

VALINDA SCHOOL OF ACADEMICS



TK & K ENROLLMENT

GRADE BY DATE OF BIRTH

TK

K

9/2/21 - 9/1/22

9/2/20 - 9/1/21

***MUST COMPLETE PART A/ONLINE ENROLLMENT**

• Part B

FORMS NEEDED

- **Dual Immersion Interest Form** (if you're interested in our Spanish Dual Immersion Program)
- **Statement of Residence** - if bill is not under mom/dad/guardian(s) name, please complete **Shared Residency Affidavit** & provide ID of person named on bill
- **Student Housing Questionnaire**
- ***(Kinder Only) Oral Health Assessment Form** - dated no earlier than August 2025



WE WILL NEED A COPY OF THE FOLLOWING:

- **Birth Verification** - any of the following: birth certificate, passport, hospital certificate, baptismal certificate, physician certificate
- **Immunization Record**
- **Proof of Residence** - rental agreement, escrow documents or one of the following bills: electric, water or gas
- **Parent ID**
- ***Most recent IEP/Speech/Related Services documents**



Valinda Link Tree



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

Office Use Only	SSID:		Lunch #:		School: Valinda School of Academics		Teacher:		Date Enrolled:	
	Student #:	Family #:	Language Proficiency:		Home Language:		Certificate #/Other Proof:		Date Cum Requested:	
	Address Verification: Current Utility Bill (not overdue, past due or final bill): ☐ Gas Bill ☐ Water Bill ☐ Electric Bill ☐ Final Escrow Papers ☐ Mortgage Statement ☐ Property Tax Bill ☐ Lease ☐ Rental Agreement (not receipt)									
	Inter/Intradistrict: ☐ Intra-Choice ☐ Intra-Open Enrollment ☐ Intra-IEP ☐ Intra-Overage ☐ Inter-Regular ☐ Inter-IEP ☐ Allen Bill									

Demographics	Last Name		First Name		Middle		Gender Assigned at Birth		Gender Identity		Date of Birth	
	Street Address & Apt #				City		Zip		Home Phone		Grade	
	Has student ever been retained? ☐ No ☐ Yes What Grade? _____				Has student ever attended a school in HLPUSD before? ☐ No ☐ Yes School _____							

Transfer Information	Previous School						Date your student first attended a PUBLIC school (not preschool) in:					
	Previous District						CALIFORNIA					
	Street Address						Month		Day		Year	
	City, State, Zip						UNITED STATES					
	Phone/Fax Numbers						Month		Day		Year	
	<u>List the names of ALL other schools this student has previously attended.</u>											
	Name of School						City or District			Grades Attended At This School		

Parent/Guardian Information			Father				Mother				Step Parent/Guardian			
	Full Name													
			☐ Yes ☐ No Has custody ☐ Yes ☐ No Holds educational rights ☐ Yes ☐ No Lives with child ☐ Yes ☐ No Send school mail ☐ Yes ☐ No Emergency contact				☐ Yes ☐ No Has custody ☐ Yes ☐ No Holds educational rights ☐ Yes ☐ No Lives with child ☐ Yes ☐ No Send school mail ☐ Yes ☐ No Emergency contact				☐ Yes ☐ No Has custody ☐ Yes ☐ No Holds educational rights ☐ Yes ☐ No Lives with child ☐ Yes ☐ No Send school mail ☐ Yes ☐ No Emergency contact			

List All Other Children in the Family						
First Name	Last Name	Gender	Birth Date	Living at Home?	In School?	Relationship to Student



HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

ONLINE Enrollment Form – PART B

List All Other Persons Living with the Family

First Name	Last Name	Relationship to Student	Adult or Child?

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

- ☐ Yes ☐ No My child is currently expelled from another school or district.
☐ Yes ☐ No My child is currently under expulsion proceedings.
☐ Yes ☐ No My child has been expelled in the past.
(If any of the responses are "yes," the student shall be referred to make an appointment with the applicable administrator at the district office for further processing before the child can enroll in school.)

Parent/Guardian Signature

Date

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

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

Parent/Guardian Signature

Date

Is your student a Foster Youth? ☐ No ☐ Yes

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

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

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

I understand that it is my responsibility to furnish the school with new phone numbers and change of address information within 72 hours of the change and that a school official may visit the above listed address to verify occupancy during the school year. If residency has changed within the district, proof of residence must be resubmitted. If outside the district, appropriate transfer forms will also be required. I understand that an inter-district transfer may not be accepted by the district. I understand that if the information provided is incomplete, inaccurate, or false, my children may be immediately withdrawn from any school in the Hacienda La Puente Unified School District, except my school of residence. In addition, I will inform the school attendance office if my child is absent or checking out of school.

