

OSO GRANDE ELEMENTARY
“Home of the Grizzlies”
30251 Sienna Parkway, Ladera Ranch, CA 92694
(949) 234-5966
Fax: 949-365-1716

FIRST GRADE REGISTRATION

Welcome to Oso Grande Elementary! In order to initiate the registration process for your child, please visit our school's website at <https://osogrizzlies.capousd.org/> and click on the **“School Info”** and select the **correct school year** to begin the on-line registration process.

Additional forms (see checklist below) which are required along with the online registration are located on our website at <https://osogrizzlies.capousd.org/> (under “Registration Forms”). Once these forms and the online registration are completed, please bring the following items to the school office Monday-Friday **between the hours of 8:30-2:30 p.m.** with the exception of when the office is closed for school holidays/breaks. **If you are enrolling a student(s) for the next school year, we will accept registration packets beginning February 15th- March 29th. All documentation must be complete.**

- ☐ **Online Registration Confirmation** - Please print, sign and bring to the school office. (The last page requires a signature.)
- ☐ **Verification of Age** (official or certified copy of the birth record; statement by the local registrar or county recorder certifying the date of birth; baptismal certificate or official hospital record of birth; passport; or Affidavit for Proof of Age of Minor signed by the student's parent/legal guardian)
- ☐ **Immunization record with ALL State of California mandatory immunization requirements met.**
- ☐ **Two SEPARATE Proofs of Residence dated within 30 days** (i.e., **current** utility bill [gas, electric or water] **AND** a current mortgage statement or rental agreement. *If you cannot provide these specific documents please contact the school office before coming in to register.*
- ☐ **Enrollment Information Form**
- ☐ **Report of Health Exam form (completed after February 20, 2023)**
- ☐ **Home Language Survey**
- ☐ **Native American Title VII form (if applicable)**
- ☐ **Oral Assessment Form – if NOT completed for Kindergarten**

If you have any questions regarding registration, please contact Nicola Hill at 949-234-5966 or nthill@capousd.org.



CAPISTRANO UNIFIED SCHOOL DISTRICT

33122 VALLE ROAD, SAN JUAN CAPISTRANO CA 92675

TELEPHONE: (949) 234-9200/FAX: 496-7681 www.capousd.org

January 2024

Dear Parent and Guardians of Incoming Transitional Kindergarten (TK.), Kindergarten and First Grade Students:

The beginning of school is a very important milestone in your child's life. We all share in the excitement, enthusiasm, and even a little anxiety that accompanies the beginning of school. Good health is a vital component in the quest for school success.

IMMUNIZATIONS

The California School Immunization Law requires that children be up-to-date on their immunizations to attend school. Per 2016 legislation (SB277), all students must provide proof of immunization or a medical exemption when registering, and prior to attending school.

Beginning January 1, 2021, only Medical Exemptions issued from California Immunization Registry (CAIR ME) meet requirements. We cannot accept doctor's notes NOT issued through CAIR ME, blood work or titers, or other documentation to medically exempt the required immunizations. The CAIR ME web site is a secure site for physicians to issue and manage standardized medical exemptions for children in school or child care. Parents use the same site to request medical exemptions from vaccination for their children. Schools and child care facilities can monitor and get updates for medical exemptions issued for children in attendance at their facility. For more details or to request an exemption from your child's physician, please visit <https://cair.cdph.ca.gov/exemptions/home>

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Vaccine	4-6 Years Old Elementary School at Transitional-Kindergarten/Kindergarten and Above
Polio (OPV or IPV)	4 doses (3 doses OK if one was given on or after 4th birthday)
Diphtheria, Tetanus, and Pertussis (DTaP, DTP, DT, or Tdap)	5 doses of DTaP, DTP, or DT (4 doses OK if one was given on or after 4th birthday)
Measles, Mumps, and Rubella (MMR or MMR-V)	2 doses (Both doses given on or after 1st birthday. Only one dose of mumps and rubella vaccines are required if given separately.)
Hepatitis B (Hep B or HBV)	3 doses
Varicella (chickenpox, VAR, MMR-V or VZV)	2 doses (new requirement as of July 1, 2019)

HEALTH EXAMINATION FOR SCHOOL ENTRY

The State of California supports proactive steps toward a healthy start for its school children by requiring students to receive a Health Examination for School Entry by first grade. Capistrano Unified School District recommends this examination prior to entering kindergarten and first grade. **A health screening completed on or after February 20, 2024, will qualify children for school entrance on August 20, 2024.**

Attached is a copy of the "Health Examination for School Entry" form. Please take the form with you to your health care provider and return it to school when completed. If you have concerns about your child's health examination, please contact the health assistant or licensed vocational nurse at your school.

