ROSEMEAD SCHOOL DISTRICT
3907 ROSEMEAD BLVD., ROSEMEAD, CA 91770
TEL: (626) 312-2900 FAX: (626) 312-2913

Scan to Enroll



2026-2027 ENROLLMENT OPENS 2-10-2026

YOUR KIDS DESERVE THE BEST EDUCATION

Why Rosemead School District?

- Rigorous Academics
- 21st Century Learning Environment
- Engaging STEAM & Arts instruction
- Mandarin Dual Language Immersion Program (Kinder-6th Grade)
- 7 Habits Leader In Me Lighthouse Schools (leaderinme.com)
- Instrumental Music Program (4th-8th Grades)
- PBIS Platinum Schools (pbis.org)
- New Elementary Playground Structures
- Middle School Electives & Clubs
- Advancement Via Individual Determination (AVID)
- Elevo Expanded Learning (elevolearning.com)
- After School Programs:
  - → Childcare
  - → Soccer
  - → Chess Club
  - → Cooking Classes
  - → Enrichment Program

Transitional Kindergarten (TK)/Kindergarten Registration Dates

Tues., February 10th - Janson Elementary
Wed., February 11th - Shuey Elementary
Thurs., February 12th - Encinita Elementary
Fri., February 13th - Savannah Elementary

Encinita Elementary

Janson Elementary

Muscatel Middle

Savannah Elementary

Shuey Elementary

Register https://bit.ly/RSDPreRegistrationForm

(626) 312-2900 registration@rosemead.k12.ca.us https://www.rosemead.k12.ca.us/

Las inscripciones 2026-2027 se abren el 10 de febrero de 2026

¿Por qué el Distrito Escolar de Rosemead?

- Académicos rigurososEntorno de aprendizaje del siglo 21
- Atractiva instrucción STEAM y Artes
- Inmersión en dos idiomas Mandarín PK-6º grado
- 7 Habits Leader In Me Escuelas Lighthouse (leaderinme.com)
- Programa de Música Instrumental (4º-8º grados)
- Escuelas PBIS Platinum (pbis.org)
- Nuevas estructuras de juegos de primaria
- Optativas y clubes de la escuela intermedia
- Avance a través de la determinación individual (AVID)
- Aprendizaje expandido de Elevo (elevolearning.com)
- Programas extracurriculares:
  - Cuidado de niños
  - Fútbol
  - Club de ajedrez
  - Clases de cocina
  - Programa de enriquecimiento

TUS HIJOS MERECEN LA MEJOR EDUCACIÓN

Fechas de inscripción de TK/Kinder

Martes, 10 de febrero de 2026 - Janson Elemenary
Miércoles, 11 de febrero de 2026 - Shuey Elemenary
Jueves, 12 de febrero de 2026 – Encinita Elemenary
Viernes, 13 de febrero de 2026 - Savannah Elemenary

Inscribir a un nuevo estudiante
https://bit.ly/RSDPreRegistrationForm
Para más información: www.rosemead.k12.ca.us o (626) 312-2900

Mở tuyển sinh 2026-2027 Tháng Hai 10, 2026

Tại sao lại là Học khu Rosemead?

- Học thuật nghiêm ngặtMôi trường học tập thế kỷ 21
- Hướng dẫn STEAM & Nghệ thuật hấp dẫn
- Hòa nhập song ngữ tiếng Quan Thoại PK-Lớp 6
- 7 thói quenLeader In Me Lighthouse Schools (leaderinme.com)
- Chương trình nhạc cụ (Lớp 4-8)
- Trường bạch kim PBIS (pbis.org)
- Cấu trúc sân chơi tiểu học mới
- Các môn tự chọn và câu lạc bộ trung học cơ sở
- Tiến bộ thông qua quyết định cá nhân (AVID)
- Học tập mở rộng của Elevo (elevolearning.com)
- Các chương trình sau giờ học:
  - Chăm sóc trẻ em
  - Bóng đá
  - Câu lạc bộ cờ vua
  - Lớp học nấu ăn
  - Chương trình bồi dưỡng

CON BẠN XỨNG ĐÁNG ĐƯỢC GIÁO DỤC TỐT NHẤT

Ngày đăng ký TK / Kinder

Thứ Ba, ngày 10 tháng 2 năm 2026 – Janson Elemenary
Thứ Tư, Tháng Hai 11, 2026 - Shuey Elemenary
Thứ Năm, ngày 12 tháng 2 năm 2026 - Encinita Elemenary
Thứ sáu, ngày 13 tháng 2 năm 2026 - Savannah Elemenary

Ghi danh một sinh viên mới
https://bit.ly/RSDPreRegistrationForm
Để biết thêm thông tin: www.rosemead.k12.ca.us hoặc (626) 312-2900

2026-2027 年入學日期：2026 年 2 月 10 日

為什麼選擇羅斯米德學區？

- 嚴謹的學術 21 世紀的學習環境
- 引人入勝的 STEAM 和藝術教學
- 雙語沉浸式普通話 PK-6 年級
- 7 個習慣 Leader In Me 燈塔學校(leaderinme.com)
- 器樂課程（4-8 年級）
- PBIS 白金學校(pbis.org)
- 新的小學操場結構
- 中學選修課和社團
- 透過個人決定 （AVID） 進步
- Elevo 擴展學習(elevolearning.com)
- 課後活動：
  - 育兒
  - 足球
  - 國際象棋俱樂部
  - 烹飪課程
  - 充實計劃

您的孩子應該得到最好的教育

TK/Kinder 註冊日期

2026 年 2 月 10 日星期二 – Janson Elementary
2026 年 2 月 11 日星期三 – Shuey Elementary
2026 年 2 月 12 日星期四 – Encinita Elementary
2026 年 2 月 13 日星期五 - Savannah Elementary

招收新學生
https://bit.ly/RSDPreRegistrationForm
欲瞭解更多資訊：www.rosemead.k12.ca.us 或 （626） 312-2900



ENCINITA ELEMENTARY MANDARIN DLI PROGRAM 2026-2027

K-6TH GRADE

1st-6th grade applicants will be scheduled for an exam*

2026-2027 DLI INTEREST FORM

https://bit.ly/490l0Ai

(626) 312-290000 x213
crivera@rosemead.k12.ca.us







ENCINITA ELEMENTARY
沉浸式中英雙語課程 （DLI）
2027-2028年度

從幼儿園至六年级

一年級至六年级的申請者，
將另行安排程度測試。

2027-2028 年度
DLI 掃碼報名

https://bit.ly/490l0Ai

(626) 312-290000 x213
crivera@rosemead.k12.ca.us

3907 Rosemead Blvd.
Rosemead, CA 91770
Phone: 626-312-2900
Fax: 626-312-2906

PHILIP D'AGOSTINO, Ed.D, Superintendent of Schools

BOARD OF TRUSTEES
Nancy Armenta
Diane Benitez
Ronald Esquivel
Veronica Peña
John Quintanilla

February, 2026

Dear Parent(s)/Guardian:

In order to enroll your child in the Rosemead School District, you must first register online and then bring the following items to your school of residence:

A. Proof of age (Birth Certificate or Passport)

B. Proof of Residency (**Current** Gas, Landline Telephone, Electric, Trash, Cable or Water bill with one of the student's parent's name on it). If you do not have a bill in your name you will need to obtain address verification from your home school.

C. Immunization Record (refer to the *Required Immunizations For School Entry* form)

These immunization requirements apply to new admissions and transfers for all grades, including transitional kindergarten:

FOR NEW TK/KINDERS (and some grade 1 students) all appropriate immunizations (as listed above) are needed PLUS:

1. Dental Health Evaluation Form needs to be completed DURING Kindergarten. NOT required to be done BEFORE Entry.

WAIVERS:
If a parent wishes to sign **waivers on ANY requirements** please ask that they speak to the district school nurse.

You may pick up the registration information at your school of residency and go online to enroll at our website: http://www.rosemead.k12.ca.us to register your child. You must enroll your child at your school of residency or your enrollment package will be invalid.

If you have any questions, please feel free to contact the Special Education & Student Support Services Office at (626) 312-2900 or email at registration@rosemead.k12.ca.us.

Sincerely,

Hoori Chalian

Hoori Chalian
Coordinator
Special Education & Student Support Services

3907 Rosemead Blvd.
Rosemead, CA 91770
Phone: 626-312-2900
Fax: 626-312-2906

PHILIP D'AGOSTINO, Ed.D, Superintendent of Schools

BOARD OF TRUSTEES
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2026 年 2 月

親愛的父母/監護人：

為了貴子弟報名柔絲蜜學區，您必須先上網登記，然後攜帶下列文件到您住所的學校：

A. 年齡証明(出生紙或護照)

B. 地址証明(目前的瓦斯,電話帳單， 電費,垃圾費，有線電視或水費帳單，房產稅或所得稅，薪資單，或社會安全文件必需有學生家長其中一位的名字)假如您與他人同住，名下沒有任何帳單，您必需從您的學校取得地址的確認表格。請與學校聯繫得知更多的詳情。

C. 免疫接種紀錄（請參閱*入学所需疫苗接种*表格）

對於新的 TK / KINDERS（和一些 GR 1 學生），需要進行所有適當的免疫接種（如上所述），另外：

1. 幼兒園期間需要填寫《牙齒健康評估表》。不需要在進入之前完成.

