><br>☐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)

| _____ | _____ | MM – DD – YYYY<br>_____ |
|---|---|---|
| ***Licensed Dental Professional Signature*** | ***CA License Number*** | ***Date*** |

*Check "Yes" for Caries experience if there is presence of untreated decay or fillings
Check "No" for Caries experience if there is no untreated decay and no fillings

**Section 3: Follow-up to Urgent Care (Filled out by entity responsible for follow up)**

| | |
|---|---|
| Parent notified that child has urgent dental care need on: | MM – DD – YYYY |
| A follow-up appointment for this child has been scheduled for: | MM – DD – YYYY |

Did child receive needed treatment?

◯ **Yes**

◯ **No** (If no, entity responsible for follow-up will be encouraged to check back in with parent)

◯ **I don't know**

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 31st of your child's first school year.**

***Original to be kept in child's school record.***

Clear Form

# Waiver of Oral Health Assessment Requirement

Please fill out this form if you need to excuse your child the oral health assessment requirement. Sign and return this form to the school where it will be kept confidential.

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

| | | | |
|---|---|---|---|
| Child's First Name: | Last Name: | Middle Initial: | Child's Birth Date: MM – DD – YYYY |
| Address: | | | Apt.: |
| City: | | | ZIP code: |
| School Name: | Teacher: | Grade: | Year child starts kindergarten: Y Y Y Y |
| Parent/Guardian First Name: | Parent/Guardian Last Name: | | Child's Gender: ◯ Male ◯ Female |

| | | |
|---|---|---|
| Child's Race/Ethnicity: | ◯ White | ◯ Native American |
| | ◯ Black/African American | ◯ Multi-racial |
| | ◯ Hispanic/Latino | ◯ Native Hawaiian/Pacific Islander |
| | ◯ Asian | ◯ Unknown |
| | ◯ Other (please specify) | |

*Continued on Next Page*

**Section 2: To be filled out by parent or guardian ONLY IF asking to be excused from this requirement**

Please excuse my child from the assessment because (check the box that best describes the reason):

| | |
|---|---|
| ☐ | I cannot find a dental office that will take my child's dental insurance plan. My child's dental insurance plan is:<br>☐ Medi-Cal ☐ Covered California ☐ Healthy Kids ☐ None<br>☐ Other:_____ |
| ☐ | I cannot afford an assessment for my child. |
| ☐ | I cannot find the time to get to a dentist (e.g., cannot get the time off from work, the dentist does not have convenient office hours). |
| ☐ | I cannot get to a dentist easily (e.g., do not have transportation, located too far away). |
| ☐ | I do not believe my child would benefit from an assessment. |
| ☐ | Other (please specify the reason not listed above for why you are seeking a waiver of this assessment for your child):<br>_____<br>_____ |

**If asking to be excused from this requirement:**

▶_____ MM – DD – YYYY

***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.***

# Oral Health Community Resource Guide

| Programs | | | |
|---|---|---|---|
| **Name** | **Address/ Website** | **Contact #** | **Services** |
| Health Care for All | 2220 East Gonzales Road, Oxnard, 93036<br>https://vchca.org/public-health/health-care-for-all/ | 805-981-5212 | Application assistance for health care coverage. Call for appointment. |
| Smile, California™ | www.smilecalifornia.org | 800-322-6384 | Locate a Medi-Cal Dental Provider. |
| 211 Ventura County | www.211ventura.org | 211 | Referral to Ventura County community services. |
| Santa Barbara-Ventura County Dental Society | www.sbvcds.org | 805-648-7282 | Locate a private dental practice. |
| **Free and/or Low-Cost Resources** | | | |
| **Name** | **Address/ Website** | **Contact #** | **Services** |
| Clínicas del Camino Real, Inc. | Various locations throughout Ventura County. To find site near you visit:<br>https://clinicas.org/content/locations | 805-647-6353 | Served: Children and adults.<br>Call for appointment and services available. |
| Free Clinic of Simi Valley | 2060 Tapo Street, Simi Valley, 93063<br>www.freeclinicsv.com | 805-522-3733 x 101 | Served: Adults.<br>Call for appointment and services available. |
| Westminster Free Clinic | 1000 East Janss Road, Thousand Oaks, 91360<br>1800 South C Street, Oxnard, CA 93033<br>http://westminsterclinic.org/ | 805-241-8366 | Served: Adults (children at special events.)<br>Call for more information and services available. |
| Conejo Free Clinic | 80 East Hillcrest Drive, Thousand Oaks, 91360<br>www.conejofreeclinic.org | 805-328-3100 | Served: Children and adults.<br>Call for appointment and services available.<br>Must meet income limits. |
| Oxnard College Dental Clinic | 4000 South Rose Avenue, Oxnard, 93033<br>https://www.oxnardcollege.edu/dentalclinic | 805-678-5823 | Served: Children and adults.<br>Call for appointment and services available. |

