ORCUTT UNION SCHOOL DISTRICT

Registration

Alice Shaw • Joe Nightingale • Lakeview Junior High • Olga Reed • Orcutt Academy • Orcutt Junior High • Patterson Road • Pine Grove • Ralph Dunlap

TK-Kindergarten Registration Checklist

To Be Provided by Parent/Guardian:

- ☐ Copy of Birth Certificate
- ☐ Up-to-date Immunizations
- ☐ 2 Proofs of Address (utility bills/pay stub) – Charter schools excluded

To Be Completed by Parent/Guardian:

- ☐ Registration/Health Information/Field Trip Card
- ☐ Student Residency Questionnaire/Affidavit
- ☐ Student-Parent Information Form
- ☐ Technology Acceptable Use Policy
- ☐ Health History Form
- ☐ Health Service Form
- ☐ Home Language Survey
- ☐ Records Request Card (for mid-year registration)
- ☐ Educational Benefits Eligibility Form

To Be Distributed to Parent/Guardian:

- ✓ Legal Requirements for Admission to TK-Kindergarten
- ✓ Dental Assessment Letter
- ✓ Oral Health Assessment Form (due May 31st of their 1st school year)

District Use Only:

Student:			
School:		**Grade:**	
Start Date:		**Overflow Bussed:**	☐ Yes ☐ No
Resident District:		**Interdistrict:**	☐ Yes ☐ No
Resident School:		**Intradistrict:**	☐ Yes ☐ No

Enrollment Office is located at: 500 Dyer Street, Building T, Orcutt, California 93455

Phone: 805.938.8946 FAX: 805.938.8948 Email: enrollment@orcutt-schools.net

ORCUTT UNION SCHOOL DISTRICT

Registration/Health Information/Field Trip Card

Alice Shaw • Joe Nightingale • Lakeview Junior High • Olga Reed • Orcutt Academy Charter • Orcutt Junior High • Patterson Road • Pine Grove • Ralph Dunlap

Please Complete in Ink

STUDENT'S LEGAL LAST NAME	FIRST NAME	MIDDLE NAME	BIRTHDATE	GENDER (circle) M / F	GRADE	TEACHER	RM #

STUDENT'S ADDRESS (include city and zip)	PRIMARY PHONE	PARENT EMAIL/AERIES PORTAL ACCESS

CONTACT	Student Lives With	NAME	ADDRESS	PRIMARY PHONE	ADDITIONAL PHONE	EMPLOYMENT
Mother				Home ☐ Cell ☐	Cell ☐ Work ☐	
Father				Home ☐ Cell ☐	Cell ☐ Work ☐	
Step Parent				Home ☐ Cell ☐	Cell ☐ Work ☐	
Step Parent				Home ☐ Cell ☐	Cell ☐ Work ☐	
Guardian				Home ☐ Cell ☐	Cell ☐ Work ☐	

IF I CANNOT BE REACHED, PLEASE CONTACT: (IMPORTANT – PLEASE COMPLETE)

				Home ☐ Cell ☐	Cell ☐ Work ☐	
				Home ☐ Cell ☐	Cell ☐ Work ☐	

SIBLING INFORMATION (include name and birthdate)

1.	2.	3.	4.

HEALTH INFORMATION AND AUTHORIZATION **A PHYSICIAN'S NOTE LISTING SPECIFIC LIMITATIONS SHOULD BE SUBMITTED TO THE HEALTH OFFICE WITHIN THE FIRST WEEK OF SCHOOL.**

List any ongoing health issues: _____

List any continuing medication(s) (including inhalers or epi-pens): _____

Will this medication be taken at school? ☐ Yes ☐ No **A medical authorization form signed by the parent and physician MUST be on file if medications are to be taken at school.**

List any allergies: Name of Child's Physician: Phone #:

In case of medical emergency, I as the legal parent or guardian of the above named child, authorize both transportation and medical services if the school is unable to locate me. I understand these medical services will be at my expense. If my child's regular physician is not available, I authorize the school to secure the services of a qualified doctor or hospital.

Initials _____

TRANSPORTATION AUTHORIZATION

I, as the legal guardian hereby authorize and give permission for my son/daughter/legal charge, named above to participate in field trips. I understand that I will be informed in advance of all field trips, and have the ability to inform the school that I do not want my child/legal charge to attend a specific field trip. Pursuant to Education Code Section 35330(d), all persons participating in a field trip or excursion are statutorily deemed to have waived all claims against the District, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. My signature below acknowledges that I have been informed of the waiver of claims under Section 35330(d). If the field trip or excursion is out of the State of California, then my signature constitutes a waiver of all claims as required by Education Code Section 35330(d).