豁免：
如果父母希望簽署關於 **任何要求的豁免**，請要求他們與當地學校的護士交談。

您可以在您的居住學校領取註冊信息，然後在線註冊我們的網站：
http://www.rosemead.k12.ca.us 以註冊您的孩子。您必須在您的居住學校註冊您的孩子，否則您的註冊包將無效。

如有任何疑問，請隨時通過（626）312-2900 與特殊教育和學生支持服務辦公室聯繫，或發送電子郵件至 registration@rosemead.k12.ca.us。

真誠的,

Hoori Chalian

Hoori Chalian
協調者
特殊教育和學生支持服務

Parents/Guardians – Are Your Kids Ready for School?

Required Immunizations For School Entry

CDPH California Department of Public Health

Please bring your child's immunization records with you at the time of registration. You may view and print a digital copy of your child's California vaccine record at: **MyVaccineRecord.CDPH.CA.gov**

Students Entering Transitional Kindergarten or Kindergarten Need Records of:

- ☐ **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap or Td) — 5 doses**
  4 doses OK if one was given on or after 4th birthday;
  3 doses OK if one was given on or after 7th birthday.
- ☐ **Polio (IPV or OPV) — 4 doses**
  3 doses OK if one was given on or after 4th birthday. Oral polio vaccine (OPV) doses given on or after April 1, 2016, do not count.
- ☐ **Hepatitis B — 3 doses**
- ☐ **Measles, Mumps, and Rubella (MMR) — 2 doses**
  Both doses must be given on or after 1st birthday.
- ☐ **Varicella (Chickenpox) — 2 doses**

New and Transfer Students Entering TK/K-12th Grade Need Records of:

- ☐ **All immunizations listed above**
  For 7th-12th graders: at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday. Hepatitis B vaccine is required for any grade, except for entry into 7th grade.

Students Starting 7th Grade Need Records of:

- ☐ **Tetanus, Diphtheria, and Pertussis (Tdap) —1 dose**

What other immunizations should I ask my health care provider about?

When you visit your health care provider for back-to-school immunizations, make sure to also ask about other vaccines that help keep your child healthy, including **hepatitis A, COVID-19, and the annual flu vaccine**. Preteens and teens should also get the **human papillomavirus (HPV) vaccine** to protect against certain cancers and **meningococcal vaccines**.

Learn more about vaccines your child needs and **where to get immunized** at **GetImmunizedCA.org**.

家长/监护人 – 您的孩子准备好上学了吗?

入学所需疫苗接种

请在注册时带上孩子的疫苗接种记录。查看和印出加州疫苗接种记录数字副本:
MyVaccineRecord.CDPH.CA.gov

进入过渡性幼儿园或幼儿园的学生需要以下记录:

- ☐ **白喉、破伤风和百日咳 (DTaP、DTP、Tdap 或 Td) – 5 剂**
  如在 4 岁生日当天或之后接种 1 剂, 4 剂也可以;
  如在 7 岁生日当天或之后接种 1 剂, 3 剂也可以。
- ☐ **脊髓灰质炎 (IPV 或 OPV) – 4 剂**
  如果其中一剂是在 4 岁生日当天或之后接种的, 则接种 3 剂即可。2016 年 4 月 1 日或之后接种的口服脊髓灰质炎疫苗 (OPV) 不计算在内。
- ☐ **乙型肝炎 – 3 剂**
- ☐ **麻疹、腮腺炎和风疹 (MMR) – 2 剂**
  2 剂都须在 1 岁生日当天或之后接种。
- ☐ **水痘 – 2 剂**

过渡性幼儿园/幼儿园至12年级的新生和转校生需要以下记录:

- ☐ **所有上列疫苗接种**
  7 至 12 年级学生: 在 7 岁生日当天或之后至少需要接种 1 剂含百日咳的疫苗。除 7 年级新生外, 任何年级都需接种乙肝疫苗。

七年级新生需要以下记录:

- ☐ **破伤风、白喉、百日咳 (Tdap) – 1 剂**

还应向医务人员询问哪些其他疫苗接种?

就医接种返校疫苗时, 务必询问有助孩子保持健康的其他疫苗, 包括**甲肝疫苗、新冠肺炎 (COVID-19) 疫苗和每年接种的流感疫苗**。青春期前和青少年还应接种**人乳头瘤病毒 (HPV) 疫苗**以预防某些癌症, 并接种**脑膜炎球菌疫苗**。

详细了解 孩子的适龄疫苗: (bit.ly/CDCVaccinesByAge),
及 孩子可接种疫苗之处: (bit.ly/Where2BVaxed)。

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.

Check appropriate risk factor boxes below based on patient response.
Refer to pediatrician for LTBI testing (skin or blood test), if any of the 3 boxes below are checked.
If a LTBI test result is positive, and active TB disease is ruled out, LTBI treatment is recommended.

☐ **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://publichealth.lacounty.gov/tb/TBTesting.htm

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).

County of Los Angeles Public Health
Tuberculosis Control Program

小兒結核病風險評估

該工具用於識別無症狀兒童進行潛伏性結核感染 （LTBI） 檢測.

根據患者的反應檢查下面的適當風險因素框.
如果選中了以下 3 個方框中的任何一個，請諮詢兒科醫生進行 LTBI 測試（皮膚或血液測試）.
如果 LTBI 檢測結果呈陽性，並且排除了活動性結核病，則建議進行 LTBI 治療.

☐ 在結核病發病率較高的國家出生、旅行或居住至少 1 個月

- 包括美國、加拿大、澳洲、紐西蘭或西歐或北歐國家以外的任何國家/地區
- 如果資源需要在該組內確定優先級，請優先考慮至少有一種進展醫療風險的患者（請參閱此列表的加州成人結核病風險評估用戶指南）。
- 對於非美國出生的人≥2 歲，干擾素 γ 釋放試驗比結核菌素皮膚試驗更受青睞

☐ 免疫抑制，目前或計劃中

- 愛滋病毒感染、器官移植受者、接受 TNF-α 拮抗劑（例如 infliximab、依那西普等）、類固醇（相當於 prednisone ≥2 mg/kg/天，或 ≥15 mg/天，持續 ≥2 週）或其他免疫抑制藥物

☐ 隨時與傳染性結核病患者密切接觸

- 美國疾病控制與預防中心表示，對接觸者的調查和感染接觸者的治療是美國消除結核病戰略的重要組成部分.

- 重新檢測只能對先前檢測呈陰性且自上次風險評估以來有新風險因素的人進行。
- 如果最初的陰性篩查測試發生在 6 個月大之前，則應在 6 個月大或以上時進行重複測試。
- 對於有結核病症狀或胸部 X 光檢查異常且與活動性結核病一致的兒童評估活動性結核病
- 進行胸部 X 光檢查、症狀篩查，如果有指徵，還進行痰液 AFB 塗片、培養和核酸擴增檢測。
- 結核菌素皮膚試驗或干擾素γ釋放試驗陰性並不能排除活動性結核病。
- 在排除活動性結核病之前不要治療 LTBI。

有關此工具的更多詳細信息，請參閱下面的**小兒結核病風險評估用戶指南**。

提供者: _____

評估日期: _____

患者姓名: _____

出生日期: _____

(如果適用，請在此處貼上貼紙)

如需最新版本，請前往小兒結核病風險評估，網址為: http://publichealth.lacounty.gov/tb/TBTesting.htm

結核病清除表格

這滿足了《加州教育法》和《加州健康與安全法》中的要求。

結核病風險評估及/或檢查完成證明書

結核病風險評估和/或檢查日期:_____月/_____日/_____年

評估和/或檢查的病人的名字和姓氏: _____

出生日期:_____月/_____日/_____年

上述患者已接受兒科結核病風險評估。患者沒有危險因素，或者如果確定了結核病危險因素，患者已經進行了結核病皮膚試驗 （TST） 或結核病血液測試 （IGRA），如果有指徵，則進行了胸部 X 光檢查 （CXR），並且經檢查確定沒有傳染性結核病。患者獲准上學。

請在下方列印、貼上標籤或蓋章，並註明醫護人員的資料:

_____

完成結核病風險評估和/或檢查的醫療保健提供者的姓名

_____

醫療保健提供者簽名

_____

設施名稱和地址

Để bảo vệ quyền riêng tư của các cá nhân, tất cả thông tin liên quan đến đánh giá này được coi là bí mật. Cơ sở và Sở Y tế Công cộng Quận Los Angeles không thể tiết lộ (các) tên của bất kỳ người bệnh nào.

3907 Rosemead Blvd.
Rosemead, CA 91770
Phone: 626-312-2900
Fax: 626-312-2906

PHILIP D'AGOSTINO, Ed.D, Superintendent of Schools

BOARD OF TRUSTEES
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John Quintanilla

ORAL HEALTH NOTIFICATION LETTER

Dear Parent or Guardian:

To make sure your child is ready for school, California law, *Education Code* Section 49452.8, now requires that your child have an oral health assessment (dental check-up) by May 31 in either kindergarten or first grade, whichever is his or her first year in public school. Assessments that have happened within the 12 months before your child enters school also meet this requirement. The law specifies that the assessment must be done by a licensed dentist or other licensed or registered dental health professional.

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

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

1. Medi-Cal/Denti-Cal's toll-free number or Web site can help you to find a dentist who takes Denti-Cal: 1-800-322-6384; http://www.denti-cal.ca.gov. For help enrolling your child in Medi-Cal/Denti-Cal, contact your local social service agency at (fill in appropriate local contact information, available at http://www.denti-cal.ca.gov/WSI/Bene.jsp?fname=ProvReferral.)

2. Healthy Families' toll-free number or Web site can help you to find a dentist who takes Healthy Families insurance or to find out if your child can enroll in the program: 1-800-880-5305 or http://www.benefitscal.com/.