I hereby verify, to the best of my knowledge, that all the information in this registration package is correct (Pursuant to Education Code Section 48200).

Parent/Guardian Signature

Date



VALINDA SCHOOL OF ACADEMICS

SPANISH DUAL IMMERSION PROGRAM INTEREST FORM

PARENT/GUARDIAN INFORMATION

Name: _____

Phone Number: _____

Email: _____

STUDENT INFORMATION

Name: _____ Current Grade: _____

Home School: _____ District: _____

What language(s) do you speak at home? _____

My child will start Kindergarten in August of: _____

Do you have other children in the program? If yes, what are their names and grades? _____

How did you hear about this program?

☐ Flyer

☐ Other Parents

☐ District's Website

☐ School's Website

☐ Assessment Center

☐ Other

I understand that I must attend a mandatory parent informational meeting in order for my child to be considered for the program.

Parent/Guardian Signature

Date

Final Placement will be determined by the language needs of the classes.
Please return this form to the front office.

FOR OFFICE USE ONLY

Date Received

Parent Meeting Date



HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

Shared Residency Affidavit

This form is to be completed if proof of residency verification cannot be provided due to the fact that the parent and child(ren) are sharing a home with another person full time. This affidavit must be re-certified annually.

<u>To be Completed by Parent(s)/Guardian(s):</u>					
Student(s)	Last Name	First Name	Date of Birth / /	Sex	Grade
	Last Name	First Name	Date of Birth / /	Sex	Grade
	Last Name	First Name	Date of Birth / /	Sex	Grade
Parent(s)	Last Name	First Name	Date of Birth / /	Phone Number	
	Last Name	First Name	Date of Birth / /	Phone Number	
Street Address & Apt #			City	Zip	
This living arrangement is: ☐ Temporary, Duration: _____ ☐ Permanent					
The address listed above is my only residence. I understand that it is my responsibility to furnish the school with new phone numbers and change of address information within 72 hours of the change and that a school official may visit the above listed address to verify occupancy during the school year. If residency has changed within the district, proof of residence must be resubmitted. If outside the district, appropriate transfer forms will also be required. I understand that an inter-district transfer may not be accepted by the district. I understand that if the information provided is incomplete, inaccurate, or false, my children may be immediately withdrawn from any school in the Hacienda La Puente Unified School District, except my school of residence.					
Parent/Guardian Signature		Date		CA Driver's License/ID Card Number	

<u>To be Completed by Primary Resident/Owner:</u>			
Last Name	First Name	Date of Birth / /	Phone Number
I, _____, declare/certify that I am the primary resident/owner at <i>Name of Owner, Lease Holder, Landlord, Qualified Relative, Friend, Neighbor, etc.</i>			
Street		City	Zip Code
and that the above mentioned adult(s) and student(s) reside with me on a full time basis (seven days a week year round). I agree to notify the Hacienda La Puente Unified School District if there is any change in the status of the residency of the persons listed above. I understand that a school official may visit the above listed address to verify occupancy during the school year. I further agree to provide proof of my residency to the Hacienda La Puente Unified School District. I declare under penalty of perjury under the laws of California that the previous information is true and correct.			
Primary Resident/Owner		Date	CA Driver's License/ID Card Number

Office:	Driver's License/ID Copy: ☐ Parent/Guardian ☐ Primary Resident/Owner
	Address Verification: Current Utility Bill (not overdue, past due or final bill): ☐ Gas Bill ☐ Water Bill ☐ Electric Bill
	☐ Final Escrow Papers ☐ Mortgage Statement ☐ Property Tax Bill ☐ Lease ☐ Rental Agreement (not receipt)
Date Verified: / /	



HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

VALINDA SCHOOL OF ACADEMICS

1030 N. INDIAN SUMMER AVE. • LA PUENTE CA 91744 • (626) 933-4700 • (626) 855-3787 FAX

Elizabeth Bermejo, Principal



ELECTRONIC BORROWER AGREEMENT

Student's ID: _____ **Date:** _____

Student's Name: _____ **Grade:** _____

Dear Parent/Guardian,

Your child is being issued an electronic device to use for the remaining years that he/she is a student in our district. If your child was previously issued a device (iPad or laptop), please return it to the school as soon as possible so that we can take it off of his/her account and replace it with the new device.

