

Sierra Sands Unified School District

113 W. Felspar Avenue

Ridgecrest, CA 93555

Phone: 760-499-1600

FAX: 760-375-3338

Welcome to Sierra Sands Unified School District

The State of California and Sierra Sands Unified require the following information before your student's registration is complete and dated:

- Proof of Birth (i.e. official birth certificate, affidavit of birth, passport, baptismal certificate, military ID, or hospital certificate)
- An up-to-date immunization record (documentation must be signed & stamped by doctor/clinic)
- Dental exam form completed by dentist (for kindergarten entry)
- Proof of residential address (i.e. lease, rental contract, or utility bill)
- Completed physical form – Required for first grade, recommended for kindergarten
- Registration form – Completed and signed

Please note: All registration requirements must be met before your child is actually registered.

You will also be required to fill out additional site documentation that is specific to that site once your student has been successfully enrolled.

Student Last Name:

First Name:

Permanent ID:

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

- 1. What language/dialect does your son/daughter most frequently use at home? _____
- 2. Which language/dialect did your son/daughter learn when he/she first began to talk? _____
- 3. What language/dialect do you most frequently speak to your child? _____
- 4. Has your child ever been given the CELDT Test (Calif English Language Development Test)? Yes No I don't know

In which language do you wish to receive written communications from the school? English Spanish

Residence – where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:

- In a single family permanent residence (house, apartment, condo, mobile home) In a motel/hotel (110)
- Temporarily doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (120) Unsheltered (car/campsite) (130)
- In a shelter or transitional housing program (100)

Parent/Guardianship Information (with whom the student lives) – check all that apply

- Father Mother Both Step-Father Step-Mother Guardian Foster/Group Home Other _____
- Is the above (checked) person (s) the student's LEGAL guardian? Yes No If No, please complete a "Caregiver Affidavit"
- If there is a legal custody agreement regarding this student, please check one: Joint Custody Sole Custody Guardian

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

- 1. Father Step Father/Guardian (check one) **Full Name:** _____
Employer: _____ **Military?** Yes No
- 2. Mother Step Mother/Guardian (check one) **Full Name:** _____
Employer: _____ **Military?** Yes No

PLEASE LIST OTHER CHILDREN LIVING AT HOME:

| First and Last Name | Relationship | School | Grade | Date of birth |
|---------------------|--------------|--------|-------|---------------|
| | | | | |
| | | | | |
| | | | | |

MOST RECENT SCHOOL ATTENDED:

| School | Address/City/State/Zip | Grade(s) | Date(s) |
|--------|------------------------|----------|---------|
| | | | |

- Has your child ever been retained? Yes No If yes, what grade? _____
- Has your child been suspended? Yes No Has your child ever been expelled? Yes No
- What special services has your child received? **(please check all boxes that apply)**
- Special Education:** Resource (RSP) Special Day Class (SDC) Speech/Language
- Are there psychological or confidential reports available from your child's former school? Yes No
- Other:** Gifted (GATE) Remedial Math Remedial Reading Counseling English Language Development
- Help to Improve Attendance/ Behavior 504 Plan Other (Specify) _____

Signature of Parent/Guardian: _____

Date: _____

BELOW FOR SCHOOL USE ONLY

| | | | | | | |
|--|--|---|-----------------------------------|---------------------------------------|--|-------------------------------|
| Proof of Birth: Type: _____ Verified by: _____ | Proof of Residence: Type: _____ Verified by: _____ | Proof of Immunization: Type: _____ Verified by: _____ | Enroll Date: Enter Date: _____ | Cumulative record requested: _____ | Copies to: PSS _____ EL Office _____ Special Ed _____ | Grade Placement Verification: |
|--|--|---|-----------------------------------|---------------------------------------|--|-------------------------------|



**SIERRA SANDS
UNIFIED SCHOOL DISTRICT**

**Ernest M. Bell, Jr.
Superintendent**

113 W. Felspar Avenue • Ridgecrest, CA • 93555 • 760 499-1600 •
Website: www.ssusdschools.org

Dear Parent or Guardian:

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

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

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

1. Medi-Cal/Denti-Cal's toll-free number or Web site can help you to find a dentist who takes Denti-Cal: 1-800-322-6384; <http://www.denti-cal.ca.gov>. For help enrolling your child in Medi-Cal/Denti-Cal, contact the Family Resource Center agency at 760-375-4357.
2. Healthy Families' toll-free number or Web site can help you to find a dentist who takes Healthy Families insurance or to find out if your child can enroll in the program: 1-800-880-5305 or <http://www.healthyfamilies.ca.gov/hfhome.asp>.
3. For additional resources that may be helpful, contact the local public Kern County Health Department at 760-375-5157. Remember, your child is not healthy and ready for school if he or she has poor dental health! Here is important advice to help your child stay healthy:
 - Take your child to the dentist twice a year.
 - Choose healthy foods for the entire family. Fresh foods are usually the healthiest foods.
 - Brush teeth at least twice a day with toothpaste that contains fluoride.
 - Limit candy and sweet drinks, such as punch or soda. Sweet drinks and candy contain a lot of sugar, which causes cavities and replaces important nutrients in your child's diet. Sweet drinks and candy also contribute to weight problems, which may lead to other diseases, such as diabetes. The less candy and sweet drinks, the better!

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

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

If you have any questions about the new oral health assessment requirement, please contact Elaine Littleton in Pupil Support Services at 760-499-1700.

Sincerely,

Ernest M. Bell, Jr.
District Superintendent

Attachment

Board of Education

Amy Castillo-Covert • Bill Farris • Tim Johnson • Kurt Rockwell • Michael Scott

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: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Parent/Guardian Name: | Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> 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) <input type="checkbox"/> Yes <input type="checkbox"/> No | Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No | Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions) |
|--|--|--|--|
| <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ Licensed Dental Professional Signature _____ CA License Number _____ Date </div> | | | |

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.

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: _____ State: _____ 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) | | | | | |
| DTP/DTTP/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/pre-school only) | | | | | |
| HEPATITIS B | | | | | |
| VARICELLA (Chickenpox) | | | | | |
| OTHER | | | | | |
| OTHER | | | | | |

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and

RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

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.

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)

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.