

Millbrae School District



2012-2013 STUDENT REGISTRATION

Registration Period: January 17 – February 17, 2012

All forms must be *complete*.

All forms must be *signed and initialed*.

All completed forms must be *returned to the school office* of your resident school.

The following must be submitted to the school office in order for your student to be completely registered for school:

- The attached Registration Packet
- Birth Certificate
- Up-to-date Immunization Records
 - Current TB Test Results (within the last 12 months)
 - Kindergarten: Physical Exam AFTER March 1, 2012
- Residency Verification

NEW REQUIRED REGULATIONS:

- All **Kindergarten** students must be five (5) years old **on or before November 1, 2012** in order to register for Kindergarten for 2012-2013 school year.
- All students who turn five (5) years old between **November 2 – December 2, 2012** may enroll in **Transitional Kindergarten** for the 2012-2013 school year.
- All **7th and 8th Grade students** must have and provide proof of the whooping cough booster immunization, also called “T-dap.”

Student Name: _____ School: _____ Grade in 2012-2013: _____

Address: _____

Phone Number: _____

Transitional Kindergarten: (check box)

**MILLBRAE SCHOOL DISTRICT
Parent/Guardian Check-Off List for Student Registration**

Please use this form to help you complete your student's registration. Follow the instructions below and place a check mark next to items that are attached:

Proof of residency: (Requires two documents with parent/guardian name and address listed)

Homeowner or Renter/Lessee:

Grant Deed or Property Tax Bill or Original rental or lease agreement

AND

PG&E Bill or PG&E Confirmation of Service or Water Dept. bill

Sub-Lease:

A letter from the manager confirming sub-lease agreement and confirmation of residency at that address for registering family.

Shared Residency:

District's Verification of Shared Residency form

Proof of Residency documents as required above

Student Birth Certificate (Original) - A copy will be made and original returned to you.

Student's Current Immunization Records and Dates

Student Tdap Booster and Date (Required for 7th and 8th Graders)

Student TB Test results and Date

Parent/Guardian Identification

Copy of any supplemental services documents, if applicable

Current 504 Plan

Current Individualized Education Program (IEP)

*If your student is currently being assessed, please attach any related documents (i.e. Assessment Plan)

Student Physical Examination (Required for elementary school)

- Kindergarten student exam must be within 18 months of 1st Grade (after March 1, 2012)

Please sign below and date:

Parent/Guardian Signature

Date

Office Use Only:

Completed Registration Packet (All forms must be completed and signed)

Millbrae School District Signature: _____

Date: _____

THIS SECTION FOR SCHOOL USE ONLY:

IID#: _____ School: _____ Grade: _____ Teacher: _____ Rm: _____ Date: _____

MILLBRAE SCHOOL DISTRICT

2012 - 2013

New Student Registration Form

STUDENT INFORMATION

Last Name First Name MI Nickname Birthdate Gender

Home Phone Address City Zip Code

Enrolled: Resident school Shared Residency Intradistrict Agreement Interdistrict Agreement

Presently registered at another school? No Yes If yes, which one? _____

Last school attended: _____
Name City State

In Supplemental Program? No Yes

If yes, which one? GATE 504 Plan* ELL Expulsion
 Speech/Language* Resource* Special Day Class*

***If you have checked one of these programs, please attach the current 504 Plan or IEP.**

1. Date of Entry into US schools _____ Immigrant? No Yes Which country? _____

2. Date of Entry into CA Public Schools _____ US Entry Date _____

3. Place of Birth? Country: _____ City: _____ State: _____

4. What is your student's ethnicity? (*Please check one*) Hispanic or Latino (500) Not Hispanic or Latino

5. What is your student's race? (Choose one or more)

American Indian/Alaska Native (100)

Asian:

Native Hawaiian or Pacific Islander:

Black or African American (600)

Asian Indian (205)

Japanese (202)

Guamanian (302)

White (700)

Cambodian (207)

Korean (203)

Hawaiian (301)

Chinese (201)