Please be advised that the device is owned by HLPUSD and as the borrower, you are fully responsible for the electronic device referenced below and for its safe and timely return to a front office staff member at Valinda School of Academics. Additionally, your child must follow the rules of conduct when using the district network and not download additional games or applications that are not automatically downloaded and/or approved by the district.

Item Borrowed (check one):



Laptop



iPad tablet

My signature below indicates that I have read, understand, and agree to the conditions of use listed above in addition to the Acceptable Use Policy (AUP) on record. I authorize my child/student to borrow an electronic device and agree to return the device in working condition, free of stickers, etching, or other personalized changes.

Parent's Name: _____ **Signature:** _____



HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

VALINDA SCHOOL OF ACADEMICS

1030 N. INDIAN SUMMER AVE. • LA PUENTE CA 91744 • (626) 933-4700 • (626) 855-3787 FAX



Elizabeth Bermejo, Principal

LIBRARY BORROWER AGREEMENT

Dear Parents,

The library at Valinda is available to all students who attend our school. However, to borrow books from the library, every student must have a library application on file. Your child will be allowed to check out books from our library once you have completed the attached application and returned it to the school. The procedures are as follows:

1. Kindergarten may check out **ONE** library book, and the following week your child will return their library book and check out another book. A student should not have more than **ONE** book at a time.
2. Students from First through fifth grades will check out **TWO** books for **ONE** week. If one week is not enough time for your child to complete reading the books, they must bring their library books back to the library on their scheduled day and time with their class to extend the due date on their books. There may be a time for your child to check out two or more books depending on teacher assigned projects.
3. Your child has been shown how to handle their library books and will do his/her best. With your help, you may want to provide your child with a special place at home to keep his/her library books.
4. Should a page or the library book become torn or damaged, **PLEASE DO NOT** attempt to mend it. Your child has been instructed to return the book to the library for repair. If a book is either lost or severely damaged and cannot be repaired, a fine must be paid to replace the book.

Thank you for your cooperation in this learning experience for your child.

TO BE FILLED OUT BY PARENT OR GUARDIAN

I am willing to allow my son/daughter to _____, to borrow books from the Valinda School library, and commit to make good on any lost or damaged books by paying for any fines justly charged to him/her.

PARENT/GUARDIAN SIGNATURE: _____

PHONE #: _____

TO BE FILLED OUT BY STUDENT

When I write my name on this form, I commit to taking good care of the books I use in the library and at home. I understand library rules and I commit to following them.

STUDENT NAME: _____

GRADE: _____ TEACHER: _____

Ruth Mendez Gutierrez
Librarian/Media Center Aide
Valinda School of Academics



STUDENT HOUSING QUESTIONNAIRE

The information provided below will help Equity and Access Family Engagement determine what services you and/or your child may be eligible to receive. Under the McKinney-Vento Homeless Assistance Act, part of Every Student Succeeds Act (ESSA), Child(ren) experiencing housing insecurity have the right to 1) go to school, even if they do not have a permanent address, 2) immediate enrollment, 3) attend their school of origin, if in the best interest of the student, 4) receive transportation to and from the school of origin. Please complete the Student Housing Questionnaire and return it to the Main Office at your child's school. For additional information, please contact the department of **Equity & Access Family Engagement at (626) 933-5302**.

Student's First Name:		Student's Last Name:		School:	Grade:
Parent/Guardian Name:				Contact Number:	
Address:			Apt:	City:	Zip Code:
Gender: ☐ Male ☐ Female ☐ Other: _____	Date of Birth:	Special Education: ☐ Yes ☐ No Designation: _____		Other Programs (i.e., Adult Ed.) _____	

Please check one.

The student lives with:	☐ 1 parent ☐ 2 parents ☐ 1 parent & another adult ☐ a relative ☐ an adult that is not the parent or legal guardian ☐ alone with no adults	☐ I am a pregnant teen
-------------------------	--	--

Presently are you and/or your child(ren) residing in any of the following night-time residences listed below?

☐	Staying in a shelter (family shelter, domestic violence shelter, youth shelter) Name of shelter: _____
☐	Temporarily living in a motel or hotel due to loss of housing, economic hardship, natural disaster, or similar reason Name of motel/hotel: _____
☐	In a transitional housing program (i.e., Family Solutions, Genesis House, etc.)
☐	Sharing housing with others due to loss of housing, economic hardship, natural disaster, or similar reason (Doubled-up)
☐	Living in a car, park, RV, campground, abandoned building, or other inadequate accommodations (i.e., facilities with no water, electricity, or heat)
☐	In a garage (unconverted)
☐	I am a student under the age of 18, living apart from parent(s) or guardian
☐	None of the above apply

Note: If your housing situation changes throughout the academic year, please notify your child's school. The information provided on this form will be kept confidential and only shared with appropriate district and site staff. This form will not be included in your child's student records.