Rev. 9/5/2024
Resource in partnership provided by Ventura County Public Health CHDP (http://www.vchca.org/chdp) and the Oral Health Program (https://vchca.org/public-health/oralhealth/)
Este recurso es proveído en colaboración por Salud Publica del Condado de Ventura CHDP (http://www.vchca.org/chdp) y el Programa de Salud Oral (https://vchca.org/public-health/oralhealth/)

Simi Valley Schools
SIMI VALLEY UNIFIED SCHOOL DISTRICT
Sean Goldman,
Assistant Superintendent,
Student Support Services

Board of Education
*Mike James*
*Kareem Jubran*
*Dr. Steve Pietrolungo*
*Dr. Ron Resnick*
*Dawn Smollen*

Dear Parents:

Welcome to the Simi Valley Unified School District! We are pleased and privileged to serve your family as VIPs in our school community! Your completion of the following **REGISTRATION REQUIREMENTS** will secure ON-TIME admission for your child as you join our team for children's health and school success!

**KEYS for SUCCESSFUL KINDERGARTEN REGISTRATION AND ADMISSION**:

**IMMUNIZATIONS**: The California Health and Safety Code* requires that all kindergartners, *including transitional and junior kindergartners*, receive the following immunizations prior to admission to school:

**BY LAW, NO STUDENT WILL BE ALLOWED TO START SCHOOL WITHOUT PROPER IMMUNIZATION DOCUMENTATION ON FILE. NO GRACE PERIOD IS ALLOWED.**

| VACCINE | REQUIRED DOSES |
|---|---|
| **Polio** | **4 doses at any age, but**…3 doses meet requirement for ages 4-6 years if at least one was given on or after the 4th birthday; 3 doses meet requirement for ages 7-17 years if at least one was given on or after the 2nd birthday. |
| **Diptheria, Tetanus, and Pertussis** | **Age 6 years and under**: DTP DTaP or any combination of DTP or DTaP with DT (diphtheria and tetanus) **5 doses at any age, but**… 4 doses meet requirements for ages 4-6 years if at least one was on or after the 4th birthday. |
| **Measles, Mumps, Rubella (MMR)** | **Kindergarten: 2 doses** both on or after 1st birthday |
| | **7th grade: 2 doses** both on or after 1st birthday<br>**Grades 1-6 and 8-12: 1 dose** on or after 1st birthday |
| **Hepatitis B** | **Kindergarten: 3 doses at any age** |
| **Varicella (Chicken Pox)** | **2 doses** if child has not had chicken pox (verified) |
| **Tdap Booster** (Tetanus, reduced diphtheria, and Pertussis) | **7th grade: 1 dose** on or after 7th birthday |

*California Health and Safety Code Section, Division 105, Part 2, Chapter 1, Sections 120325-120380 and the California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Sections 6000-6075.

Completion of health and safety admission requirements opens the door for a very successful school year for your child and their classmates! Thank you for your cooperation and support!

Sincerely,

Sean Goldman
Assistant Superintendent, Student Support Services
Revised on 10/2025

**101 W. Cochran Street ▪ Simi Valley, CA 93065 ▪ Telephone: 805-306-4500 Ext. 4302 ▪ Fax: 805-520-6586 ▪ sean.goldman@simivalleyusd.org**

# WHY IMMUNIZE ???

Childhood immunization has been called our society's greatest health care achievement. The development and widespread use of vaccines has led to the reduction or eradication of once common childhood diseases. However, the viruses and bacteria that cause vaccine-preventable disease and death still exist and can be passed on to people who are not protected by vaccines.