If you have any questions about these requirements, please do not hesitate to contact your school principal, the licensed vocational nurse, or the health assistant at your school. You may also visit <http://www.shotsforschool.org> for detailed immunization information. We wish you and your child well and look forward to a long and satisfying relationship with your family.

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Enero del 2024

Estimados padres y tutores de los estudiantes que estan ingresando al programa de transición al kinder (TK), kinder, y primer grado:

El comienzo de la escuela es un paso muy importante en la vida de su hijo. Nosotros compartimos con ustedes la emoción, el entusiasmo y aun hasta la ansiedad que acompaña el comenzar un año escolar. La buena salud es un componente vital en la conquista del éxito académico.

VACUNAS

La Ley de Vacunación del Estado de California requiere que todos los estudiantes esten al corriente con sus vacunas para poder asistir a la escuela. De acuerdo con legislatura (SB 277) del 2016, cada estudiante debe presentar un comprobante de inmunización o exención medica al inscribirse y antes de asistir a clases.

A partir del 1 de Enero del 2021, solo las Excepciones Medicas emitidas por el Registro de Inmunización de California (CAIR ME) cumplen los requisitos. No podemos aceptar notas del medico NO emitidas a traves de CAIR ME, analisis de sangre o titulos de anticuerpos, u otra documentación para eximir medicamente las vacunas requeridas. El sitio web CAIR ME es un sitio seguro para que los medicos emitan y gestionen exenciones medicas estandarizadas para niños en la escuela o en guarderías. Los padres utilizan el mismo sitio para solicitar exenciones medicas de vacunación para sus hijos. Las escuelas y guarderías pueden supervisar y obtener actualizaciones de las exenciones medicas emitidas para los niños que asisten a sus instalaciones. Para mas detalles o para solicitar una exención al medico de su hijo, visite <https://cair.cdph.ca.gov/exemptions/home>.

Vacuna	4 - 6 años de edad Escuela primaria (al nivel de kinder de transición/ kinder o mas arriba)
Polio (OPV o IPV)	4 dosis (3 dosis cumplen con el requisito si una se aplicó al cumplir las 4 años de edad o despues).
Difteria, tetanos y tos ferina	5 dosis de DTaP, DTP o OT (4 dosis cumplen con el requisito si una se aplicó al cumplir los 4 años de edad o despues).
Sarampión, paperas y rubeola (MMR O MMR-V)	2 dosis (Ambas aplicadas al cumplir 1 año de edad o despues. Solo se requiere una dosis de las vacunas contra las paperas y la rubeolas se aplican por separado).
Hepatitis B (Hep B o HBV)	3 dosis
Varicela (chickenpox, VAR, MMR-V o VZV)	2 dosis (nuevo requisito desde el 1 de Julio, 2019)

EL "EXAMEN DE SALUD" RECOMENDADO PARA INGRESAR A LA ESCUELA

El estado de California apoya y toma la iniciativa para un comienzo escolar saludable al requerir un "Examen de Salud Para Ingreso Escolar" antes del primer grado. El Distrito Escolar Unificado de Capistrano recomienda que los estudiantes tengan un examen fisico antes de comenzar el kinder y primer grado. Un examen de salud que se lleve a cabo durante o despues del 20 de febrero del 2024, le permitira a su hijo/a ingresar a la escuela el 20 de Agosto, 2024.

Adjunto encontrara una copia de la forma que se requiere para el "Examen de Salud Para Ingreso Escolar." Por favor llevala a su proveedor de salud y devuelvala a la escuela una vez que este completa. Si usted tiene alguna pregunta referente al examen de salud de su hijo, por favor comuniquese con la asistente de salud o la enfermera de la escuela.