Please list ALL siblings between the ages of birth and 22 years old. Complete an additional SHQ for each sibling currently enrolled in a Hacienda La Puente Unified School District school.

Name	Age	Birthdate	Grade	School

AFFIDAVIT - By signing this form, I declare under penalty of the laws in the State of California that the foregoing is true and correct. In addition, I understand that the District reserves the right to verify the above listed residence information.

Signature of Parent/Legal Guardian/Caregiver/Youth _____ Date: _____

SCHOOL USE ONLY: If the child(ren) or youth is eligible for services and resources under the McKinney-Vento Homeless Assistance Act based on the information provided above, the school office manager or assigned staff should: ***Please do not place this form in student's records (CUM)**

- ☐ Enroll student in AERIES under Program 191
- ☐ Give this form to the student's school counselor.
- ☐ If the student needs additional support and resources, please email a copy of the SHQ to the Homeless Liaison, Maritza Cabezas at mcabezas@hlpusd.k12.ca.us

Hacienda La Puente Unified School District
Oral Health Assessment/Waiver Form

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

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

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: ☐ Male ☐ Female
Parent/Guardian Name:	Child's race/ethnicity: ☐ White ☐ Black/African American ☐ Hispanic/Latino ☐ Asian ☐ Native American ☐ Multi-racial ☐ Other _____ ☐ Native Hawaiian/Pacific Islander ☐ Unknown		

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

IMPORTANT NOTE: Consider each box separately. Mark each box.

Assessment Date:	Caries Experience (Visible decay and/or fillings present) ☐ Yes ☐ No	Visible Decay Present: ☐ Yes ☐ No	Treatment Urgency: ☐ No obvious problem found ☐ Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) ☐ Urgent care needed (pain, infection, swelling or soft tissue lesions)
<i>Licensed Dental Professional Signature</i> <i>CA License Number</i> <i>Date</i>			

Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- ☐ I am unable to find a dental office that will take my child's dental insurance plan.

My child's dental insurance plan is:

- ☐ Medi-Cal/Denti-Cal ☐ Healthy Families ☐ Healthy Kids ☐ Other _____ ☐ None
- ☐ I cannot afford a dental check-up for my child.
- ☐ I do not want my child to receive a dental check-up.

Optional: other reasons my child could not get a dental check-up:

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.

Signature of parent or guardian _____ Date _____

Return this form to the school ASAP

GRADE	NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION ^{1, 2, 3}				
K-12 Admission	4 Polio⁴	5 DTaP⁵	3 Hep B⁶	2 MMR⁷	2 Varicella
(7th-12th)⁸	K-12 doses	+ 1 Tdap			
7th Grade Advancement^{9,10}		1 Tdap⁸			2 Varicella¹⁰

- Requirements for K-12 admission also apply to transfer pupils.
- Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
- Any vaccine administered four or fewer days prior to the minimum required age is valid.
- Three doses of polio vaccine meet the requirement if one dose was given on or after the 4th birthday.
- Four doses of DTaP meet the requirement if at least one dose was given on or after the 4th birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday (also meets the 7th-12th grade Tdap requirement. See fn. 8.)
- One or two doses of Td vaccine given on or after the 7th birthday count towards the K-12 requirement.
- For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c).
- Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the 1st birthday meet the requirement.
- For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
- For children in ungraded schools, pupils 12 years and older are subject to the 7th grade advancement requirements.
- The varicella requirement for seventh grade advancement expires after June 30, 2025.

DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine

Hep B = hepatitis B vaccine

MMR = measles, mumps, and rubella vaccine

Varicella = chickenpox vaccine

INSTRUCTIONS:

California schools are required to check immunization records for all new student admissions at TK /Kindergarten through 12th grade and all students advancing to 7th grade before entry. Students entering 7th grade who had a personal beliefs exemption on file must meet the requirements for TK/K-12 and 7th grade. See shotsforschool.org for more information.