See the chart below to get a brief understanding of how dangerous these diseases can be, and how immunizing against them protects children and saves lives.

| Disease | What it Does |
|---|---|
| Polio | Causes acute paralysis that can lead to permanent physical disability and even death. |
| Measles | Rash that can cause complications such as pneumonia, diarrhea or ear infections in 9% of those infected. Some develop encephalitis, which results in brain damage. Measles can be fatal. |
| Haemophilus Influenzae Tybe B (Hib) Meningitis | Most common cause of bacterial meningitis in the U.S. before the vaccine. Led to deafness, seizures or mental retardation in those who survived the disease. |
| Pertusis (Whooping Cough) | Can lead to pneumonia, seizures, brain disease and death in infants. Results in prolonged coughing that lasts for many weeks, causing dehydration and vomiting. |
| Rubella (German Measles) | Usually mild in children and adults, up to 90% of infants born to infected mothers will develop congenital rubella syndrome (CRS), resulting in heart defects, cataracts, mental retardation and deafness. |
| Varicella (Chickenpox) | Always present in the community and highly contagious. Can be severe in some, leading to complications such as dehydration, pneumonia, and shingles. Children miss a week or more of school, on average, when infected with chickenpox. |
| Hepatitis B | Infants and children who become infected with Hepatitis B are at the highest risk of developing life-long infection, which often leads to death from liver disease and liver cancer. |

| Disease | What it Does |
|---|---|
| Diphtheria | A serious disease caused by poison produced from the bacteria. It frequently causes heart and nerve problems. Diphtheria disease can also be fatal. |
| Tetanus (Lock Jaw) | A severe, often fatal disease. Leads to stiffness and spasms of the muscles. Can cause the throat to close, and spasms can cause fractures. |
| Mumps | Once a major cause of deafness in children, occurring in approximately 1 of every 20,000 cases reported. Can cause swelling of the brain, nerves and spinal cord that can lead to paralysis, seizures and fluid in the brain. |
| Smallpox | Smallpox is a serious, contagious, and sometimes fatal infectious disease. There is no specific treatment for smallpox disease, and the only prevention is vaccination. The *pox* part of *smallpox* is derived from the Latin word for "spotted" and refers to the raised bumps that appear on the face and body of an infected person. |
| Influenza | The flu is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death. Some people, such as older people, young children, and people with certain health conditions (such as asthma, diabetes, or heart disease), are at high risk for serious flu complications. |
| Pneumococcal | Symptoms of pneumococcal disease include pneumococcal pneumonia (high fever, cough, and shortness of breath), bacteremia (fever and feeling generally poorly), and meningitis (fever, headache, thinking slowly or not clearly). |
| Hepatitis A | Hepatitis A is a serious liver disease. Hepatitis A can cause, flu-like illness, jaundice, severe stomach pains and diarrhea (children). Some who contract Hepatitis A will die each year. |
| Human Papillomavirus (HPV) | HPV is the most common sexually transmitted virus in the United States. HPV can cause cervical cancer in women, and is associated with several less common cancers, in both men and women. |
| Rotavirus | Rotavirus is a virus that causes diarrhea (sometimes severe), mostly in babies and young children. It is often accompanied by vomiting and fever, and can lead to dehydration. |
| Meningococcal | Meningococcal bacteria is another cause of Meningitis, a serious infection of the covering of the brain. It can also cause blood infection. 10-15% of Meningitis cases cause death, of survivors 11-19% will lose their arms and/or legs, become deaf, mentally retarded, or suffer seizures or strokes. |

# VACCINE SAFETY:

**1. Are Vaccines safe?**
Yes. Vaccines are safe. Millions of children and adults are vaccinated every year. However, any medicine can cause reactions in some people. The most common side effects are swelling or tenderness at the injection site and fever. Serious reactions are very rare, happening in 1- 2 people out of a million shots given.

Thousands of people take part in clinical trials to test a vaccine before it is licensed by the Food and Drug Administration (FDA). After it's licensed, the Vaccine Adverse Events Reporting System (VAERS) helps track any health effect that happens hours, days, weeks, or even months later. Anyone can report a possible side-effect so that it can be studied. This monitoring helps ensure vaccines are safe.

**2. Why do children today get so many immunizations?**
To save lives. Advances in medical science have developed vaccines to protect us against more than 15 dangerous diseases. Only a few years ago vaccines prevented just a small handful of diseases. Who benefits most? Babies. Their bodies may be too weak to fight off a serious disease. Many vaccine-preventable diseases can have dangerous complications. These include seizures, brain damage, blindness, and even death.