Laotian (206)

Samoan (303)

Filipino (400)

Other Asian (299)

Tahitian (304)

Hmong (208)

Vietnamese (204)

Other Pacific Islander (399)

PRIMARY LANGUAGE SURVEY

1. What language did your child learn when he/she first began to talk? _____

2. What language does your child most frequently use at home? _____

3. What language do you most frequently speak to your child? _____

4. What language is most often spoken by the adults at home? _____

PARENT INFORMATION: With whom does the student live? (Check all that apply)

Mother Father Stepmother Stepfather Foster parent(s)

Grandparent(s) Aunt/Uncle Shared Custody Other _____

By providing your email address, you are giving permission to receive school and classroom news and information by email.

FATHER		MOTHER	
<input type="checkbox"/> Natural <input type="checkbox"/> Stepfather <input type="checkbox"/> Other		<input type="checkbox"/> Natural <input type="checkbox"/> Stepmother <input type="checkbox"/> Other	
Name		Name	
Home Address		Home Address	
Home Phone		Home Phone	
Pager/Cellular		Pager/Cellular	
Work Phone		Work Phone	
E-mail address		E-mail address	
Employed by		Employed by	
Occupation		Occupation	
Education <input type="checkbox"/> No High School Grad (14) <input type="checkbox"/> Yes High School Grad (13)		Education <input type="checkbox"/> No High School Grad (14) <input type="checkbox"/> Yes High School grad (13)	
Level <input type="checkbox"/> AA Degree (12) <input type="checkbox"/> College Grad (11)		Level <input type="checkbox"/> AA Degree (12) <input type="checkbox"/> College Grad (11)	
<input type="checkbox"/> Post-College Grad Training (10) <input type="checkbox"/> Declined to state (15)		<input type="checkbox"/> Post-College Grad Training (10) <input type="checkbox"/> Declined to state (15)	

OTHER CHILDREN IN HOUSEHOLD				
Last Name	First Name	Birthdate	Gender	School

EMERGENCY/HEALTH INFORMATION:

Doctor's Name: _____ Telephone: _____
 Hospital: _____ Telephone: _____
 Insurance Company: _____ Insurance ID# _____ Plan # _____

MEDICAL CONDITIONS: (all that apply)

- On Medication Name of medication: _____
 Allergies Name allergies: _____
 PE Limitations Name limitation(s): _____
- Heart Problems Seizure Disorders Asthma
 Diabetes Glasses/Contacts Hearing Problems

Explanations or comments about medical conditions the school should be aware of: _____

NOTE: If it is necessary for your child to take medication at school, you must provide the school with the physician's written instruction and your written permission. Medication at school must be kept in the original pharmacy container. No medicine of any kind (prescriptions or non-prescription drugs including aspirin or aspirin substitutes) will be given at school unless the above conditions are met.

If parents cannot be reached in an emergency, please contact:

Name: _____ Day Time Phone # _____ Relationship: _____
 Name: _____ Day Time Phone # _____ Relationship: _____

I CONSENT I DO NOT CONSENT FOR EMERGENCY TREATMENT if it is deemed necessary by the school authorities and after all efforts to reach the parent or designated adult have failed. Your son/daughter will be taken by ambulance at parent's expense to the nearest emergency facility.

*** I WILL NOTIFY THE SCHOOL IF THERE IS A CHANGE IN ANY INFORMATION ON PAGE 1 OR 2 ***

 Parent/Guardian Signature
 (page 2 of 2)

 Date

MILLBRAE SCHOOL DISTRICT
Millbrae, CA 94030

Residency Verification Affidavit

School _____

Child's Name _____ Current grade _____ Birthdate _____

Child lives with Mother Father Guardian Caregiver

Adult's name _____

Address* * _____

City _____

Home Phone _____ Work Phone _____

***If you are not a resident of Millbrae School District,
please inquire in the school office regarding interdistrict transfer requests.*

Please read and initial each of the following statements:

The Millbrae School District will actively investigate all cases where it has reason to believe false information has been provided on District forms and may verify with home visits. _____ (initial)

The District may refer cases in which false information has been intentionally provided to the San Mateo District Attorney for further action and/or file civil action to recover damages incurred as a result of providing false information. _____ (initial)

Persons who provide false information on a District form are subject to criminal prosecution for perjury which is punishable by a fine and/or a prison term of up to four years in State prison (Fam. Code §6552; Pen. Code § 118 & 126) _____ (initial)

Persons providing false information on an affidavit also are civilly liable for fraud, negligent misrepresentation, and negligence. Parties found civilly liable may be required to pay all damages caused to the District as a result of providing false information, as well as punitive damages. (Civ. Code §1709) _____ (initial)

Persons who induce, obtain or otherwise solicit another person to provide false information on an affidavit are subject to the same criminal prosecution, fines, and imprisonment as the person directly committing perjury. (Pen. Code §127) _____ (initial)

Investigations that reveal students were enrolled on the basis of providing false information will lead to immediate removal from the District. _____ (initial) (next page)

Residency Verification Required

Documentation showing address where living must be current and provided at time of registration before child enters school:

Homeowners

One of the following:

1. current tax bill with name and address on it
2. current tax receipt with name and address on it
3. deed of trust with name and address on it

AND

One of the following:

1. current PG&E bill with name and address on it
2. current Water bill with name and address on it

Rent or Lease

All of the following:

1. rental/lease agreement with residency's address, owner/manager's name and phone number for verification
2. current PG&E bill or Water bill with name and address on it unless utilities are included in the rental/lease agreement

Signature of Parent/Guardian _____ Date _____

RESIDENCY VERIFICATION

WHEN PARENTS LIVE IN MILLBRAE SCHOOL DISTRICT

All new enrollees will be asked to provide proof of residency. Verification must be presented **before** the student will be admitted. Proof of residency may be required of enrolled students upon the request of District administration.

1. **Home Ownership:** Two of the following must be presented at the time of registration and must have the name/address of the parent/guardian on it:

One of the following:

- a. Deed of Trust
- b. Assessor's bill
- c. Property Tax receipt

AND

One of the following:

- d. PG & E bill
- e. Water bill

2. **Home Lease:** The person who will be leasing will provide both
 - a. The lease agreement

AND

 - b. PG&E bill with his/her name and address or if you haven't been billed yet, a receipt from PG & E showing transfer of PG&E services to new address or a water bill.

3. **Apartment Rent or Lease:** The person must provide all of the following:
 - a. Manager's name and telephone number
 - b. Rental/Lease agreement
 - c. Current PG&E bill with his/her name and address or if not receiving a bill yet, a receipt from PG&E showing transfer of PG&E services to new address or water bill.
 - d. If PG&E is included in rental payment, that should be stated in the Lease Agreement.

4. **Sub-Lease:** The person must provide all of the following:
 - a. A letter from the manager stating that he/she is aware of the sub-lease agreement and that the registering family does live at that address under a sub-lease
 - b. A copy of the sub-lease
 - c. Manager's name and telephone number.

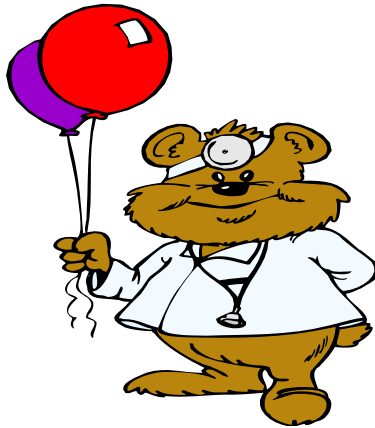
5. **Sharing a Place of Residence:** When parents and student are sharing a home or apartment with Millbrae School District residents, the following must be provided:
 - a. A completed "Verification of Shared Residence" form signed by the parent/guardian and property owner/renter indicating that the registering family does live at that address. _____
 - b. When students are enrolling under "Sharing a Place of Residence," the registered resident must furnish proof of residence as indicated above.