UNCONDITIONALLY ADMIT a pupil whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age or grade as defined in table above:

- Receipt of immunization.
- A permanent medical exemption.*
- A personal beliefs exemption (filed in CA prior to 2016); this is valid until enrollment in the next grade span, typically at TK/K or 7th grade.†

CONDITIONALLY ADMIT any pupil who lacks documentation for unconditional admission if the pupil has:

- Commenced receiving doses of all the vaccines required for the pupil's grade (table above) and is not currently due for any doses at the time of admission (as determined by intervals listed in Conditional Admission Schedule, column entitled "EXCLUDE IF NOT GIVEN BY"), or
- A temporary medical exemption from some or all required immunizations.*

CONDITIONAL ADMISSION SCHEDULE FOR GRADES K-12

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

DOSE	EARLIEST DOSE MAY BE GIVEN	EXCLUDE IF NOT GIVEN BY
Polio #2	4 weeks after 1st dose	8 weeks after 1st dose
Polio #3 ¹	4 weeks after 2nd dose	12 months after 2nd dose
Polio #4 ¹	6 months after 3rd dose	12 months after 3rd dose
DTaP #2	4 weeks after 1st dose	8 weeks after 1st dose
DTaP #3 ²	4 weeks after 2nd dose	8 weeks after 2nd dose
DTaP #4	6 months after 3rd dose	12 months after 3rd dose
DTaP #5	6 months after 4th dose	12 months after 4th dose
Hep B #2	4 weeks after 1st dose	8 weeks after 1st dose
Hep B #3	8 weeks after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose
MMR #2	4 weeks after 1st dose	4 months after 1st dose
Varicella #2	Age less than 13 years: 3 months after 1st dose	4 months after 1st dose
	Age 13 years and older: 4 weeks after 1st dose	8 weeks after 1st dose

1. Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday. If polio #3 is the final required dose, polio #3 should be given at least six months after polio #2.
2. If DTaP #3 is the final required dose, DTaP #3 should be given at least six months after DTaP #2, and pupils should be excluded if not given by 12 months after second dose. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the seventh birthday. One or two doses of Td vaccine given on or after the seventh birthday count towards the requirement.

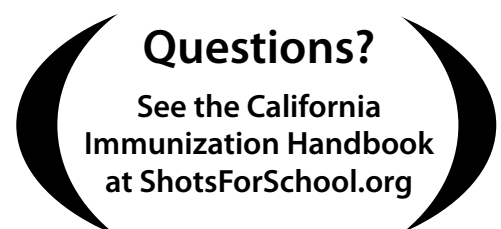
Continued attendance after conditional admission is contingent upon documentation of receipt of the remaining required immunizations. The school shall:

- review records of any pupil admitted conditionally to a school at least every 30 days from the date of admission,
- inform the parent or guardian of the remaining required vaccine doses until all required immunizations are received or an exemption is filed, and
- update the immunization information in the pupil's record.

For a pupil **transferring** from another school in the United States whose immunization record has not been received by the new school at the time of admission, the school may admit the child for up to 30 school days. If the immunization record has not been received at the end of this period, the school shall exclude the pupil until the parent or guardian provides documentation of compliance with the requirements.

* In accordance with 17 CCR sections 6050-6051 and Health and Safety Code sections 120370-120372.

† In accordance with Health and Safety Code section 120335.





IF YOU HAVE ADDED ONE OF THE FOLLOWING AILMENTS
TO MEDICAL HISTORY,
PLEASE COMPLETE THE CORRESPONDING FORM(S)



MEDICAL FORMS

ALLERGY

- MEAL Accommodation
AND/OR
- MILK Substitution

*IF emergency
medication is needed:
**Authorization for
Administering
MEDICATION Form**



MILK
SUBSTITUTION FORM

ASTHMA

**Authorization for
Administering
MEDICATION Form**



MEAL
ACCOMODATION FORM

SEIZURE

*IF emergency
medication is needed:
**Authorization for
Administering
MEDICATION Form**

*Meal Accommodations & Milk Substitution Form only need to be **SUBMITTED ONCE**. Accommodations will follow the student throughout HLPUSD.

*Once Meal Accommodations And/Or Milk Substitution Form are in, the District's Nutrition Services Department will send food alternatives to offer the student.

*Authorization for Administering Medication needs to be done **YEARLY** and medication has to be picked up at the end of the year or it will be discarded.

*Medication will only be accepted with a physician & parent signed HLPUSD Authorization for Administering Medication Form.