3. For additional resources that may be helpful, contact your local public health department at (fill in appropriate local contact information, available at http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx).

Remember, your child is not healthy and ready for school if he or she has poor dental health! Here is important advice to help your child stay healthy:

- Take your child to the dentist twice a year.
- Choose healthy foods for the entire family. Fresh foods are usually the healthiest foods.
- Brush teeth at least twice a day with toothpaste that contains fluoride.

- Limit candy and sweet drinks, such as punch or soda. Sweet drinks and candy contain a lot of sugar, which causes cavities and replaces important nutrients in your child's diet. Sweet drinks and candy also contribute to weight problems, which may lead to other diseases, such as diabetes. The less candy and sweet drinks, the better!

Baby teeth are very important. They are not just teeth that will fall out. Children need their teeth to eat properly, talk, smile, and feel good about themselves. Children with cavities may have difficulty eating, stop smiling, and have problems paying attention and learning at school. Tooth decay is an infection that does not heal and can be painful if left without treatment. If cavities are not treated, children can become sick enough to require emergency room treatment, and their adult teeth may be permanently damaged.

Many things influence a child's progress and success in school, including health. Children must be healthy to learn, and children with cavities are not healthy. Cavities are preventable, but they affect more children than any other chronic disease.

If you have questions about the new oral health assessment requirement, please contact the Student Support Services office at (626) 312-2900 or email at registration@rosemead.k12.ca.us.

Sincerely,

Hoori Chalian

Hoori Chalian
Coordinator
Special Education & Student Support Services

3907 Rosemead Blvd.
Rosemead, CA 91770
Phone: 626-312-2900
Fax: 626-312-2906

PHILIP D'AGOSTINO, Ed.D, Superintendent of Schools

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口腔健康通知信

親愛的家長或監護人：

為確保您的孩子為上學做好準備，加州法律教育法第 49452.8 條現在要求您的孩子在 5 月 31 日之前在幼兒園或一年級（以他或她在公立學校的第一年為準）進行口腔健康評估（牙科檢查）。在您的孩子入學前 12 個月內進行的評估也符合此要求。法律規定評估必須由有執照的牙醫或其他有執照或註冊的牙科健康專業人員進行。

將隨附的口腔健康評估/豁免申請表帶到牙科診所，因為您孩子的檢查需要它。如果您無法帶您的孩子參加這項要求的評估，請在表格的第 3 部分註明原因。您可以在您孩子的學校或從加州教育部的網站 http://www.cde.ca.gov/ls/he/hn/ 在線獲取更多必要表格的副本。加州法律要求學校維護學生健康信息的隱私。您孩子的身份不會與因此要求而產生的任何報告相關聯。

以下資源將幫助您找到牙醫並完成您孩子的此要求

1. Medi-Cal/Denti-Cal 的免費電話或網站可以幫助您找到接受 Denti-Cal 的牙醫：1-800-322-6384; http://www.denti-cal.ca.gov。如需幫助您的孩子參加 Medi-Cal/Denti-Cal，請通過以下方式聯繫您當地的社會服務機構（填寫適當的當地聯繫信息，可在 http://www.dentical.ca.gov/WSI/Bene.jsp?fname=ProvReferral 上獲取。

2. 健康家庭的免費電話或網站可以幫助您找到購買健康家庭保險的牙醫，或了解您的孩子是否可以參加該計劃：1-800-880-5305 或 http://www.benefitscal.com/。

3. 如需可能有用的其他資源，請透過以下方式聯絡您當地的公共衛生部門（填寫適當的當地聯絡資訊，可在 http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx 上取得）。

請記住，如果您的孩子牙齒健康狀況不佳，他或她就不健康並準備好上學！以下是幫助您的孩子保持健康的重要建議:

- 每年帶您的孩子去看牙醫兩次。
- 為全家人選擇健康食品。新鮮食品通常是最健康的食物。
- 每天至少用含氟牙膏刷牙兩次。
- 限制糖果和甜飲料，例如潘趣酒或蘇打水。甜飲料和糖果含有大量糖分，會導致蛀牙並取代孩子飲食中的重要營養素。甜飲料和糖果也會導致體重問題，從而可能導致其他疾病，例如糖尿病。糖果和甜飲料越少越好！

乳牙非常重要。它們不僅僅是會脫落的牙齒。孩子們需要牙齒來正確飲食、說話、微笑和自我感覺良好。蛀牙兒童可能會進食困難、停止微笑，並且在學校注意力和學習方面存在問題。蛀牙是一種無法癒合的感染，如果不及時治療可能會感到疼痛。如果蛀牙不治療，兒童可能會病得嚴重到需要急診室治療，並且他們的恆牙可能會受到永久性損傷。

許多因素都會影響孩子在學校的進步和成功，包括健康。孩子必須健康才能學習，蛀牙的孩子不健康。蛀牙是可以預防的，但它們比任何其他慢性疾病影響更多的兒童。

如果您對新的口腔健康評估要求有疑問，請致電 （626） 312-2900 或發送電子郵件至 registration@rosemead.k12.ca.us 聯繫學生支持服務辦公室。

謹,

Hoori Chalian

Hoori Chalian
協調員
特殊教育及學生支援服務

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: MM – DD – YYYY	Untreated Decay (Visible Decay Present) ☐Yes ☐No	*Caries Experience (Visible decay and/or fillings 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***	MM – DD – YYYY ***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.

口腔健康評估表

加州法律（*教育法典第 49452.8 節*）規定，每個孩子都必須在他/她在公立學校第一年的 5 月 31 日之前進行牙科檢查（評估）。加州持牌牙科專業人員必須進行檢查並填寫此表格的第 2 部分。如果你的孩子在過去12個月內做過牙科檢查，請你的牙醫填寫第2部分。如果您無法為您的孩子進行牙科檢查，請填寫單獨的口腔健康評估要求豁免表。

該評估將讓您知道是否有任何需要牙醫注意的牙齒問題。該評估還將用於評估我們的口腔健康計劃。兒童需要良好的口腔健康才能自信地說話、表達自己、保持健康並準備好學習。口腔健康不佳與學習成績低下、社會關係差和晚年成功率較低有關。因此，我們感謝您為加州兒童的健康和福祉做出的貢獻。

第 1 部分：兒童資訊（由父母或監護人填寫）

孩子的名字：	姓：	中間名稱：	孩子的出生日期： MM – DD – YYYY
位址：			公寓：
城市：			郵遞區號：
學校名稱：	老師：	年級：	孩子上幼稚園的年份： Y Y Y Y
父母/監護人名字：	父母/監護人姓氏：		孩子的性別： ☐雄 ☐女性

孩子的種族/民族：	☐ 白	☐ 印第安人
	☐ 黑人/非裔美國人	☐ 多種族
	☐ 西班牙裔/拉丁裔	☐ 夏威夷原住民/太平洋島民
	☐ 亞裔	☐ 未知
	☐ 其他（請註明）	

下一頁繼續

第 2 部分：口腔健康數據收集（由加州持牌牙科專業人員填寫）

重要提示：分別考慮每個框。標記每個框。

評估日期： MM – DD – YYYY	未經處理的腐爛 （存在可見衰變） ☐是的☐不	*齲齒體驗 （存在可見的腐爛和/或填充物） ☐是的☐不
Treatment Urgency: ☐**未發現明顯問題**	☐**建議儘早進行牙科護理** （齲齒沒有疼痛或感染;或孩子會	☐**需要緊急護理** （疼痛、感染、腫脹或軟組織損傷）
持牌牙科專業人員簽名	***CA** 許可證編號*	MM – DD – YYYY *日期*

*****如果存在未經治療的齲齒或填充物，請檢查“是”以瞭解齲齒體驗
如果沒有未經治療的齲齒和填充物，請勾選“否”以瞭解齲齒體驗

第3部分：緊急護理的隨訪（由負責隨訪的實體填寫）

家長通知孩子在以下方面有緊急的牙科護理需求：	MM – DD – YYYY
已安排了該名兒童的後續預約：	MM – DD – YYYY
孩子是否接受過必要的治療？	☐**是的** ☐**不**如果沒有，將鼓勵負責跟進的實體與家長聯繫） ☐**我不知道**

法律規定，學校必須對學生的健康資訊保密。由於這項法律，您孩子的名字不會出現在任何報告中。這些資訊只能用於與您孩子的健康相關的目的。如果您有任何疑問，請致電您的學校。

不遲於您孩子第一學年的 5 月 31 日將此表格交回學校。

原件應保存在孩子的學校記錄中。

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.

入學健康檢查報告

為了保護兒童的健康，加利福尼亞州法律要求入學時必須進行健康檢查。請讓健康檢查員填寫此報告，然後將其退回學校。學校將作為機密信息進行保存和維護.

部分 I　　由父母或監護人填寫

孩子的名字-最後	Đầu tiên	Ở giữa	出生日期-月/日/年

地址-街道號	市	郵政編碼	學校

部分 II　　由健康檢查人員填寫

健康檢查

注意：除血鉛測試外，所有測試和評估都必須在孩子4歲零3個月後進行。

所需測試/評估	日期 (mm/dd/yy)
健康史	/ /
體格檢查	/ /
牙科評估	/ /
營養評估	/ /
發展評估	/ /
視力篩查	/ /
聽力測驗（聽力）篩查	/ /
結核病風險評估和測試（如果有）	/ /
驗血（貧血）	/ /
尿檢	/ /
血鉛測試	/ /
其他	/ /

免疫記錄

考官注意：請給家人完整或更新的黃色加州免疫記錄。

學校注意事項：請在藍色的加利福尼亞學校免疫記錄（PM 286）中記錄免疫接種日期。

疫苗	給出了每個劑量的日期				
	第一	第二	第三	第四	第五
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)					
其他(e.g., TB Test, if indicated)					
其他					

部分 III　　健康檢查員的其他信息 *(可選的)*　　*和*　　父母或監護人發布健康信息

結果與建議

如果患者或監護人已經簽署了發布健康信息的信息，請填寫。

☐ 考試表明學校課程活動沒有任何問題.