**3. Are diseases of the "old days" really still something to worry about?**
Diseases do exist—though many young parents haven't seen them. This is the success of our country's immunization program. But people not vaccinated, especially children, are at risk for common illnesses like influenza, whooping cough, and chicken pox. Did you know that before the chicken pox vaccine, almost 11,000 Americans had to go to the hospital, and over 100 died, each year from chicken pox? Less common diseases like meningitis, measles, and mumps happen unexpectedly and can spread quickly. Some diseases are just a plane ride away. International travelers not up-to-date on their shots can easily bring a disease back home and infect other people.

- In 2008 one San Diego child got measles on a family trip to Switzerland. Back home he spread it to family members, classmates—even children at the doctor's office. Only kids without their shots got sick, including a baby who had to spend time in the hospital. However, dozens of children who came near someone with measles had to be kept home for weeks to make sure the disease didn't spread any further.
- In a 2006 outbreak in the Midwest, more than 5,000 high school and college students got mumps. Unvaccinated people, or those who had only one shot, were the most likely to get mumps.
- Whooping cough is on the rise in California. Cases have tripled in recent years. It's a nasty disease at any age. But babies can die. Families, child care workers, and communities that get all their shots protect our most vulnerable little ones from getting infected.

**4. What about holistic medicine or "natural immunity"?**
Many holistic medicines have helpful effects. But they do not provide immunity to diseases prevented by vaccines. Before vaccines, millions of children became ill with whooping cough, measles, mumps and other diseases. Most vaccines are over 99% effective in preventing illness. Some people believe getting a disease is the "natural" way to trigger the body's immune response. Vaccines work the same way—they trigger an immune response—but not the disease. Vaccine immunity **is** natural immunity. According to Dr. Andrew Weill, a supporter of holistic medicine, "*…Immunization facilitates a natural process by stimulating encounters between the body's immune system and killed or weakened viruses and bacteria (or pieces and products of them).*" Waiting for immunity from the real disease can be dangerous because it means getting sick with a risk of serious complications.

**5. Is it safe for a child's immune system to have multiple shots?**
Yes. Children are exposed to hundreds of viruses or bacteria (called antigens). This happens during normal activities like eating and playing. Antigens make the immune system do its work. Getting vaccines is no extra burden—even for babies. Healthy babies' immune systems easily handle weakened or killed vaccine antigens. Truly, vaccines are only a small drop in the bucket compared to what children face every day.

What about "combination" vaccines (when a single shot protects against more than one disease)? Or getting several shots in one visit? Multiple shots are safe. In fact, today's vaccines are more refined than in the past. So even though kids get more vaccines, they get far fewer antigens all together.

**6. What about getting shots later, or more spread out?**
Most doctors follow the recommended immunization schedule. This is because skipping or delaying shots leaves a child at risk for a longer time. And, there is no proof that receiving fewer shots in one visit is any safer. Young children and babies are the most likely to get very sick from certain diseases. That's why shots are given to babies and why most pediatricians use the standard schedule. It's your job to protect your child. It's the doctor's job to listen and advise you. And it's quite normal to feel nervous when your child is due for shots. So talk about your concerns. If you have wondered about delaying any shots, the doctor can help you weigh the risks and benefits of any choice.

**7. Do vaccines cause autism?**
No. Autism has been increasing around the world for many years. In fact, autism rates are the same in vaccinated and *un*vaccinated children. No one knows yet what causes autism. But we do know that autism symptoms often start at about the same age young children get their routine shots. This can make shots seem related. The group Autism Speaks, which helps fund international research, has a statement supporting children's

immunization. Another group, the Organization for Autism Research has a helpful parents' guide.

Twenty-three studies have tested hundreds of thousands of children and found no link between autism and vaccines. One 1998 study suggested a connection between MMR vaccine and autism. But that study was retracted by 10 of its authors in 2004 and is now discredited. The American Medical Association, American Academy of Pediatrics, Institute on Medicine, and World Health Organization have statements saying that there is no connection between vaccines and autism.

**8. What about kids with rare disorders like mitochondrial disease?**

Mitochondrial disease (MD), a rare disorder, has been in the news recently. A federal claims court has been examining if symptoms of brain injury and autism in a girl with MD *may* have been related to her vaccinations. The child's family has discussed her case with the press. But, as of September 2008, the court has not yet made a ruling on her case.

The important question is: should a child with MD get routine shots? According to mitochondrial disease specialists, the answer is **yes**. That's because vaccines prevent diseases like measles, mumps, and chickenpox that are especially dangerous to kids with MD.