Si usted tiene preguntas sobre estos requisitos, por favor comuniquese con el director/a, la enfermera de la escuela, o la asistente de salud de su escuela. Tambien puede visitar <http://www.shotsforschool.org> para información detallada sobre vacunas. Les deseamos bienestar y esperamos poder llevar una larga y satisfactoria relación con su familia.

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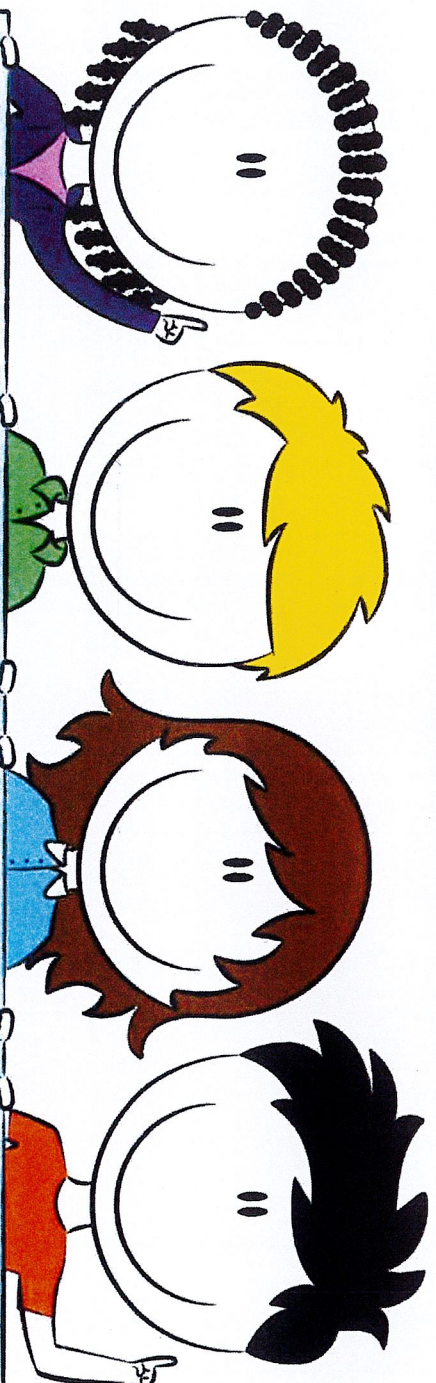
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No Shots? No Records? No School.



**Children will not be enrolled
unless an immunization record
is presented and
immunizations are up-to-date.***

**If your child is unimmunized due to medical reasons, please notify us.*

Go to **ShotsForSchool.org** to access information about immunization requirements, an interactive school look-up tool, implementation materials for schools, and educational materials for parents.  **ShotsForSchool.org**

Enrollment Information Form

Child's Full Name: _____ Grade: _____

To better serve you and your child, please check the appropriate boxes if your child is currently participating in any of the following programs. Thank you for your assistance.

- ☐ **Special Education** *(A copy of the Individual Education Plan (IEP) must be provided.)*
- ☐ RSP ☐ Speech ☐ Special Day Class (SDC)
- ☐ Adaptive PE ☐ Occupational Therapy (OT) ☐ Other: _____
- ☐ **Counseling** (Comments: _____)
(Please provide any supporting documentation.)
- ☐ **504 Plan** Comments: _____
(A copy of the 504 Plan must be provided.)
- ☐ **GATE** *(Documentation must be attached.)* ☐ **ELL** (English Language Learner)

Please check all items that apply and add any comments.

- ☐ **Medical/Severe Allergy/Asthma Issues:** _____
(If medications will be kept at school, please request the proper forms from the office.)
- ☐ **Custody Issues** *(A copy of the entire/complete & executed court decree MUST be attached.)*
Comments: _____

Academics: My child is performing ☐ above or ☐ at or ☐ below grade level.