Millbrae School District

STUDENT REGISTRATION FOR 2012-2013 SCHOOL YEAR

Registration Period: January 17 – February 17, 2012

Health Exams and Immunizations Required for Student Enrollment



The following immunizations are now required for Kindergarten and New Students:

- 4 Polio (3 doses meet requirement if at least one was given on or after 4th birthday)
- 5 DPT (4 doses meet requirement if at least one was given on or after the 4th birthday)
- 2nd MMR (one dose must be on or after 1st birthday)
- Hepatitis B series (3 shots)
- Varicella (chickenpox) Vaccine or proof of the disease
- TB Test and Results (within the last 12 months)

All students entering 7th and 8th Grades must have and provide proof of the whooping cough booster immunization, also called “T-dap.”

KINDERGARTEN:

Please have your *physician* perform a complete health examination on your child after March 1, 2012 and return the attached health examination form to the school office.

**Millbrae School District
Student Health Inventory**

Student's Name: _____ School: _____
 Address: _____ Date of Birth: _____
 Telephone #: _____ Family Physician and #: _____
 Teacher: _____ Family Dentist and #: _____
 Grade: _____ Room #: _____

Please check which of the following conditions your child has had and give his/her age at the time of the illness and whether he or she is still under care of a physician for this condition.

	Approximate Age	Under Care of Physician
1. Allergies		
a. Bee stings	_____	_____
b. Foods - specify : _____	_____	_____
_____	_____	_____
_____	_____	_____
c. other: _____	_____	_____
2. Asthma	_____	_____
3. Diabetes	_____	_____
4. Heart Condition	_____	_____
5. Rheumatic fever	_____	_____
6. Kidney disease	_____	_____
7. Epilepsy	_____	_____
8. Convulsions	_____	_____
9. Polio	_____	_____
10. Serious accidents or injuries	_____	_____
11. Tuberculosis, or tuberculosis contact	_____	_____
12. Frequent or severe headaches	_____	_____
13. Frequent or severe dizziness	_____	_____
14. Fainting	_____	_____
15. Any problem with speech?	_____	_____
16. Any problem with hearing?	_____	_____
17. Any problem with vision?	_____	_____
18. Any problem with teeth?	_____	_____
19. Emotional problem	_____	_____

Is there any other physical condition that the school should be made aware of ? _____

Is physical activity limited? Yes No

If yes, is there a physician's statement on file with the school? According to the school code, there must be a physician's written statement.

glasses contact lenses hearing aid dental braces
 leg braces crutches corrective shoes other

Does your child have any condition which could be a school emergency? _____

Is your child presently taking any medicine prescribed by a physician? (Explain) _____

Parent/Guardian Signature

Date

Distrito Escolar de Millbrae
Informacion Sobre la Salud del Estudiante

Nombre del alumno(a): _____ Escuela: _____
 Direccion: _____ Fecha de Nacimiento: _____
 Telefono: _____ Nombre del Medico: _____
 Maestro de Clase: _____ Nombre del Dentista: _____
 Grado: _____ Aula No: _____

Por favor indicar cuales de las siguientes afecciones ha padecido o padece su hijo(a) y tambien indicar si se encuentra actualmente bajo tratamiento medico por ese padecimiento.

	Edad que comenzo	Bajo cuidado medico
1. Alergias		
a. picada de abeja	_____	_____
b. comidas (especifica) : _____	_____	_____
_____	_____	_____
_____	_____	_____
c. otra: _____	_____	_____
2. Asma	_____	_____
3. Diabetes	_____	_____
4. Afecciones cardiacas	_____	_____
5. Fiebre reumatica	_____	_____
6. Enfermedades de los rinones	_____	_____
7. Epilepsia	_____	_____
8. Convulsiones	_____	_____
9. Poliometitis	_____	_____
10. Accidentes graves o heridas graves	_____	_____
11. Tuberculosis o contactos con TB	_____	_____
12. Dolores de cabezas fuertes y frecuentes	_____	_____
13. Mareos fuertes y frecuentes	_____	_____
14. Desmayos	_____	_____
15. Problemas con el hablar	_____	_____
16. Problemas con los oidos	_____	_____
17. Problemas de la vista	_____	_____
18. Problemas de los dientes	_____	_____
19. Problemas de caracter emocional	_____	_____