**9. What about thimerosal (or mercury) in vaccines?**

**Thimerosal was removed from all child vaccines in 2001** (except some flu shots) as a way to reduce mercury exposure to children from all sources. Thimerosal is a preservative made with ethylmercury. It prevents contamination. Some people worry that mercury is dangerous. However, no reliable study has found any link between thimerosal in vaccines and developmental diseases. Recent research shows that autism rates continue to go up even after thimerosal was taken out of vaccines.

By California law, children under age 3 and pregnant women cannot have vaccines with more than "trace" thimerosal. Trace means that thimerosal added during manufacturing is removed. This leaves a tiny amount (1 microgram, instead of 25 or 50). Some flu vaccines for adults or older children still use thimerosal. if you're concerned, ask your doctor about a thimerosal-free flu vaccine.

**10. What about other vaccine ingredients?**

There is no evidence that vaccine ingredients are harmful. The ingredients are used in tiny amounts for very specific purposes. Read more below.

- **Aluminum:** Aluminum in vaccines is used as an "adjuvant" to trigger the body's immune response to a disease. There is little reason to worry about aluminum in vaccines. Aluminum is common in food and drinks including fruit and vegetables—even breast milk and infant formula. It's also in antacids, antiperspirants, cooking pots, and soda cans. The Children's Hospital of Philadelphia says that at 6 months old, babies have had less aluminum from vaccines than they get from breast milk. Bottle-fed babies get more daily aluminum — especially from soy formulas.
- **Formaldehyde:** prevents microbial contamination. It's used in tiny amounts in some vaccines. It's also in the environment and is a natural byproduct of the body's metabolism.
- **False claims:** Vaccines **do not** contain anti-freeze, chick embryos, or monkey kidneys. This is false information.

**Make your research work for you**

Be choosy about what you read and the information you rely on.
*We recommend these trusted sites:*

**American Academy of Pediatrics**
www.aap.org/immunization
**National Network for Immunization**
www.immunizationinfo.org
**Thimerosal FAQs**
www.fda.gov/CBER/vaccine/thimerosal.htm
**Do Vaccines Cause That? (Book)**
www.i4ph.org
**Evaluating Health Information on the Web**
www.immunizationinfo.org/parents/evaluatingWeb.cfm
**Parents of Kids with Infectious Diseases**
www.pkids.org

**California Immunization Coalition**
909 12th Street, Suite 200
Sacramento, CA 95814
(916) 447-7063 ext. 333
www.immunizeCA.org

# Type 1 Diabetes Information

Pursuant to California Education Code Section 49452.6, this type 1 diabetes information is for local educational agencies to provide to parents and guardians of incoming elementary school students beginning January 1, 2023.

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Type 1 diabetes in children is an autoimmune disease that can be fatal if untreated, and the guidance provided in this information sheet is intended to raise awareness about this disease.

## Description

### Type 1 diabetes usually develops in children and young adults but can occur at any age

- According to the U.S. Centers for Disease Control and Prevention (CDC), cases of type 1 diabetes in youth increased nationally from 187,000 in 2018 to 244,000 in 2019, representing an increase of 25 per 10,000 youths to 35 per 10,000 youths, respectively.
- The peak age of diagnosis of type 1 diabetes is 13-14 years, but diagnosis can also occur much earlier or later in life.

### Type 1 diabetes affects insulin production

- As a normal function, the body turns the carbohydrates in food into glucose (blood sugar), the basic fuel for the body's cells.
- The pancreas makes insulin, a hormone that moves glucose from the blood into the cells.
- In type 1 diabetes, the body's pancreas stops making insulin, and blood glucose levels rise.
- Over time, glucose can reach dangerously high levels in the blood, which is called hyperglycemia.
- Untreated hyperglycemia can result in diabetic ketoacidosis (DKA), which is a life-threatening complication of diabetes.

## Risk Factors Associated with Type 1 Diabetes

It is recommended that students displaying warning signs associated with type 1 diabetes, which are described below, should be screened (tested) for the disease by their health care provider.

## Risk Factors

Researchers do not completely understand why some people develop type 1 diabetes and others do not; however, having a family history of type 1 diabetes can increase the likelihood of developing type 1 diabetes. Other factors may play a role in developing type 1 diabetes, including environmental triggers such as viruses. Type 1 diabetes is not caused by diet or lifestyle choices.