**PHYSICIAN SIGNATURE
REQUIRED**



AUTHORIZATION FOR
ADMINISTERING MEDICATION
FORM



Valinda Bell Schedule 2026-2027



Regular School Day Schedule (M, T, W, F)

Horario escolar regular (L, M,M,V)

Cafeteria Opens 7:15 am/Bell Rings 7:55 am

La cafetería abre a las 7:15 am/La campana suena a las 7:55 am

	TK	KINDER	FIRST	SECOND	THIRD	FOURTH	FIFTH
Start Time	8:00 am	8:00 am	8:00 am	8:00 am	8:00 am	8:00 am	8:00 am
Morning Recess	9:35-9:55 am	10:05-10:25 am	9:40-10:00 am	9:40-10:00 am	10:05-10:25 am	10:00-10:15 am	10:00-10:15 am
Lunch Time	10:55-11:15 am	11:35-11:55 am	11:05-11:25 am	11:15-11:35 am	11:25-11:45 am	12:10-12:30 pm	12:10-12:30 pm
Recess	11:15-11:35 am	11:55-12:15 pm	11:25-11:45 am	11:35-11:55 am	11:45-12:05 pm	12:30-12:50 pm	12:30-12:50 pm
Dismissal	1:58 pm	1:58 pm	1:58 pm	1:58 pm	1:58 pm	2:17 pm	2:17pm
Early Dismissal	TK-3 rd Thursdays Dismissal at 1:00 pm 4 th /5 th Thursdays Dismissal at 1:05 pm		TK-3 rd Parent Conferences at 1:02 pm 4 th /5 th Parent Conference at 1:01 pm		TK-3 rd Report Card Entry Dismissal at 1:04 pm 4 th /5 th Report Card Entry Dismissal at 1:05 pm		

	TK	KINDER	PRIMERO	SEGUNDO	TERCERO	CUARTO	QUINTO
Hora de entrada	8:00 am	8:00 am	8:00 am	8:00 am	8:00 am	8:00 am	8:00 am
Recreo matutino	9:35-9:55 am	10:05-10:25 am	9:40-10:00 am	9:40-10:00 am	10:05-10:25 am	10:00-10:15 am	10:00-10:15 am
Hora del almuerzo	10:55-11:15 am	11:35-11:55 am	11:05-11:25 am	11:15-11:35 am	11:25-11:45 am	12:10-12:30 pm	12:10-12:30 pm
Recreo	11:15-11:35 am	11:55-12:15 pm	11:25-11:45 am	11:35-11:55 am	11:45-12:05 pm	12:30-12:50 pm	12:30-12:50 pm
Hora de Salida	1:58 pm	1:58 pm	1:58 pm	1:58 pm	1:58 pm	2:17 pm	2:17pm
Salida Temprana	TK-3.º Jueves a la 1:00 pm 4.º/5.º Jueves a la 1:05 pm		TK-3.º Conferencias de padres a la 1:02 pm 4.º/5.º Conferencias de padres a la 1:01 pm		TK-3.º Entrada de boletines de calificaciones a la 1:04 pm 4.º/5.º Entrada de boletines de calificaciones a la 1:05 pm		

TK-12 HLPUSD Six Week Calendar

Total days taught in the Year

Student Free Staff Work Days

August 3 [TK-12 students]
August 4 [TK-12 students]
September 23 [TK-8 students only]
December 18 [9-12 students only]
January 4 [TK-12 students]
May 21 [TK-12 students]



Hacienda La Puente USD

**Grade Level Placement
Based on Date of Birth**

2026-2027

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

Delhaven Community Center

After School

2026-2027 REGISTRATION



Registration Dates

Early Registration for Current students

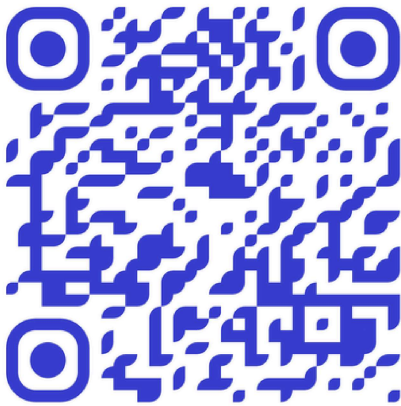
April 13 - April 30, 2026

Get Password from your Site Director

OPEN Registration for all students
May 1st, 2026



How to register



<https://hlpusd2.jotform.com/260905284126961>

Utilize the QR Code or using the link URL above.

FREE

After School Activities

- ✓ Homework Help
- ✓ Physical Activities
- ✓ Sports Leagues (3rd +)
- ✓ Enrichment Activities
- ✓ Supper
- ✓ and much more!



Contact your Site Director with any questions or call our office at 626.917.9789