- ☐ Are there any behavioral issues that we should be aware of?
Comments: _____
- ☐ My child was retained in _____ grade. Comments: _____

If your child is a twin would you prefer that they are in the same class? ____ Yes ____ No

Current/Prior School: _____ City: _____

Comments: _____

Parent/Guardian Signature

Date

CAPISTRANO UNIFIED SCHOOL DISTRICT **HOME LANGUAGE SURVEY**

Name of Student _____

Last Name

First Name

Middle

Grade

Date of Birth

Age

Today's Date

Entering School (CUSD)

Prior School Name

Prior School District Name

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

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.

1. Which language(s) did your child learn when he/she first began to talk?

2. Which language(s) does your child most frequently speak at home?

3. Which language do you (parents or guardians) most frequently use when speaking with your child?

4. Which language is most often spoken by adults in the home?

Signature of Parent/Guardian _____

Date _____

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/DTTd (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 _____

INFORME DEL EXAMEN DE SALUD PARA EL INGRESO A LA ESCUELA

Para proteger la salud de los niños, la ley de California exige que antes de ingresar a la escuela todos los niños tengan un examen médico de salud. Por favor, pídale al examinador de salud que llene este informe y entregue a la escuela—este informe será archivado por la escuela en forma confidencial.

PARTE I PARA SER LLENADO POR EL PADRE/LA MADRE O EL GUARDIÁN

NOMBRE DEL NIÑO/NIÑA—Apellido		Primer Nombre		Segundo Nombre		FECHA DE NACIMIENTO—Mes/Día/Año	
DOMICILIO—Número y Calle		Ciudad		Zona Postal		Escuela	

PARTE II PARA SER LLENADO POR EL EXAMINADOR DE SALUD

EXAMEN DE SALUD

AVISO: Todas las pruebas y evaluaciones excepto el análisis de sangre para el plomo deben ser hechas después de la edad de 4 años y 3 meses.

PRUEBAS Y EVALUACIONES REQUERIDAS	FECHA(m/m/d/aa)
Historia de Salud	/ /
Examen Físico	/ /
Evaluación de Dientes	/ /
Evaluación de Nutrición	/ /
Evaluación del Desarrollo	/ /
Pruebas Visuales	/ /
Pruebas con Audiómetro (auditivas)	/ /
Evaluación de Riesgo y prueba Tuberculosis*	/ /
Análisis de Sangre (para anemia)	/ /
Análisis de Orina	/ /
Análisis de Sangre para el plomo	/ /
Otra	/ /

REGISTRO DE INMUNIZACIONES

Aviso al Examinador: Por favor dé a la familia, una vez completado, o a la fecha, el Registro de Inmunización de California en papel amarillo.
Aviso a la Escuela: Por favor apunte las fechas de inmunización sobre el Registro de Inmunización de la escuela de California en papel azul.

VACUNA	FECHA EN QUE CADA DOSIS FUE DADA				
	Primero	Segundo	Tercero	Quarto	Quinto
POLIO (OPV o IPV)					
DTaP/DT/dT/d (difteria, tétano y [acelular] pertusis [los ferri]) O (tétano y difteria solamente)					
MMR (sarampión, paperas, rubéola)					
HIB MENINGITIS (Hemófilo, Tipo B) (Requerida para centros de cuidado para niños y centros prescolares solamente)					
HEPATITIS B					
VARICELLA (Viruelas locas)					
OTRA (e.g. prueba TB, de ser indicado)					
OTRA					

PARTE III INFORMACIÓN ADICIONAL DEL EXAMINADOR DE SALUD (opcional)

RESULTADOS Y RECOMENDACIONES

Llene esta parte si el padre/la madre o el guardián ha firmado el consentimiento para divulgar (distribuir) la información de salud de su niño/niña.

- ☐ El examen reveló que no hay condiciones que conciernen las actividades de los programas escolares.
- ☐ Las condiciones encontradas en el examen o después de una evaluación posterior que son de importancia para la actividad escolar o física son: (por favor explique)

PERMISO PARA DIVULGAR (DISTRIBUIR) EL INFORME DE SALUD

Yo le doy permiso al examinador de salud para que comparta con la escuela la información adicional de este examen como es explicado en la Parte III.

☐ Por favor marque esta caja si Ud. no desea que el examinador llene la Parte III.