☐ 在檢查中或經過進一步評估後發現的對學校教育或體育鍛煉很重要的條件是：（請說明）

我允許健康檢查人員與學校共享有關健康檢查的其他信息，如第1部分所述III.

☐ 如果您不希望健康檢查員填寫零件，請選中此框III.

父母或監護人簽名　　日期

健康檢查員的姓名，地址和電話號碼

日期

健康檢查員簽名

如果您的孩子無法獲得學校健康檢查，請致電當地衛生部門的"兒童健康與殘疾預防（CHDP）計劃"。如果您不希望孩子接受健康檢查，則可以簽署孩子學校上的豁免表格（PM 171 B）.

Rosemead School District
Special Education & Student Support Services
3907 Rosemead Blvd.
Rosemead, CA 91770

☎ (626) 312-2900
🖷 (626) 312-2913
🌐 www.rosemead.k12.ca.us

Health Centers (Public/Private/Free) for Physical Exams & Immunizations & Other Needs for School

*** Call ahead to all providers for further details regarding services. Clinic hours and eligibility are subject to change ***

Community Health Alliance of Pasadena – Lincoln
2055 Lincoln Ave., Pasadena, CA 91103 (626) 398-6300. **Appointment needed please contact the center**. Site Hours: Monday through Friday, 8:00am to 5:00pm; Saturday, 9:00am to 1:00pm. Website: www.chapcare.org Services: Immunizations, Physical exams and Dental Care.

East Valley Community Health Center / various locations in LA county
4368 Santa Anita Ave., El Monte, CA 91731 (855) 535-5545 Website: https://www.evchc.org/ **Appointment preferred, but walk-ins accepted.** Open Mon, Wed, Fri 9:00am-5pm and Tues, Thurs 1:00pm-7:00pm. The clinic helps you with enrollment with different programs to qualify for free or low-cost vaccines (*no inquiries on immigration status. No insurance necessary.)

Monrovia Public Health Center (a Los Angeles County Public Health Center)
330 Maple Ave., Monrovia, CA 91016 (626) 256-1600
A public health center primarily used for the services of free immunizations and TB test. Call for hours of service. Parent must bring child's vaccine record. Vaccines offered by appointment only, on Tuesdays only from 8am-10:30am and 12:30-3:30 pm please call to schedule appointment.

Tzu Chi Buddhist Clinic
1000 S. Garfield Ave., Alhambra, CA 91801 (626) 281-3383
This is a free clinic (adult and child), dental clinic, and Vaccinations. Eligibility is income based, Offers CHDP exams and free immunizations for children. Tuesdays only from 1:15pm-5pm appointment needed. Languages spoken: English, Spanish, Cantonese, Mandarin and Vietnamese.

AltaMed Health Services
10454 Valley Blvd. #B, El Monte, CA 91731 (626) 453-8466
Sliding Scale based income, qualifying applicants can apply for CHDP a state-run program to help children obtain free or low-cost Physicals and Immunizations the clinic assists in determining eligibility. Also takes most insurance plans. Appointments needed.

Chinatown Service Center (CSC) Health Center
320 S. Garfield Ave. #118, Alhambra, CA 91801 (213) 808-1700
This center offers Free and low-cost Health programs for low-income individuals with no insurance. Monday-Friday from 8:30am- 5:00pm. Appointments needed Languages spoken: English, Spanish, Chinese, Vietnamese. The Clinic offers health exams (adult and Pediatric) Vaccinations, TB test, dental care and Behavioral health.

Herald Christian Health Center
923 S. San Gabriel Blvd., San Gabriel, CA 91776 (626) 286-8700
The Clinic is mandated to serve the community (all ethnicities, faiths) The clinic will assist in determining eligibility for CHDP program for free/low-cost exams and vaccines. **Appointments preferred, but not required walk-in's accepted.**

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🖷 (626) 312-2913
🌐 www.rosemead.k12.ca.us

健康中心（公共/私人/免費）
用於學校的體檢和免疫接種以及其他需求

*** 請提前致電所有供應商以獲取有關服務的更多詳細資訊。診所時間和資格可能會發生變化。 ***

Community Health Alliance of Pasadena – Lincoln
2055 Lincoln Ave., Pasadena, CA 91103 - 電話: 626-398-6300. **需要預約請聯繫中心。**現場時間：週一至週五，上午 8：00 至下午 5：00;週六，上午 9：00 至下午 1：00。網站：www.chapcare.org 服務：免疫，體檢和牙科護理。

East Valley Community Health Center / 洛杉磯縣的不同地點
4368 Santa Anita Ave., El Monte, CA 91731 電話(855) 535-5545 網站: https://www.evchc.org/ **首選預約，但接受步入式。**上班時間為週一、週三、週五上午 9：00 至下午 5 點，週二、週四下午 1：00 至晚上 7：00。該診所說明您註冊不同的計劃，以獲得免費或低成本疫苗的資格（*無需查詢移民身份。無需保險。

Monrovia Public Health Center (洛杉磯縣公共衛生中心)
330 Maple Ave., Monrovia, CA 91016 電話(626) 256-1600
一個公共衛生中心，主要用於免費免疫接種和結核病檢測服務。致電詢問服務時間。父母必須攜帶孩子的疫苗接種記錄。疫苗僅通過預約提供，僅在週二上午 8 點至上午 10：30 和下午 12：30-3：30 請致電安排預約。

Tzu Chi Buddhist Clinic
1000 S. Garfield Ave., Alhambra, CA 91801 電話(626) 281-3383
這是一個免費的診所（成人和兒童），牙科診所和疫苗接種。資格以收入為基礎，為兒童提供CHDP考試和免費免疫接種。週二僅限下午 1：15 至下午 5 點預約。使用語言：英語，西班牙文，廣東話，普通話和越南文。

AltaMed Health Services
10454 Valley Blvd. #B, El Monte, CA 91731 電話(626) 453-8466
基於浮動比例的收入，符合條件的申請人可以申請CHDP一項國營計劃，以說明兒童獲得免費或低成本的體檢和免疫接種，診所協助確定資格。也接受大多數保險計劃。需要預約。

Chinatown Service Center (CSC) Health Center
320 S. Garfield Ave. #118, Alhambra, CA 91801 電話(213) 808-1700
該中心為沒有保險的低收入個人提供免費和低成本的健康計劃。 週一至週五上午 8：30 至下午 5：00。需要預約 使用語言：英語，西班牙文，中文，越南語。該診所提供健康檢查（成人和兒科）疫苗接種，結核病測試，牙科護理和行為健康。

Herald Christian Health Center
923 S. San Gabriel Blvd., San Gabriel, CA 91776 (626) 286-8700
該診所的任務是為社區（所有種族，信仰）服務，該診所將協助確定免費/低成本檢查和疫苗的CHDP計劃的資格。**首選預約，但不需要步入式接受。**

3907 Rosemead Blvd.
Rosemead, CA 91770
Phone: 626-312-2900
Fax: 626-312-2906

PHILIP D'AGOSTINO, Ed.D, Superintendent of Schools

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BEFORE SCHOOL CARE AND AFTERSCHOOL PROGRAMS

Before School Care

The Rosemead School District offers before-school care at all elementary school sites, beginning at 7:00 a.m. This program is available for a quarterly fee. Parents may enroll their child in before-school care starting **July 1, 2026**. Detailed enrollment information will be available on the Rosemead School District website.

Late Start Days

Late Start Days are provided at all Rosemead School District campuses, with **18 Late Start Days** scheduled throughout the year. This program is offered at no cost to families, but students must be enrolled to participate.

Parents can enroll their children during the district's Welcome Back to School Fairs or by accessing the enrollment link on the Rosemead School District website.

After School Programs

ASES (After School Education and Safety Program)
The ASES Program operates at **Encinita Elementary, Janson Elementary, Muscatel Middle, Savannah Elementary, & Shuey Elementary** and is provided at no cost to families. Students must attend the full program daily, which runs until **6:00 p.m.**

Participants benefit from:

- Homework assistance
- Enrichment activities
- Structured physical activities
- A healthy light supper

Enrollment Process:

- **Enrollment Information Release:** April 27, 2026
- **Enrollment Period:** May 11 – May 22, 2026

Information on how to enroll will be distributed to school sites and will also be available on the Rosemead School District website starting **April 27, 2026**.

For more details and updates, please visit the Rosemead School District, Child Development Department website: https://www.rosemead.k12.ca.us/domain/41 or call (626) 312-2900.