Hay algun padecimiento en la salud de su niño(a) que considera importante y de informar a la escuela fuera de esta lista? Por favor explique al dorso de la hoja. _____

Tiene su hijo(a) alguna dificultad en cuanto a alguna actividad fisica? SI NO

Si la respuesta es SI ya le informo sobre esto a la escuela? Si existe alguna condicion que cause que su hijo(a) tenga una actividad fisica limitada, la escuela necesita una certificacion medica y la cual debe de actualizarse cada seis meses. Si su hijo(a) utiliza cualquier aparato o instrumentos de los cuales la escuela debe de estar enterada? De ser asi por favor marque.

anteojos zapatos correctivos aparatos en las piernas aparato para el oido
 frenos para los dientes lentes de contacto cualquier otro muletas

Tiene su hijo(a) algun padecimiento de salud que podria presentarse una emergencis en la escuela? _____

Si la requesta es SI por favor explicar al reverso de la hoja _____

Esta su hijo(a) tomando alguna medicina bajo receta medica? Si la respuesta es SI, por favor explique

Firma de los padres/guardian

Fecha

IMPORTANT MESSAGE FOR PARENTS
HEALTH EXAM AND IMMUNIZATIONS
ARE REQUIRED FOR SCHOOL

Success in school starts with a healthy child. Your child is required by California State Law to have a health check-up and immunizations (shots) before starting kindergarten or first grade. The health check-up may be done as early as six months before your child starts kindergarten and up to three months after he/she starts first grade. Immunizations, however, must be up-to-date before your child is admitted to school.

The health exam should include:

- A complete health history**
- A "head-to-toe" physical exam**
- Vision and hearing tests**
- Urine and blood tests**
- TB skin test**
- Immunizations**

See your child's doctor for the health exam. If you do not have a doctor, call the Child Health and Disability Prevention Program (CHDP) at (650) 573-2877 for help in finding one.

Children who have Medi-Cal can receive the exam free of charge. Children from low income families may also be eligible for these free exams through CHDP. For example, a family of four can earn up to \$3,675 per month or \$44,100 per year and qualify.

When you take your child for the health exam be sure to take your child's Immunization Record (yellow card) and "Report of Health Examination for School Entry" form.

Return the completed health form and updated immunization record to your child's school as soon as your child has been seen by the doctor. If you do not want your child to get a health exam or immunizations, you will need to sign a waiver form at your child's school.

If you have any questions, please call your child's school or CHDP at (650) 573-2877.

MENSAJE IMPORTANTE PARA PADRES DE FAMILIA

PARA ENTRAR EN LA ESCUELA SU NIÑO/A NECESITA UN EXAMEN MEDICO Y VACUNAS

El éxito en la escuela comienza con buena salud, por lo tanto, su niño/a necesita un examen médico y vacunas antes de empezar el kinder/primer año escolar, requerido por la ley estatal de California. El examen médico puede hacerse seis meses antes de empezar el kinder o hasta tres meses después de iniciar su primer grado. Recuerde que su niño/a debe estar al día con las vacunas antes de ser admitido en la escuela.

El Examen Médico debe incluir:

- Una historia completa de salud**
- Un examen físico de "pies a cabeza"**
- Un examen de la vista y de los oídos**
- Análisis de la sangre y de la orina**
- Prueba de la tuberculosis**
- Las vacunas que le hagan falta**

Visite al doctor de su niño(a) para un examen médico. Si no tiene un doctor, llame al "Programa de Salud para La Prevención de Incapacidades en Niños y Jóvenes" (CHDP) teléfono (650) 573-2877 para ayudarlo a encontrar un médico.