Firma del padre/madre o guardián	Fecha
Firma del examinador de salud	Fecha

***de ser indicado**

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal MembershipThe individual with Tribal membership is the (select only one): ☐ child ☐ child's parent ☐ child's grandparentIf the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- ☐ Federally Recognized Tribe
- ☐ State Recognized Tribe
- ☐ Terminated Tribe
- ☐ Alaska Native
- ☐ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ☐ Membership or enrollment number establishing membership (if readily available) or
- ☐ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335



CAPISTRANO UNIFIED SCHOOL DISTRICT

33122 VALLE ROAD, SAN JUAN CAPISTRANO CA 92675
TELEPHONE: (949) 234-9200/FAX: 496-7681 www.capousd.org

January 2024

Dear Parent or Guardian:

To make sure your child is ready for school, California law, Education Code Section 49452.8, requires that your child have an oral health assessment (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.

Please take the 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 website <https://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 website can help you to find a dentist who takes Denti-Cal: 1-800-322- 6384 or <https://dental.dhcs.ca.gov>. For help enrolling your child in Medi-Cal/Denti-Cal, contact your local social service agency at 1-800-281-9799 or <https://ssa.ocgov.com>.
2. Healthy Families' toll-free number or website can help you 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 <https://benefitscal.com>.
3. For additional resources that may be helpful, contact your local public health department at the Department of Health Care Services website <https://www.dhcs.ca.gov>.

Many things influence a child's development and success in school, including health. If you have questions about the oral health assessment requirement, please contact your school nurse.

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Estimado padre o representante legal:

Para asegurarse de que su hijo está listo para la escuela, la ley de California, Código de Educación Sección 49452.8, requiere que su hijo tenga una evaluación de salud dental (chequeo dental) antes del 31 de mayo en el kindergarten o primer grado, **cualquiera que sea su primer año en una escuela pública**. Las evaluaciones realizadas en los 12 meses antes de que su hijo entre en la escuela también cumplen este requisito. La ley especifica que la evaluación debe realizarla un dentista con licencia u otro profesional de la salud dental con licencia o registrado.

Lleve al consultorio dental el formulario adjunto de evaluación de la salud dental o solicitud de exención, ya que será necesario para la revisión de su hijo. Si no puede llevar a su hijo para esta evaluación requerida, indique el motivo en la sección 3 del formulario. Puede obtener más copias del formulario necesario en la escuela de su hijo o por Internet en el sitio web de California Department of Education (<https://www.cde.ca.gov/ls/he/hn/>). La ley de California exige que las escuelas mantengan la privacidad de la información médica de los estudiantes. La identidad de su hijo no se asociará a ningún informe elaborado como resultado de este requisito.

Los siguientes recursos le ayudarán a encontrar un dentista y a completar este requisito para su hijo:

1. El número gratuito de Medi-Cal/Denti-Cal o el sitio web pueden ayudarle a encontrar un dentista que acepte Denti-Cal: 1-800-322- 6384 o <https://dental.dhcs.ca.gov/>. Si necesita ayuda para inscribir a su hijo en Medi-Cal/Denti-Cal, póngase en contacto con su agencia local de servicios sociales llamando al 1-800-281-9799 o <https://ssa.ocgov.com/>.
2. El número gratuito o el sitio web de *Healthy Families* pueden ayudarle a encontrar un dentista que acepte el seguro de *Healthy Families* o a averiguar si su hijo puede inscribirse en el programa: 1-800-880-5305 o <https://benefitscal.com/>.
3. Para obtener recursos adicionales que pueden ser útiles, póngase en contacto con su departamento local de salud pública en el sitio web Department of Health Care Services (<https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>).

Muchas cosas influyen en el desarrollo y el éxito escolar de un niño, incluyendo la salud. Si tiene preguntas sobre el requisito de evaluación de la salud dental, póngase en contacto con la enfermera escolar.

SERVING THE COMMUNITIES OF:

ALISO VIEJO · COTO DE CAZA · DANA POINT · LADERA RANCH · LAGUNA NIGUEL · LAS FLORES · MISSION VIEJO
RANCHO MISSION VIEJO · RANCHO SANTA MARGARITA · SAN CLEMENTE · SAN JUAN CAPISTRANO

Oral Health Assessment 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: _____

If asking to be excused from this requirement: ► _____

Signature of parent or guardian *Date*

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Return this form to the school *no later than May 31* of your child's first school year.
Original to be kept in child's school record.