Sincerely,

Deborah Lawrence

Deborah Lawrence
Coordinator
Child Development Department

3907 Rosemead Blvd.
Rosemead, CA 91770
Phone: 626-312-2900
Fax: 626-312-2906

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課前託管和課後計劃

學前託管

羅斯米德學區從上午 7：00 開始在所有小學地點提供課前看護。該計劃按季度收費。從 **2026 年 7 月 1** 日起，家長可以為孩子報名參加課前託管。詳細的註冊資訊將在 Rosemead 學區網站上提供。

延遲開始日期

Rosemead 學區的所有校區都提供延遲開學日，全年安排了 **18 個延遲開學日**。該計劃免費提供給家庭，但學生必須註冊才能參加。

家長可以在學區的歡迎返校博覽會期間為他們的孩子報名，或者通過訪問羅斯米德學區網站上的註冊連結。

課後計劃

ASES（課後教育和安全計劃）

ASES 計劃在 **Encinita 小學、Janson 小學、Muscatel 中學、Savannah 小學和 Shuey 小學進行**，並且免費提供給家庭。學生必須每天參加完整的課程，一直持續到下午 **6：00**。

參與者受益於：

- 家庭作業協助
- 豐富活動
- 結構化的體育活動
- 健康的清淡晚餐

註冊流程：

- **招生資訊發佈**：2026 年 4 月 27 日
- **註冊時間**：2026 年 5 月 11 日至 5 月 22 日

有關如何註冊的資訊將分發到學校網站，並且從 **2026 年 4 月 27** 日開始也將在羅斯米德學區網站上提供。

有關更多詳細資訊和更新，請訪問羅斯米德學區兒童發展部網站：
https://www.rosemead.k12.ca.us/domain/41 或致電 （626） 312-2900。

真誠地

Deborah Lawrence

Deborah Lawrence
協調者
兒童發展部

3907 Rosemead Blvd.
Rosemead, CA 91770
Phone: 626-312-2900
Fax: 626-312-2906

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INTRA-DISTRICT TRANSFER GUIDELINES

An Intra-District transfer may be granted for a student to attend a school in the Rosemead School District (RSD) other than the RSD School of Residence. However, you must enroll at your school of residence until class sizes are determined.

The Intra-District transfer request period is open all year long, starting on February 1st for the next school year. Transfers may be issued at any time for the school year. The application can be downloaded from this website: https://www.rosemead.k12.ca.us/Page/824

Information regarding the specific reasons may be obtained from Special Education & Student Support Services at (626) 312-2900 or registration@rosemead.k12.ca.us.

POLICY

- Permits do not carry transportation privileges.
- Parents are expected to ensure your student is on time and in school for the full school day every day.

APPLICATION INSTRUCTIONS

1. An RSD inter-district permit application must be completed on-line. Paper applications will not be accepted. You can submit a request by visiting our website at: https://www.rosemead.k12.ca.us/Page/824
2. You must enroll at your school of residence until it's been determined there is space available at the requested school.
3. Upon administrative approval at the requested school, you will receive an email confirmation.

ADDITIONAL INFORMATION

Students Must:

- Maintain satisfactory school attendance/report to school/class on-time every day.
- Make continuous progress toward grade level standards (elementary) and/or maintain a minimum 2.0 GPA with no D or F grades (secondary).
- Seek help from teachers and counselors and attend tutoring when having academic difficulties or in danger of receiving a grade of *D* or *F* (Secondary).
- Comply with all classroom and school rules and policies.
- Demonstrate appropriate citizenship and behavior in the classroom and on campus - no Report Card with multiple "1s" for Skills for Success on Achievement Report (elementary) or multiple "Unsatisfactory" citizenship grades (secondary).
- 6. Comply with all conditions of the RSD Discipline Policy (parent/guardian signature on file).

Parent Must:

- Provide adequate transportation so the student can maintain satisfactory school attendance/report to class on time and is picked up from school on time.

- Ensure that your student attends school.
- Call the Attendance Office before 9:30 a.m. on the day of the absence to inform the school of the reason for the absence--or provide a note explaining the reason for the absence on the day of the return.
- Excuse a student only for valid reasons. Requests for absence other than for illness or emergencies are strongly discouraged. Parents should plan family vacations during regular school vacation times.
- Provide a time and place for quiet study time for completion of homework and study assignments.
- Provide school officials with accurate and true information.
- Cooperate with school and district officials and maintain a positive working relationship.
- Attend parent conferences when requested.
- Insist your student complies with the school dress code.

PERMIT CANCELLATION

Permits may be cancelled, revoked, or denied renewal for the following reasons:

- Issued in error
- Falsified information or documentation
- Any change to the permit criteria
- Truancy
- Infractions of school rules and regulations
- Failure to make satisfactory academic progress
- The student is dropped off or picked up is beyond regular school hours including before and after school programs.

3907 Rosemead Blvd.
Rosemead, CA 91770
Phone: 626-312-2900
Fax: 626-312-2906

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區域內轉移指南

學生可獲准進行學區內轉學，以在 RSD 住宿學校以外的 Rosemead 學區 (RSD) 的學校就讀。 但是，在確定班級規模之前，您必須在您的居住學校註冊。

學區內轉學申請期全年開放，從下一學年的 2 月 1 日開始。 轉學可以在學年的任何時間發出。 該應用程序可以從這個網站下載: https://www.rosemead.k12.ca.us/Page/824

有關具體原因的信息，請致電 (626) 312-2900 registration@rosemead.k12.ca.us 聯繫特殊教育和學生支持服務部.

政策

- 許可證不帶有交通特權。
- 家長應確保您的學生每天全天都準時上學。

應用說明

1. RSD 跨區許可證申請必須在線完成。 不接受紙質申請。 您可以通過訪問我們的網站提交請求：https://www.rosemead.k12.ca.us/Page/824
2. 在確定所申請的學校有空位之前，您必須在您的居住學校註冊。
3. 在申請學校獲得行政批准後，您將收到一封確認電子郵件。

附加信息

學生必須:

- 保持令人滿意的上學/每天準時到學校/上課。
- 朝著年級水平標準（小學）不斷進步和/或保持最低 2.0 GPA，沒有 D 或 F 等級（中學）。
- 在學業有困難或有可能獲得 D 或 F（中學）成績時，向老師和輔導員尋求幫助並參加輔導。
- 遵守所有課堂和學校的規則和政策。
- 在課堂和校園中展示適當的公民身份和行為 - 成績報告（小學）的成功技能沒有多個“1”或多個“不滿意”公民成績（中學）的成績單。
- 遵守 RSD 紀律政策的所有條件（父母/監護人簽名存檔）。

家長必須:

- 提供充足的交通工具，以便學生能夠保持令人滿意的出勤率/按時上課並按時從學校接機。
- 確保您的學生上學。
- 在缺勤當天上午 9:30 之前致電考勤辦公室，告知學校缺勤原因 - 或在返校當天提供說明缺勤原因的說明。
- 僅出於正當理由原諒學生。 強烈建議不要因疾病或緊急情況而缺勤。 家長應在正常的學校假期期間計劃家庭假期。

- 為完成家庭作業和學習任務提供安靜的學習時間和地點。
- 向學校官員提供準確和真實的信息。
- 與學校和學區官員合作，保持積極的工作關係。
- 應要求參加家長會議。
- 堅持你的學生遵守學校的著裝規範。

許可證取消

由於以下原因，許可證可能會被取消、撤銷或拒絕續簽:

- 錯誤發布
- 偽造信息或文件
- 許可標準的任何變化
- 曠課(即無故缺勤)
- 違反學校規章制度
- 未能取得令人滿意的學業進步
- 學生在正常上課時間(包括放學前和放學後)以外的時間被接送

Rosemead School District
Nutrition & Wellness
3907 Rosemead Blvd.
Rosemead, CA 91770

☎ (626) 312-2900
(626) 312-2913
www.rosemead.k12.ca.us

Universal Benefits Application
Rosemead School District

This application may qualify your child for benefits such as Summer EBT/SUN Bucks, internet access, school transportation, and more. Inquire with your child's school district to learn what benefits may be available to them. Completing this application will not impact your student's ability to receive school meals at no cost. The U.S. Department of Homeland Security and U.S. Citizenship and Immigration Services do not consider health, food, and housing services as part of the public charge determination. Therefore, submitting this application will not hurt an individual's immigration status.

Note: A non-household member may be designated as the authorized representative for application processing purposes if they have difficulty completing the application process.

Complete, sign, and return this application to: **Rosemead School District**
Nutrition & Wellness
3907 Rosemead Blvd., Suite 150
Rosemead, CA 91770

1. List **all students** living with you that are attending school using the exact spelling as listed in their school records. If the student is experiencing homelessness, indicate this by placing an "x" in the "homeless" box. Include any personal income received by the student and make an "x" in the correct box for how often it is received.

Student's Last Name	Student's First Name	MI	Homeless	Date of Birth	School	Grade	Student Income	Weekly	Bi-weekly	2 X Month	Monthly
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐

If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3.
☐ **CalFresh** ☐ **CalWORKs/ Temporary Assistance for Needy Families (TANF)**

☐ **Food Distribution Program on Indian Reservations (FDPIR)**

Case Number: _____

2. **List the names of all other household members - Enter income (in whole dollars) and check how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.**

Report Income: Earnings from Work (before any deductions) and Public Assistance/Child Support/Alimony

Names of all other household members (do not include students listed above)	Earnings from work (before any deductions)	Weekly	Bi-weekly	2 X Month	Monthly	Public Assistance/ Child Support/ Alimony	Weekly	Bi-weekly	2 X Month	Monthly
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐

Report Income Continued: Pensions/Retirement/Social Security (SSI) and Any Other Income Not Already Listed

Names of all other household members (Continued From Above)	Pensions/ Retirement/ Social Security (SSI)	Weekly	Bi-weekly	2 X Month	Monthly	Any Other Income Not Already Listed	Weekly	Bi-weekly	2 X Month	Monthly
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐

3. **Total Household Members** (include all people living in your household): ☐
(Total entered must equal number of household members listed above, a second application may be required if number of household members exceeds empty fields)

4. **Contact Information & Signature – Complete, sign, and return this application to above address:**
I certify (promise) that all information on this application is true, that all income is reported, and that my household does not receive Summer EBT benefits through a different State or Indian Tribal Organization (if applicable). I understand that this information is given in connection with the receipt

of federal or state benefits and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose these benefits, and I may be prosecuted under applicable State and Federal laws.