STUDENTS WILL NOT BE ALLOWED TO LEAVE A FIELD TRIP WITH ANYONE OTHER THAN THEIR PARENT/GUARDIAN. SIBLINGS ARE NOT ALLOWED TO ATTEND FIELD TRIPS.

Initials _____

Parent permission to transport your child is required by State Education Code Section 35350. The two occasions when we will need to provide transportation are: (A) Educational field trips and (B) Athletic, club or social activities. Your signature on this form grants permission to the Orcutt Union School District to transport your child as stated above.

Initials _____

Parent Signature: Date:

NOTE: IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO NOTIFY THE OFFICE STAFF OF ANY CHANGES TO THE STUDENT'S ENROLLMENT INFORMATION CARD AND TO PROVIDE UPDATED MEDICAL INFORMATION.

ORCUTT UNION SCHOOL DISTRICT

Student Residency Questionnaire/Affidavit

Alice Shaw • Joe Nightingale • Lakeview Junior High • Olga Reed • Orcutt Academy • Orcutt Junior High • Patterson Road • Pine Grove • Ralph Dunlap

Student Last Name	First	Middle

Name of School: _____

The information provided below will help the LEA determine what services you and/or your child may be eligible to receive. This could include additional educational services through Title I, Part A and/or the federal McKinney-Vento Assistance Act. The information provided on this form will be kept confidential and only shared with appropriate school district and site staff.

Presently, are you and/or your family living in any of the following situations?

- ☐ Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or Federal Emergency Management Agency (FEMA) trailer
- ☐ Sharing housing with other(s) due to loss of housing, economic hardship, natural disaster, lack of adequate housing, or similar reason
- ☐ Living in a car, park, campground, abandoned building, or other inadequate accommodations (i.e. lack of water, electricity, or heat)
- ☐ Temporarily living in a motel or hotel due to loss of housing, economic hardship, natural disaster, or similar reason
- ☐ Living in a single-home residence that is permanent

I am a student under the age of 18 and living apart from parent(s) or guardian

○ Yes ○ No

The undersigned parent/guardian certifies that the information provided above is correct and accurate.

Print Parent/Guardian Name		Signature		Date
Phone Number	**Street Address**	**City**	**State**	**Zip**

Your child or children may have the right to:

- Immediate enrollment in the school they last attended (school of origin) or the local school where you are currently staying, even if you do not have all the documents normally required at the time of enrollment.
- Continue to attend their school of origin, if requested by you and it is in the best interest.
- Receive transportation to and from their school of origin, the same special programs and services, if needed, as provided to all other children, including free meals, free childcare, and Title I support.
- Receive the full protections and services provided under all federal and state laws, as it relates to homeless children, youth, and their families.

Please list all children currently living with you.

Name	Gender	Birthdate	Grade	School

If you have any questions about these rights, please contact:

Joe Dana, Asst. Supt. of Ed. Services Email: jdana@orcutt-schools.net Phone: 805-938-8934

ORCUTT UNION SCHOOL DISTRICT

Student-Parent Information Form

Alice Shaw • Joe Nightingale • Lakeview Junior High • Olga Reed • Orcutt Academy • Orcutt Junior High • Patterson Road • Pine Grove • Ralph Dunlap

Dear Parent(s)/Guardian(s):

The district needs your help in complying with the requirements of California's Public School's Accountability Act (PSAA). To accurately compare and rank all of California's schools, the state is **requiring** all districts to ask parent(s)/guardian(s) to assist with the information below. Please be assured, only group information will be reported. Individual confidentiality will be maintained. If we do not accurately reflect the information below, our schools could be falsely compared with other schools in the state. Your assistance will ensure the accuracy of all responses. It is the district's position that only you can accomplish this task.

The fields marked by an asterisk(*) are required.

***Name:** Last_____ First_____ Middle_____ Male ☐ Female ☐

***Address:** _____

***Grade:**_____ ***Date of Birth:**_____ ***Home Phone:**_____ Cell Phone: _____

***Child's place of birth:** City_____ State/Country_____

***Do you and your child live in a fixed, adequate and regular nighttime residence?** **Yes / No**

***Name and address of previous school:** _____

***Date entered California school:**_____ ***Date enrolled in U.S. school:**_____

***What is your child's ethnicity?**

☐ Hispanic or Latino
(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

☐ Not Hispanic or Latino

***What is your child's race? (Please check up to five racial categories)**

The previous question is about ethnicity, not race. Regardless of your ethnicity, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

☐ American Indian or Alaskan Native (100) (Persons having origins in any of the original people of North, Central or South America)

☐ Chinese (201)	☐ Asian Indian (205)	☐ Other Asian (299)	☐ Tahitian (304)
☐ Japanese (202)	☐ Laotian (206)	☐ Hawaiian (301)	☐ Other Pacific Islander (399)
☐ Korean (203)	☐ Cambodian (207)	☐ Guamanian (302)	☐ Filipino/Filipino American (400)
☐ Vietnamese (204)	☐ Hmong (208)	☐ Samoan (303)	☐ African American or Black (600)