Niños y jóvenes que tienen Medi-Cal pueden recibir exámenes de salud gratis. Niños y jóvenes en familias de bajos ingresos también pueden ser elegibles para exámenes médicos gratis a través del programa CHDP. Por ejemplo, una familia de cuatro personas puede ganar hasta \$3,675 al mes o \$44,100 al año y califica para nuestro programa.

Cuando vaya al Examen Médico asegúrese de llevar:

- Registro de vacunación (la tarjeta de vacunas amarilla)**
- La forma "Reporte del Examen de Salud para el Ingreso a la Escuela" ("Report of Health Examination for School Entry")**

Lleve a la escuela el reporte de su niño(a) tan pronto el doctor se lo entregue. Si no desea que a su niño(a) se le examine o vacune, Ud. tiene que firmar una forma, "Renuncia Voluntaria para Recibir un Examen de Salud para Ingresar a La Escuela".

Si tiene preguntas, por favor llame a la escuela o al programa CHDP, teléfono (650) 573-2877.

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	/ /
Tuberculin Test (Mantoux/PPD)	/ /
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)					
H1B MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER					
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.

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 entregelo 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(mm/dd/aa)
Historia de Salud	/ /
Examen Físico	/ /
Evaluación de Dientes	/ /
Evaluación de Nutrición	/ /
Evaluación del Desarrollo	/ /
Pruebas Visuales	/ /
Pruebas con Audiómetro (auditivas)	/ /
Pruebas con Tuberculina (Mantoux/PPD)	/ /
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/DTp/DTTd (difteria, tétano y [acelular] pertusis [los ferina]) 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					
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

Nombre, domicilio, y teléfono del examinador

Firma del examinador de salud

Fecha

Si su niño o niña no puede obtener el examen de salud llame al Programa de Salud para la Prevención de Incapacidades de Niños y Jóvenes (Child Health and Disability Prevention Program) en su departamento de salud local. Si Ud. no desea que su niño(a) tenga un examen de salud, puede firmar la orden (PM 171 B), formulario que se consigue en la escuela de su niño(a).

CHDP website: www.dhcs.ca.gov/services/chdp

Grades K-12



INSTRUCTIONS Use this guide as a quick reference to help you determine whether children seeking admission to your school meet California’s school immunization requirements. For the actual laws, see Health and Safety Code, Division 105, Part 2, Chapter 1, Sections 120325-120380; California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Sections 6000-6075. If you have any questions, call the Immunization Coordinator at your local health department.

IMMUNIZATION REQUIREMENTS To enter into public and private elementary and secondary schools (grades kindergarten through 12), children under age 18 years must have immunizations.

VACCINE	REQUIRED DOSES
Polio	4 doses at any age, but... 3 doses meet requirement for ages 4–6 years if at least one was given on or after the 4th birthday ¹ ; 3 doses meet requirement for ages 7–17 years if at least one was given on or after the 2nd birthday. ¹
Diphtheria, Tetanus, and Pertussis	Age 6 years and under: DTP, DTaP or any combination of DTP or DTaP with DT (diphtheria and tetanus) 5 doses at any age, but... 4 doses meet requirements for ages 4–6 years if at least one was on or after the 4th birthday. ¹
	Age 7 years and older: Tdap, Td, or DTP, DTaP or any combination of these 4 doses at any age, but... 3 doses meet requirement for ages 7–17 years if at least one was on or after the 2nd birthday. ¹ If last dose was given before the 2nd birthday, one more (Tdap) dose is required.
Measles, Mumps, Rubella (MMR)	Kindergarten: 2 doses² both on or after 1st birthday. ¹
	7th grade: 2 doses² both on or after 1st birthday. ¹
	Grades 1–6 and 8–12: 1 dose on or after 1st birthday. ¹
Hepatitis B³	Kindergarten: 3 doses at any age
Varicella	1 dose for children under 13 years. ^{4,6}
Tdap Booster (Tetanus, reduced diphtheria, and pertussis)	7th - 12th grade: 1 dose on or after 7th birthday. ⁵