Printed Name of Adult Household Member	**Adult Household Member Signature**	
Mailing Address	**City, State & Zip Code**	
Email Address	**Daytime Phone Number**	**Date**

5. **Children's Racial and Ethnic Identities (Optional) – We are required to ask for information about your child(ren)'s race and ethnicity. This information is important and helps make sure we are fully serving our community. Responding to this section is optional and does not affect your child(ren)'s eligibility for free & reduced-price meals or SUN Bucks.**

   Mark one or more racial identities: ☐ American Indian or Alaska Native ☐ Asian ☐ Black, or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

   Mark one ethnic identity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Child Nutrition Eligibility: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot determine eligibility for benefits through the Richard B. Russel National School Lunch Act. The Richard B. Russell National School Lunch Act requires that we use information from this application to determine who qualifies for Summer EBT benefits. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Some children qualify for benefits without an application. Please contact your State or ITO to get benefits for a foster child, and children who are homeless, migrant, or runaway.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint web page at

https://www.usda.gov/about-usda/general-information/staff-offices/office-assistant-secretary-civil-rights/how-file-program-discrimination-complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights,
1400 Independence Avenue
SW, Mail Stop 9410
Washington, D.C. 20250-9410;
(2) fax: (202) 690-7442; or
(3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

Rosemead School District
Nutrition & Wellness

Non-Discrimination Statement: The Rosemead School District prohibits discrimination, intimidation, harassment (including sexual harassment) or bullying based on a person's actual or perceived ancestry, color, disability, ethnicity, gender, gender expression, gender identity, immigration status, marital status, national origin, parental status, pregnancy status, race, sex, sexual orientation, or association with a person or group with one or more of these actual or perceived characteristics.

School Use Only – Do Not Write Below This Line

Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12.
(Do not convert to annual income unless household reports multiple pay frequencies).

If the "Homeless" box is checked, refer to the student(s) records in CALPADS to verify the homeless record(s).

If there is no record of homelessness in CALPADS, refer the household to your LEA's Homeless Liaison to verify their status.

Local Education Agency Approval: ☐ CalFresh/CalWORKs/FDPIR ☐ Homeless ☐ Income Household

Total Household Size: ☐ Total Household Income: $ ☐

☐ Weekly ☐ Bi-Weekly ☐ Twice Per Month ☐ Monthly ☐ Annual

Application Approved For: ☐ Free Eligible ☐ Reduced-Priced Eligible

Application Denied Because: ☐ Income Over Allowed Amount ☐ Incomplete/Missing Information

☐ Other: _____

Date Notice Sent: _____

Signature of Approving Official: _____ Date: _____

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普遍福利申請
羅斯米德學區

此應用程式可能使您的孩子有資格獲得 Summer EBT/SUN Bucks、互聯網接入、學校交通等福利。請諮詢您孩子的學區，了解他們可以獲得哪些福利。完成此申請不會影響您的學生免費獲得學校膳食的能力。美國國土安全部和美國公民及移民服務局不將健康、食品和住房服務視為公共負擔確定的一部分。因此，提交此申請不會損害個人的移民身份。

注意： 如果非住戶成員在完成申請流程時遇到困難，則可以被指定為申請處理目的的授權代表。

完成、簽署此申請並將其返回給: **Rosemead School District**
Nutrition & Wellness
3907 Rosemead Blvd., Suite 150
Rosemead, CA 91770

1. 列出所有與您同住且正在上學**的學生**，使用其學校記錄中列出的確切拼寫。 如果學生無家可歸，請在“無家可歸者”框中加上“x”以表明這一點。包括學生收到的任何個人收入，並在正確的框中打一個 「x」 表示收到的頻率。

學生的姓氏	學生的名字	MI	無家可歸	出生日期	學校	年級	學生收入	週刊	每兩週一次	2 X 月	每月
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐

如果任何家庭成員（包括您自己）目前正在參加以下一項或多項援助計劃，請填寫案例編號。如果不是，請執行步驟 3。
☐ **CalFresh** ☐ **CalWORKs/ Temporary Assistance for Needy Families (TANF)**

☐ **Food Distribution Program on Indian Reservations (FDPIR)**

案例編號: _____

2. **列出所有其他家庭成員的姓名 - 輸入收入（以美元為單位）並查看收到的頻率。如果家庭成員沒有收入，則寫入 0。 如果您輸入 0 或將收入部分留空，則表示您承諾沒有要報告的收入。**

報告收入：工作收入（扣除任何前）和公共援助/子女撫養費/贍養費

所有其他家庭成員的姓名 （不包括上面列出的學生）	工作收入 （扣除任何費用前）	週刊	每兩週一次	2 X 月	每月	公共援助/子女撫養費/贍養費	週刊	每兩週一次	2 X 月	每月
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐

報告收入續：養老金/退休/社會保障 （SSI） 和任何其他尚未列出的收入

所有其他家庭成員的姓名 （接上文）	養老金/ 退休/ 社會保障 （SSI）	週刊	每兩週一次	2 X 月	每月	任何其他收入 尚未列出	週刊	每兩週一次	2 X 月	每月
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐

3. **住戶成員總數** (包括您家中的所有人): ☐
(輸入的總數必須等於上面列出的住戶人數，如果住戶人數超過空字段，則可能需要再次申請)

4. **聯繫資訊和簽名 – 完成、簽署並將此申請返回至上述位址:**
我保證（承諾）此應用程式上的所有資訊都是真實的，所有收入均已報告，並且我的家庭沒有通過其他州或印第安部落組織（如果適用）獲得夏季 EBT 福利。我瞭解此資訊是與接收聯邦或州福利有關的，學校官員可以驗證（檢查）這些資訊。我知道，如果我故意提供虛假資訊，我的孩子可能會失去這些福利，並且我可能會根據適用的州和聯邦法律被起訴。

成年住戶成員的正楷姓名	**成年家庭成員簽名**
郵寄位址	**城市、州和郵編**
電子郵件位址	**日間電話號碼** / **日期**

5. **兒童的種族和民族身份（可選） – 我們需要詢問有關您孩子（任）的種族和民族的資訊。這些資訊很重要，有助於確保我們全力以赴地為社區服務。回答此部分是可選的，不會影響您的孩子（任）獲得免費和減價餐點或 SUN Bucks 的資格。**

   標記一個或多個種族身份: ☐ 美洲印第安人或阿拉斯加原住民 ☐ 亞裔 ☐ 黑人或非裔美國人 ☐ 夏威夷原住民或其他太平洋島民 ☐ 白

   標記一個種族身份: ☐ 西班牙裔或拉丁裔 ☐ 不是西班牙裔或拉丁裔

兒童營養資格: Richard B. Russell National School Lunch Act 需要此申請中的資訊。 您不必提供資訊，但如果您不提供，我們無法通過 Richard B. Russel National School Lunch Act 確定福利資格。 Richard B. Russell National School Lunch Act 要求我們使用此應用程式中的資訊來確定誰有資格獲得夏季 EBT 福利。我們只能批准完整的表單。我們可能會與教育、健康和營養計劃共用您的資格資訊，以幫助他們為您的家庭提供計劃福利。檢查員和執法部門也可能使用您的資訊來確保符合計劃規則。一些孩子無需申請就有資格獲得福利。請聯繫您所在的州或 ITO 以獲得寄養兒童以及無家可歸、移民或離家出走兒童的福利。

根據聯邦民權法和美國農業部 （USDA） 民權法規和政策，美國農業部、其機構、辦公室和雇員以及參與或管理 USDA 計劃的機構不得基於種族、膚色、國籍、宗教、性別、殘疾、年齡、婚姻狀況、家庭/父母狀況、公共援助計劃的收入進行歧視。 美國農業部開展或資助的任何計劃或活動中的政治信仰，或對先前民權活動的報復或報復（並非所有基礎適用於所有計劃）。補救措施和投訴提交截止日期因計劃或事件而異。

需要其他通信方式獲取計劃資訊（例如盲文、大字體、錄音帶、美國手語等）的殘障人士應聯繫管理該計劃的州或地方機構，或通過電信中繼服務聯繫 USDA，電話 711（語音和 TTY）。此外，計劃資訊可能以英語以外的其他語言提供。

要提交計劃歧視投訴，請填寫 USDA 計劃歧視投訴表 AD-3027，可在 https://www.usda.gov/about-usda/general-information/staff-offices/office-assistant-secretary-civil-rights/how-file-program-discrimination-complaint 和任何 USDA 辦公室的如何提交計劃歧視投訴網頁上找到，或寫一封信給 USDA，並在信中提供表格中要求的所有資訊。要索取投訴表的副本，請致電 （866） 632-9992。以以下方式將填好的表格或信件提交給 USDA：

(1) 郵件: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights,
1400 Independence Avenue
SW, Mail Stop 9410
Washington, D.C. 20250-9410;
(2) 傳真: (202) 690-7442; or
(3) 電子郵件: program.intake@usda.gov.

美國農業部 （USDA） 是機會均等的提供者、僱主和貸方。

羅斯米德學區
營養與健康

非歧視聲明：羅斯米德學區禁止基於個人實際或感知的血統、膚色、殘疾、種族、性別、性別表達、性別認同、移民狀況、婚姻狀況、國籍、父母狀況、懷孕狀況、種族、性別、性取向或與具有一個或多個這些實際或感知特徵的個人或群體的聯繫而進行歧視、恐嚇、騷擾（包括性騷擾）或欺凌。

僅限學校使用 – 請勿在此行下方書寫

Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12.
(Do not convert to annual income unless household reports multiple pay frequencies).