Formulario de evaluación de la salud bucal

La ley de California (Sección 49452.8 del *Código de Educación*) exige que su hijo se haga un chequeo dental antes del 31 de mayo de su primer año en una escuela pública. Un profesional de la salud dental matriculado de California que trabaje dentro de su área de especialización debe realizar el chequeo y completar la Sección 2 de este formulario. Si su hijo tuvo un chequeo dental en los 12 meses anteriores al comienzo del año escolar, pídale a su dentista que complete la Sección 2. Si no puede conseguir un chequeo dental para su hijo, complete la Sección 3.

Sección 1. Información del menor (debe ser completada por el padre, la madre o el tutor)

Primer nombre del menor:	Apellido:	Inicial del segundo nombre:	Fecha de nacimiento del menor:
Domicilio:			Dpto.:
Ciudad:			Código postal:
Nombre de la escuela:	Maestro:	Grado:	Sexo del menor: ☐ Masculino ☐ Femenino
Nombre del padre/madre/tutor:	Raza/origen étnico del menor: ☐ Blanco ☐ Negro/Afroamericano ☐ Hispano/Latino ☐ Asiático ☐ Indio nativo americano ☐ Multirracial ☐ Otro ☐ Nativo de Hawai/islas del Pacífico ☐ Desconocido		

Sección 2. Información de salud dental: debe ser completada por un profesional de la salud dental matriculado de California
[Oral Health Data (To be completed by a California licensed dental professional)]

NOTA IMPORTANTE: Considere cada casilla por separado. Marque cada casilla.

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

Fecha de la evaluación: [Assessment Date:]	Incidencia de caries [Caries Experience] (Caries visibles y/o empastes presentes) (Visible decay and/or fillings present)] ☐ Sí [Yes] ☐ No [No]	Caries visibles presentes: [Visible Decay Present:] ☐ Sí [Yes] ☐ No [No]	Urgencia de tratamiento: [Treatment Urgency:] ☐ Ningún problema obvio [No obvious problem found] ☐ Se recomienda atención dental temprana (caries sin dolor o infección o el niño se beneficiará del sellador dental o de una evaluación adicional) [Early dental care recommended (Caries without pain or infection or child would benefit from sealants or further evaluation)] ☐ Se necesita atención urgente (dolor, infección, inflamación o lesiones del tejido blando) [Urgent care needed (pain, infection, swelling or soft tissue lesions)]
Firma del profesional de salud dental matriculado [Licensed Dental Professional Signature]		Número de matrícula de CA CA License Number	Fecha Date]

Sección 3. Exención del requisito de evaluación de salud dental

Debe ser completado por el padre, la madre o el tutor que solicita que su hijo/a sea eximido de este requisito.

Solicito que mi hijo sea eximido de este chequeo dental porque: (marque la casilla que describa el motivo)

- ☐ No puedo encontrar un consultorio dental que acepte el plan de seguro dental de mi hijo.
☐ Medi-Cal/Denti-Cal ☐ Healthy Families ☐ Healthy Kids ☐ Otro _____ ☐ Ninguno

El plan de seguro dental de mi hijo es:

- ☐ No puedo pagar el chequeo dental de mi hijo.
☐ No quiero que a mi hijo se le haga un chequeo dental.

Opcional: otras razones por las cuales mi hijo no pudo obtener un chequeo dental: _____

Si pide ser eximido de este requisito: _____

Firma del padre, madre o tutor

Fecha

La ley establece que las escuelas mantengan la privacidad de la información médica de los estudiantes. El nombre de su hijo no formará parte de ningún informe que se realice como resultado de esta ley. Esta información sólo puede ser utilizada para fines relacionados con la salud de su hijo. Si tiene alguna pregunta, comuníquese con la escuela.

Regrese este formulario a la escuela antes del 31 de mayo del primer año escolar de su hijo. El original de este formulario será guardado en el registro escolar del menor.