¹ Receipt of the dose up to (and including) 4 days before the birthday will satisfy the school entry immunization requirement.
² Two doses of measles-containing vaccine required. One dose of mumps (Kindergarten only) and rubella-containing vaccine required.
³ No longer required for 7th grade beginning July 1, 2011.
⁴ Physician-documented varicella (chickenpox) disease history or immunity meets the varicella requirement.
⁵ Tdap, DTaP, or DTP given on or after 7th birthday will meet the requirement. Td does not meet the requirement.
⁶ A 2 dose varicella requirement for ages 13-17 years applies to transfer students who were not admitted to California school before July 1, 2001.

EXEMPTIONS The law allows parents/guardians to choose an exemption from immunization requirements based on their personal beliefs or medical exemptions. For children with medical exemptions, the physician’s written statement should be submitted. Schools should maintain an up-to-date list of pupils with exemptions, so they can be excluded quickly if an outbreak occurs.

NOT MEETING REQUIREMENTS Refer pupils who do not meet these State requirements to their physician or local health department. Give families a written notice indicating which doses are lacking.

CONDITIONAL ADMISSIONS Children who lack one or more required vaccine doses that are not currently due may be admitted on condition that they receive the remaining doses when due. Refer to Title 17, CCR Section 6035 for more information.

HEALTH EXAM AND IMMUNIZATION CLINICS

- * Generally, health exams and immunizations are provided at no cost.
- * Children and youth under 18 years of age must be accompanied by a parent or caregiver.
- * Bring all available immunization records.

South County	Fair Oaks Children's Clinic 630 Laurel Street, Redwood City, 94063 Phone: 261-3710 By appointment only	Monday through Friday 8:30 am – 12:00 noon 1:00 pm – 5:00 pm
	Mobile Health Van (Immunizations Only) Redwood City Phone: 573-2786 No appointment needed	Call for days, times and locations
	Ravenswood Family Health Center 1798 – A Bay Road, East Palo Alto, 94303 Phone: 330-7400 By appointment only	Monday, Wednesday, Thursday 8:00 am -6:00 pm Tuesday 12:30 pm - 6:00 pm Friday 8:00 am - 4:00 pm
	Ravenswood Family Health Center Drop-In Immunization Clinic 1798 – A Bay Road, East Palo Alto, 94303 Phone: 330-7400 No appointment needed - Ages: 3 – 18 yrs	Monday, Wednesday, Thursday 1:00 pm – 5:00 pm
	Belle Haven Clinic 100 Terminal Avenue, Menlo Park, 94025 Phone: 321-0980 By appointment only	Monday, Wednesday, Thursday, Friday 8:00 am – 5:00 pm. Tuesday 12:30 pm – 5:00 pm Office closes Monday – Friday 11:30 am – 12:30 pm
	Sequoia Teen Wellness Center 200 James Avenue, Redwood City, 94062 Phone: 366-2927 By appointment only- Ages 12-21 yrs	Monday through Friday 8:30 am – 11:00 am 1:00 pm – 3:30 pm
	Willow Clinic 795 Willow Road, Bldg 334, Menlo Park, 94025 Phone: 599-3890 By appointment only	Monday, Wednesday, Friday 8:00 am – 12:00 noon, 1:00 pm – 5:00 pm Tuesday, Thursday 8:00 am – 12:00 noon, 1:00 pm – 9:00 pm
Mid County	Martin Luther King, Jr. Community Center (Immunizations Only) 725 Monte Diablo Avenue, San Mateo, 94401 Phone: 573-2877 No appointment needed - Ages 2-18 yrs	2 nd Thursday of every month 4:00 pm – 5:30 pm
	Mobile Health Van (Immunizations Only) San Mateo Phone: 573-2786 No appointment needed	Call for days, times and locations
	San Mateo Medical Center Pediatric Clinic 222 39th Avenue, San Mateo, 94403 Phone: 573-3602 Call for an appointment	Monday through Thursday 8:00 am – 8:30 pm Friday 8:00 am – 5:00 pm Saturday 8:30 am – 2:00 pm
North County	Seton RotaCare Clinic (Immunizations Only) Seton Medical Center 1900 Sullivan Avenue (Lower Level), Daly City, 94015 Phone: 991-6046 No appointment needed	4 th Monday of every month 5:00 pm - 7:00 pm
	Daly City Youth Health Center 2780 Junipero Serra Blvd., Daly City, 94015 Phone: 985-7000 - By appointment only Ages: High School age to 21 yrs	Monday, Tuesday, Wednesday, Friday 9:30 am – 11:30 am, 1:00 pm – 5:00 pm Thursday 1:00 pm – 5:00 pm
	Mobile Health Van (Immunizations Only) South San Francisco Phone: 573-2786 No appointment needed	Call for days, times and locations
	Daly City Clinic 380 90th Street, Daly City, 94015 Phone: 301-8600 By appointment only	Tuesday 1:00 pm – 4:00 pm Wednesday 9:00 am – 11:00 am
	South San Francisco Health Center 306 Spruce Avenue, South San Francisco, 94080 Phone: 877-7070 By appointment only	Monday, Tuesday 8:00 am – 9:00 pm Thursday, Friday 8:00 am – 5:00 pm
Coastside	San Mateo Medical Center Coastside Pediatric Clinic 225 South Cabrillo Hwy, Half Moon Bay, 94019 Phone: 573-3911 Call for an appointment	Tuesday and Wednesday 8:00 am – 5:00 pm