If the "Homeless" box is checked, refer to the student(s) records in CALPADS to verify the homeless record(s).

If there is no record of homelessness in CALPADS, refer the household to your LEA's Homeless Liaison to verify their status.

Local Education Agency Approval: ☐ CalFresh/CalWORKs/FDPIR ☐ Homeless ☐ Income Household

Total Household Size: ☐ Total Household Income: $ ☐

☐ Weekly ☐ Bi-Weekly ☐ Twice Per Month ☐ Monthly ☐ Annual

Application Approved For: ☐ Free Eligible ☐ Reduced-Priced Eligible

Application Denied Because: ☐ Income Over Allowed Amount ☐ Incomplete/Missing Information

☐ Other: _____

Date Notice Sent: _____

Signature of Approving Official: _____ Date: _____

3907 Rosemead Blvd.
Rosemead, CA 91770
Phone: 626-312-2900
Fax: 626-312-2906

PHILIP D'AGOSTINO, Ed.D, Superintendent of Schools

BOARD OF TRUSTEES
Nancy Armenta
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STUDENTS WITH FOOD ALLERGIES OR INTOLERANCES

If your child has a food allergy or intolerance, please do the following:

- ☐ Have a licensed physician, physician assistant, or nurse practitioner complete and sign the attached **Medical Statement to Request Special Meals and/or Accommodations**
- ☐ Return the completed Medical Statement form to the school office, cafeteria, or Nutrition Services office

Question? Please call Nutrition Services at (626) 312-2900, ext. 254.

ESTUDIANTES CON ALERGIAS O INTOLERANCIAS ALIMENTARIAS

Si su hijo tiene una alergia o intolerancia a los alimentos, haga lo siguiente:

- ☐ Pídale a un médico, asistente médico o enfermera practicante con licencia que complete y firme la Declaración médica adjunta para solicitar comidas especiales y / o adaptaciones
- ☐ Regrese el formulario de Declaración Médica completado a la oficina de la escuela, a la cafetería o a la oficina de Servicios de Nutrición

¿Pregunta? Llame a Servicios de Nutrición al (626) 312-2900, ext. 254.

HỌC SINH CÓ DI ỨNG HOẶC KHÔNG DUNG NẠP THỰC PHẨM

Nếu học sinh có dị ứng hoặc không dung nạp thực phẩm, xin tuân thủ các điều sau đây:

- ☐ Yêu cầu bác sĩ được cấp phép, y sĩ, hoặc y tá thực hành điền và ký vào **Giấy Giám Định Y Khoa Đề Nghị Đồ Ăn và/hoặc Điều Chỉnh Đặc Biệt**
- ☐ Nộp lại Giấy Giám Định Y Khoa cho văn phòng nhà trường, nhà ăn, hoặc văn phòng Bộ Phận Dịch Vụ Dinh Dưỡng

Nếu quý vị có bất cứ câu hỏi hoặc thắc mắc nào, xin vui lòng gọi điện cho Bộ Phận Dinh Dưỡng, theo số (626) 312-2900, ext. 254.

學生對食物過敏或不能忍受

假如貴子弟有食物過敏或不能忍受某些食物，請執行下列事項：

- ☐ 讓有 執照的醫生，醫生助理，或執業護士 填妥並簽署 **健康聲明書以要求特殊的餐飲和/或調適**。
- ☐ 交回填妥的表格給學校辦公室，餐廳，或營養服務部

任何疑問請打電話給營養服務部,(626) 312-2900, ext. 254.

Medical Statement to Request Special Meals and/or Accommodations

Medical Statement Form		
1. School	**2. Site Name**	**3. Site Phone Number**
4. Name of Child		**5. Age or Date of Birth**
6. Name of Parent/Guardian		**7. Phone Number**
8. Description of Child's Physical or Mental Impairment Affected:		
9. Explanation of Diet Prescription and/or Accommodation:		
10. Indicate Food Texture for Above Child: ☐ **Regular** ☐ **Chopped** ☐ **Ground** ☐ **Pureed**		
11. Adaptive Equipment to be Used:		
12. Foods to be Omitted and Appropriate Substitutions:		
Foods to Be Omitted	**Suggested Substitutions**	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
13. Signature of Registered Dietitian (RD) or State Licensed Healthcare Professional*		
14. Printed Name	**15. Phone Number**	**16. Date**

*In California, effective April 1, 2025, RDs are permitted to complete and sign a written medical statement for school meal modifications due to a disability. The CDE also permits the following state licensed healthcare professionals to complete and sign a written medical statement for a disability: licensed physicians, physician assistants, and nurse practitioners.

*This form is also considered valid with a certified digital signature.

The information on this form is required to reflect the current medical and/or nutritional needs of the child.

Instructions

1. **School**: Print the name of the school that is providing the form to the parent/guardian.
2. **Site**: Print the name of the site where meals will be served.
3. **Site Phone Number**: Print the phone number of site where meal will be served.
4. **Name of Child**: Print the name of the child to whom the information pertains.
5. **Age of Child**: Print the age of the child. For infants, please use date of birth.
6. **Name of Parent/Guardian**: Print the name of the person requesting the child's medical statement.
7. **Phone Number**: Print the phone number of parent/guardian.
8. **Description of Child's Physical or Mental Impairment Affected**: Describe how the physical or mental impairment restricts the child's diet.
9. **Explanation of Diet Prescription and/or Accommodation**: Describe a specific diet or accommodation that has been prescribed by the RD or state licensed healthcare professional.
10. **Indicate Texture**: If the child does not need any modification, check "Regular".
11. **Adaptive Equipment to be Used**: Describe specific equipment required to assist the child with dining (e.g., sippy cup, large handled spoon, wheelchair accessible furniture, etc.).
12. **Foods to be Omitted**: List specific foods that must be omitted.
    Suggested Substitutions: List specific foods to include in the diet.
13. **Signature of RD or State Licensed Healthcare Professional**: Signature of RD or state licensed healthcare professional requesting the special meal or accommodation.
14. **Printed Name**: Print name of RD or state licensed healthcare professional.
15. **Phone Number**: Phone number of RD or state licensed healthcare professional.
16. **Date**: Date RD or state licensed healthcare professional signed the form.

Definitions

Disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.

Physical or mental impairment means, any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more body systems, such as: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, immune, circulatory, hemic, lymphatic, skin, and endocrine; or any mental or psychological disorder such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disability.

Physical or mental impairment includes, but is not limited to, contagious and noncontagious diseases and conditions such as the following: orthopedic, visual, speech, and hearing impairments, and cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disability, emotional illness, dyslexia and other specific learning disabilities, Attention Deficit Hyperactivity Disorder, Human Immunodeficiency Virus infection (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, writing, communicating, interacting with others, and working; and the operation of a major bodily function.

Major bodily function includes*,* the operation and functions of the immune system, special sense organs and skin, normal cell growth, and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive systems. The operation of a major bodily function includes the operation of an individual organ within a body system.

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf (PDF), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:
   U.S. Department of Agriculture Office of the
   Assistant Secretary for Civil Rights 1400
   Independence Avenue, SW
   Washington, D.C. 20250-9410;

2. fax:
   833-256-1665 or 202-690-7442; or

3. email:
   program.intake@usda.gov

   This institution is an equal opportunity provider.

要求特殊餐點和/或住宿的醫療聲明

醫療聲明表		
1. 學校	**2.** 網站名稱	**3.** 網站電話號碼
4. 兒童姓名		**5.** 出生日期
6. 家長/監護人姓名		**7.** 電話號碼
8. 受影響兒童身體或精神障礙的描述:		
9. 飲食處方和/或住宿的解釋:		
10. 註明上述兒童的食物質地: ☐ 定期的 ☐ 切碎的 ☐ 地 ☐ 果泥		
11. 要使用的自適應設備:		
12. 應省略的食物和適當的替代品: 要省略的食物 ＿＿＿＿＿＿＿＿ ＿＿＿＿＿＿＿＿ ＿＿＿＿＿＿＿＿ ＿＿＿＿＿＿＿＿ ＿＿＿＿＿＿＿＿ ＿＿＿＿＿＿＿＿ ＿＿＿＿＿＿＿＿ 建議的替代品 ＿＿＿＿＿＿＿＿ ＿＿＿＿＿＿＿＿ ＿＿＿＿＿＿＿＿ ＿＿＿＿＿＿＿＿ ＿＿＿＿＿＿＿＿ ＿＿＿＿＿＿＿＿ ＿＿＿＿＿＿＿＿		
13. 註冊營養師 （RD） 或國家執業醫護專業人員的簽名*		
14. 印刷名稱	**15.** 電話號碼	**16.** 日期

*在加利福尼亞州，自 2025 年 4 月 1 日起，RD 可以填寫並簽署書面醫療聲明，以修改因殘疾而修改學校膳食。CDE 還允許以下州執照的醫療保健專業人員填寫並簽署書面殘疾醫療聲明：執業醫師、醫師助理和執業護士.

*此表格也被視為有效，並具有經過認證的數位簽名.

此表格上的信息需要反映兒童當前的醫療和/或營養需求.

說明

1. **學校：**列印向家長/監護人提供表格的學校名稱.

2. **網站：**列印提供餐點的網站名稱.

3. **站點電話號碼：**打印將提供餐點的站點的電話號碼.

4. **孩子的名字：**列印資訊所屬孩子的姓名.

5. **孩子的年齡：**列印孩子的年齡。對於嬰兒，請使用出生日期.