## Warning Signs and Symptoms Associated with Type 1 Diabetes and Diabetic Ketoacidosis

Warning signs and symptoms of type 1 diabetes in children develop quickly, in a few weeks or months, and can be severe. If your child displays the warning signs below, contact your child's primary health care provider or pediatrician for a consultation to determine if screening your child for type 1 diabetes is appropriate:

- Increased thirst
- Increased urination, including bed-wetting after toilet training
- Increased hunger, even after eating
- Unexplained weight loss
- Feeling very tired
- Blurred vision
- Very dry skin
- Slow healing of sores or cuts
- Moodiness, restlessness, irritability, or behavior changes

DKA is a complication of untreated type 1 diabetes. DKA is a medical emergency. Symptoms include:

- Fruity breath
- Dry/flushed skin
- Nausea
- Vomiting
- Stomach pains
- Trouble breathing
- Confusion

## Types of Diabetes Screening Tests That Are Available

- **Glycated hemoglobin (A1C) test**. A blood test measures the average blood sugar level over two to three months. An A1C level of 6.5 percent or higher on two separate tests indicates diabetes.
- **Random (non-fasting) blood sugar test**. A blood sample is taken any time without fasting. A random blood sugar level of 200 milligrams per deciliter (mg/dL) or higher suggests diabetes.

- **Fasting blood sugar test**. A blood sample is taken after an overnight fast. A level of 126 mg/dL or higher on two separate tests indicates diabetes.
- **Oral glucose tolerance test**. A test measuring the fasting blood sugar level after an overnight fast with periodic testing for the next several hours after drinking a sugary liquid. A reading of more than 200 mg/dL after two hours indicates diabetes.

## Type 1 Diabetes Treatments

There are no known ways to prevent type 1 diabetes. Once type 1 diabetes develops, medication is the only treatment. If your child is diagnosed with type 1 diabetes, their health care provider will be able to help develop a treatment plan. Your child's health care provider may refer your child to an endocrinologist, a doctor specializing in the endocrine system and its disorders, such as diabetes.

Contact your student's school nurse, school administrator, or health care provider if you have questions.

# CONGRATULATIONS!

## Your child is entering Transitional Kindergarten!

### DID YOU KNOW….

Showing up on time every day is important to your child's success and learning from Transitional Kindergarten forward.

Missing 10% of school (1 to 2 days every few weeks) can make it harder to:

- Gain early reading and math skills.
- Build relationships.
- Develop good attendance habits.

High quality Transitional Kindergarten has many benefits!

- The routines your child develops will continue throughout their school career.
- Make the most of early school years by encouraging your child to attend every day.

Attending school regularly helps children feel better about school and themselves. Start building this habit so that they learn right away that going to school on time, everyday is important. Eventually good attendance will be a skill that will help them success in high school and college.

### WHAT YOU CAN DO

*Work with your child and their teacher to develop your child's strong attendance.*

Talk about it – sing about it – make it an adventure!

- Set a regular bedtime and morning routine.
- Lay out clothes and pack backpacks the night before.
- Share ideas with other parents for getting to school on time.

Before the school year starts:

- Find out what day school starts and begin a countdown.
- Attend orientation with your child to meet teachers and classmates and find out about health and safety procedures.

Ready, Set, GO!

- Try to schedule medical appointments and extended trips when school is not in session.
- If your child seems anxious about Transitional Kindergarten, talk to the teacher, the principal, or other parents for advice.

**It is expected your child attends school each day!**

Health, family emergencies, and justified personal reasons are the only legal excuse for non-attendance. (Ed. Code 26010, 46010.5, 48205)

ACADEMIA DE DOBLE INMERSIÓN
ARROYO ELEMENTARY
DUAL LANGUAGE ACADEMY

# EMPOWER MINDS, EXPAND HORIZONS

## DUAL LANGUAGE IMMERSION

Give your child the gift of bilingualism and cultural fluency. Arroyo's dual immersion program promotes academic success, bilingualism, and cross-cultural understanding. Register for an information meeting and tour with the QR code below.

**OUR PROGRAM OFFERS:**

- Bilingualism: Fluency in two languages, reading, writing, and speaking
- Cultural Awareness: Exposure to diverse cultures fosters empathy and global understanding
- Academic Achievement: Develop and enhance problem-solving and critical thinking skills

**FOR MORE INFORMATION**

Arroyo Elementary
225 Ulysses Street,
Simi Valley, CA 93065
(805) 306-4420

bit.ly/SVUSDDLI

Simi Valley Schools
SIMI VALLEY UNIFIED SCHOOL DISTRICT