SAN MATEO COUNTY IMMUNIZATION PROGRAM

(650) 573-2877



Millbrae School District ♦ 555 Richmond Drive ♦ Millbrae, CA 94030
650-697-5693 ♦ 650-697-6865 (fax) ♦ millbraeschooldistrict.org

Keep Millbrae Schools Great Support BOTH the MEF and your PTA!

Dear Parents and Guardians,

Welcome to the Millbrae School District! We are so happy to accept your new enrollment to our fine schools here in Millbrae and count it an honor to be a part of your student's education. Our schools are **GREAT** because of the wonderful community, parents and staff that make each of our schools unique through hard work and collaboration on behalf of children. All of us play an important role in making your student's years here in the Millbrae School District a positive, rigorous learning experience.

In a time of fiscal challenges in our State and the lack of funding to Public Education, both the PTA and the MEF play critical roles at our schools. It is only through the support of parents and our Millbrae Community that we can continue to fund specific school needs, as well as additional staff for essential district-wide programs at all of our schools.

Parent Teacher Associations (PTAs)

Help fund school specific materials and programs.

Materials and Programs include:

- Classroom supplies
- Technology
- Field trips
- Newsletters
- Assemblies
- Art programs and supplies
- Teacher appreciation

Millbrae Education Foundation (MEF)

Helps fund district-wide programs and teaching personnel.

During the 2011-2012 school year, the MEF funded:

- Daily instructional classroom aide time at each of our four elementary schools.
- A full-time counselor at Taylor Middle School.
- A district-wide parent communication system.

For more information on how you can support your PTA and the MEF visit:

- Millbrae Education Foundation: <http://www.millbraeeducationfoundation.org>
- Green Hills Elementary PTA: <http://www.millbraeschooldistrict.org/greenhills/PTA.html>
- Lomita Park Elementary PTA: <http://www.millbraeschooldistrict.org/lomitapark/index.htm>
- Meadows Elementary PTA: <http://meadows.millbraeschooldistrict.org/pta.htm>
- Spring Valley Elementary PTA: <http://sites.google.com/site/springvalleyelementary/pta-corner>
- Taylor Middle School PTA: <http://taylormiddleschoolpta.org/>

Thank you, in advance, for your support and participation in our PTA and MEF. Together we will make a great difference in the lives of students!

Sincerely,

Linda C. Luna, Superintendent

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