6. **家長/監護人姓名：**列印索取孩子醫療聲明的人的姓名.

7. **電話號碼：**列印家長/監護人的電話號碼.

8. **受影響兒童身體或精神障礙的描述：**描述身體或精神障礙如何限制孩子的飲食.

9. **飲食處方和/或住宿的解釋：**描述由 RD 或州許可的醫療保健專業人員開出的特定飲食或住宿.

10. **指示紋理：**如果孩子不需要任何修改，請勾選“常規”.

11. **要使用的自適應設備：**描述協助孩子用餐所需的特定設備（例如吸管杯、大手柄勺子、輪椅無障礙家具等）.

12. **要省略的食物：**列出必須省略的具體食物.
    建議的替代品：列出飲食中要包含的特定食物.

13. **RD 或州許可醫療保健專業人員的簽名：**RD 或州許可醫療保健專業人員要求特殊膳食或住宿的簽名.

14. **印刷姓名：**RD 或州許可的醫療保健專業人員的印刷姓名.

15. **電話號碼：**RD 或州許可的醫療保健專業人員的電話號碼.

16. **日期：**RD 或州許可的醫療保健專業人員簽署表格的日期.

定義

殘疾是指就個人而言，嚴重限制該個人一項或多項主要生活活動的身體或精神障礙;此類損傷的記錄;或被視為有此類障礙。

身體或精神損傷是指影響一個或多個身體系統的任何生理障礙或狀況、外觀毀容或解剖學損失，例如：神經、肌肉骨骼、特殊感覺器官、呼吸（包括言語器官）、心血管、生殖、消化、泌尿生殖系統、免疫、循環系統、血液、淋巴、皮膚和內分泌;或任何精神或心理障礙，例如智力障礙、器質性腦綜合症、情緒或精神疾病以及特定學習障礙。

身體或精神障礙包括但不限於傳染性和非傳染性疾病和病症，例如：骨科、視覺、言語和聽力障礙，以及腦癱、癲癇、肌肉萎縮症、多發性硬化症、癌症、心髒病、糖尿病、智力障礙、情緒疾病、閱讀障礙和其他特定學習障礙、注意力缺陷多動障礙、人類免疫缺陷病毒感染（無論是有症狀還是無症狀）、肺結核、毒癮和酗酒。

主要生活活動包括但不限於照顧自己、執行體力勞動、看、聽、吃、睡、走、站、坐、伸手、舉起、彎腰、說話、呼吸、學習、閱讀、集中註意力、思考、寫作、溝通、與他人互動和工作;以及主要身體功能的運作。

主要身體功能包括免疫系統的運作和功能、特殊感覺器官和皮膚、正常細胞生長以及消化系統、泌尿生殖系統、腸道、膀胱、神經系統、大腦、呼吸系統、循環系統、心血管系統、內分泌系統、血液系統、淋巴系統、肌肉骨骼系統和生殖系統。主要身體功能的運作包括身體系統內單一器官的運作。

美國農業部非歧視聲明

根據聯邦民權法和美國農業部 （USDA） 民權法規和政策，該機構禁止基於種族、膚色、國籍、性別（包括性別認同和性取向）、殘疾、年齡或對先前民權活動的報復或報復。

計劃信息可能以英語以外的語言提供。需要替代通訊方式來獲取計劃資訊（例如盲文、大字體、錄音帶、美國手語）的殘疾人，應致電 （202） 720-2600（語音和聽障專線）聯繫負責管理該計劃的州或地方機構或美國農業部的 TARGET 中心，或透過聯邦中繼服務聯絡美國農業部，電話：（800） 877-8339。

要提出計劃歧視投訴，投訴人應填寫表格 AD-3027，美國農業部計劃歧視投訴表，該表格可在線獲取電話：https://www.usda.gov/sites/default/files/documents/ad-3027.pdf （PDF），從任何美國農業部辦公室，致電 （866） 632-9992，或寫信給美國農業部。這封信必須包含投訴人的姓名、地址、電話號碼以及對涉嫌歧視行為的足夠詳細的書面描述，以便告知民權事務助理部長 （ASCR） 涉嫌侵犯民權的性質和日期。填妥的 AD-3027 表格或信件必須通過以下方式提交給美國農業部：

1. 寄:
   U.S. Department of Agriculture Office of the
   Assistant Secretary for Civil Rights 1400
   Independence Avenue, SW
   Washington, D.C. 20250-9410;

2. 傳真:
   833-256-1665 or 202-690-7442; or

3. 電子郵件:
   program.intake@usda.gov

   該機構是機會均等的提供者.

Open to ages 3-4

PRESCHOOL REGISTRATION 2026-2027

ROSEMEAD SCHOOL DISTRICT OFFERS BOTH FULL AND PART TIME DAY PROGRAMS FOR 3 AND 4 YEAR OLD CHILDREN (CHILD MUST TURN 3 BY SEPT. 1, 2026)







WHEN: Begins April 21, 2026

TIME: 8:30am – 3:30pm
Translators will be on site to help from 8:30am – 12:30pm.

LOCATION: 3907 Rosemead Blvd., Rosemead, CA 91770

Please bring the following documents to determine if your family is eligible for the State Preschool Programs:

- Child's birth certificate and siblings' birth certificates
- Proof of family income (pay stubs from the month prior to the application date)
- Immunization record (yellow card)
- Proof of address
- Child Development Services and Eligibility Certificate Form CD9600 (will be provided during enrollment)

Completing the CD9600 application does not guarantee enrollment in the State Preschool Program. You will be notified within 30 days of completing the CD9600 of your eligiblity status.

Contact us now for more details
(626) 312-2900, ext. 235

New enrollment at
https://www.rosemead.k12.ca.us/

2026-2027 Registraciónde Preescolar

Cuando: 21 de abril de 2026
Hora: 8:30 am– 3:30pm
Los traductores estarán en el lugar para ayudar de 8:30 a.m. a 12:30 p.m.
Lugar: 3907 Rosemead Blvd., Rosemead, CA 91770

El Distrito Escolar de Rosemead ofrece programas diurnos de tiempo completo y parcial para niños de 3 y 4 años (el niño debe cumplir 3 años antes del 1 de septiembre de 2026)

Por favor de traer los siguientes documentos para determinar si su familia es elegible para el Programa Preescolar Estatal:

- Certificado de nacimiento del niño y certificados de nacimiento de los hermanos
- Comprobante de ingresos de la familia (talones de pago del mes anterior antes de la fecha de solicitud)
- Cartilla de Vacunación (**tarjeta amarilla**)
- Verificación de domicilio
- Servicios de Desarrollo Infantil y Certificado de Elegibilidad Formulario CD9600 (se proporcionará durante la inscripción)

*Completando la aplicación CD9600 **no** garantiza la inscripción en el Programa Preescolar Estatal. Usted será notificado dentro de 30 días de completar el CD9600 del estatus de su elegibilidad. Para obtener más información, comuníquese con Desarrollo Infantil al 626-312-2900, ext. 235.*

2026-2027 Đăng Ký Lớp Mẫu Giáo

Khi nào: 21 Tháng Tư, 2026
Thời Gian: 8:30 sáng - 3:30 trưa
Phiên dịch viên sẽ có mặt tại chỗ để trợ giúp từ 8:30 sáng - 12:30 trưa
Địa điểm: 3907 Rosemead Blvd., Rosemead, CA 91770

Học khu Rosemead cung cấp cả chương trình toàn thời gian và bán thời gian cho trẻ em 3 và 4 tuổi (Trẻ phải tròn 3 tuổi trước ngày 1 tháng 9 năm 2026)

Đề nghị đem theo các giấy tờ sau để xác định xem liệu gia đình quý vị có hội đủ tiểu chuẩn cho Chương Trình Mẫu Giáo Bang:

- Giấy khai sinh của con và giấy khai sinh của anh chị em ruột
- Bằng chứng về thu nhập của gia đình (cuống phiếu lương của tháng trước trước ngày nộp đơn)
- Sổ tiêm chủng chích ngừa (**thẻ vàng**)
- Xác nhận địa chỉ
- Dịch vụ Phát triển Trẻ em và Chứng nhận Tính đủ điều kiện Mẫu CD9600 (sẽ được cung cấp trong quá trình ghi danh)

*Đơn CD9600 đã điền **không** đảm bảo việc nhập học vào Chương Trình Mẫu Giáo Bang. Quý vị sẽ được thông báo trong vòng 30 ngày kể từ ngày nộp đơn CD9600 về tình trạng hội đủ tiêu chuẩn của quý vị. Để biết thêm thông tin, hãy liên hệ với Child Development theo số 626-312-2900, máy lẻ. 235.*

2026-2027 學前班註冊

何時: 2026 年 4 月 21 日
時間: 8:30 am– 3:30pm
翻譯人員將於上午 8：30 至中午 12：30 在現場提供協助
地點: 3907 Rosemead Blvd., Rosemead, CA 91770

羅斯米德學區為 3 歲和 4 歲的兒童提供全日制和非全日制日間課程（兒童必須在 2026 年 9 月 1 日之前年滿 3 歲）

- 孩子的出生證明和兄弟姐妹的出生證明
- 家庭收入证明（申请日期前一个月的工资单）
- 疫苗注射記錄 (黃卡)
- 地址證明
- 兒童發展服務及資格證明書 CD9600 （將於報名時提供）

*完成 CD9600 申請表 **並不** 保證可以登記在州立學前班的課程。在完成 CD9600 表格的 30 天內將會通知您是否符合資格。如需更多信息，请致电 626-312-2900，分机号与儿童发展部联系。 235.*