

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

TRANSITIONAL KINDERGARTEN REGISTRATION

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

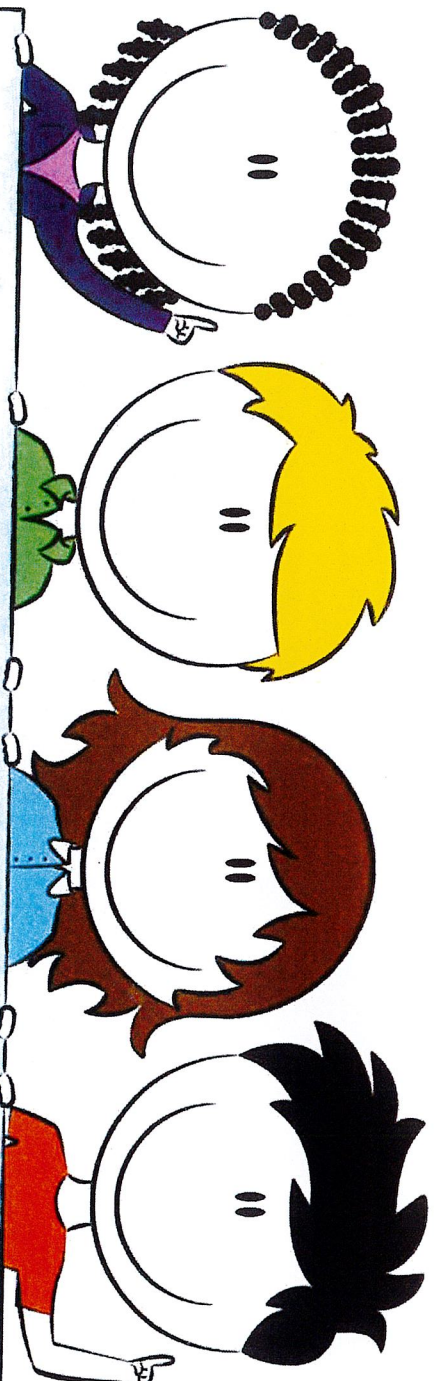
Additional forms (see checklist below) which are required along with the online registration are located on our website at <https://osogrizzlies.capousd.org/> (under “Registration Information”).

Once these forms and the online registration are completed, please bring the following items to the school office Monday-Friday **between the hours of 8:30am-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 Tuesday January 30th, 2024 thru March 1st, 2024. 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 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.*
- ☐ **TK Student Profile**
- ☐ **Home Language Survey**
- ☐ **Native American Title VII form (if applicable)**


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

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**



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 físico 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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Oso Grande Elementary TK Student Profile

Student's Name _____

Date of Birth ____/____/____

Parent(s) Name(s) _____

Address _____

Home Phone _____ Work _____

Cell Phone: _____/_____
(Mom) (Dad) E-mail: _____

Did your child attend preschool? ____ Yes ____ No If yes, for how long? _____

Name of Preschool: _____ City & State: _____

Is there a language other than English spoken in the home? ____ Yes ____ No

If yes, which language? _____

Does your child have any custody, special needs or behavioral issues? ____ Yes ____ No

If "Yes" please explain (For custody issues a copy of the complete court decree MUST be attached):

Please check the appropriate boxes if your child is currently participating in any of the following programs or if applicable:

☐ Special Education

Your child must have a current Individualized Educational Plan (IEP). Please attach a copy.

☐ RSP

☐ Speech

☐ Special Day Class (SDC)

☐ 504Plan (Comments: _____)

A copy of the 504 must be attached.

☐ **Medical Conditions/Allergies:** _____

Child Care (if any)

____ None ____ YMCA (on campus) ____ Other: _____

Other (please be specific) _____

If you child is a twin, would you prefer that they be placed in the same class? ____ Yes ____ No

Although we cannot guarantee class placement, please let us know your preference:

____ Early Cubs (currently 7:45-11:38) or ____ Late Cubs (currently 9:15-1:08)

Additional comments/information:

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

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

Oso Grande Elementary School

2024 - 2025

Suggested/Optional TK School Supply List

1 Canvas/Tote Bag	Must be 14"x14" or larger with no zippers. Wide straps are best. Please see sample in the office. NO BACKPACKS.
2 Boxes	CRAYOLA 16 count crayons, LARGE size (not Jumbo) (no Rose Art)
1 Palette	CRAYOLA watercolors (8 colors)
3 Sticks	ELMERS large glue sticks
4 Bottles	ELMERS small white glue bottles
2 Pencils	TICONDEROGA "My First Pencil" with eraser
1 Package	EXPO white board markers (black)
2 Pens	SHARPIE, thick tip (black)
2 Pens	Highlighters, yellow
3 Containers	CLOROX antibacterial wipes, no bleach (No other brands please.)
1 Package	Baby wipes
1 Box	KLEENEX/Target brand tissue
3 Bottles	Hand sanitizer (clear, not green)
1 Box	ZIPLOC/Target brand gallon bags
1 Box	ZIPLOC/Target brand quart bags
2 Reams	White cardstock paper