☐ White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)

***Which language did your child learn to speak when first beginning to talk?** _____

***Which language does your child most frequently use at home?** _____

***What language do you use most frequently to speak to your child?** _____

***What language is most often spoken by adults at home?** _____

***Please indicate the education level of the parent(s)/guardian(s) of this child:**

Father (Guardian) Name:_____

- ☐ Coursework beyond a 4 year college bachelor's degree
- ☐ College graduate (4 year bachelor's degree)
- ☐ Trade school/some college (less than 4 year degree)
- ☐ High school graduate (diploma, GED, or CA HS prof. exam)
- ☐ Not a high school graduate
- ☐ Decline to state

Mother (Guardian) Name:_____

- ☐ Coursework beyond a 4 year college bachelor's degree
- ☐ College graduate (4 year bachelor's degree)
- ☐ Trade school/some college (less than 4 year degree)
- ☐ High school graduate (diploma, GED, or CA HS prof. exam)
- ☐ Not a high school graduate
- ☐ Decline to state

Program Enrollment Information:

Has your child been in any special programs? ☐ Yes ☐ No

☐ Resource ☐ Special Day Class ☐ Speech ☐ Adaptive PE

☐ Reading Assistance ☐ 504 ☐ Migrant Education ☐ ESL

☐ Gate Has your child ever repeated a grade? Year_____ Grade____

☐ Other:

Discipline History:

Is your child currently recommended for expulsion? ☐ Yes ☐ No

Has your child ever been expelled? ☐ Yes ☐ No

If yes: Name of school district_____ Year_____

Was your child readmitted to the school district? ☐ Yes ☐ No

Rev 02/14/14

Parent Signature:_____ Date:_____

OUSD Technology Acceptable Use Policy

Orcutt Union School District (OUSD) believes staff and students should have open access to local, national and international sources of information. The goal of providing this access is to promote educational excellence by facilitating resource sharing, innovation, and communication. The District, by providing access to electronic services via the Internet, recognizes the potential of such services to support curriculum and student learning. While the Internet offers students and teachers access to a variety of information, the District recognizes misuse and abuse are possible. The District will make every effort to protect students and teachers from these misuses and abuses, but it is the responsibility of each user to continuously guard against inappropriate and illegal interaction with the electronic services. OUSD is taking all reasonable steps to ensure the Internet is used only for purposes consistent with teaching and learning.

Currently, OUSD student email accounts can only be used to communicate with students, teachers and/or administrators within the school site. All student emails are scanned for appropriate language. If an inappropriate word is identified, the email will be immediately forwarded to the principal. In addition, student emails are archived so that they may be retrieved at any time if there is a concern.

Students are responsible for all activity while accessing and utilizing the school's computer resources (devices and network). The safe and responsible use of the Internet is of utmost importance to the District. While at school, students are protected from potentially dangerous and inappropriate content through the District's network filter. The District does not provide these protections outside of the District. **It is the parent/guardian's responsibility to supervise the information that a student is accessing from the Internet outside of the District network.** Students must abide by the rules outlined in this document. Unacceptable conduct includes, but is not limited to, the following:

1. Using the Internet for any illegal activity, including violation of copyright or other contracts.
2. Vandalizing the data of other users.
3. Gaining unauthorized access to resources or entities.
4. Invading the privacy of individuals.
5. Using an account owned by another without authorization.
6. Posting personal communications without the author's consent.
7. Posting anonymous messages.
8. Placing unlawful information on a system.
9. Using abusive or otherwise objectionable language in either public or private messages.
10. Sending messages that are likely to result in the loss of the recipient's work or disrupting systems; for example, a computer virus.
11. Sending 'Chain Letters' or 'Broadcast' messages to lists or individuals, or other types of communication, which would cause congestion of the networks.
12. Using the Internet to send/receive messages and images, which are inconsistent with the District's curriculum and conduct guidelines. These include, but are not limited to, racist, sexist, pornographic, dangerous and obscene messages and/or images.

Orcutt Union School District makes no guarantee of any kind for the Internet service provided to the student. The District will not be responsible for any damages claimed or suffered by any child or parent relating to the use of the Internet. This includes the child's exposure to materials a parent otherwise would have a right of notice and/or consent to pursuant to state or federal law. Use of any information obtained via the Internet is at the students' and parents' own risk.

Orcutt Union School District believes that the benefits to educators and students from access to the Internet, in the form of information resources and opportunities for collaboration, far exceed any disadvantages. But ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their students should follow.

School computer systems are for use by authorized individuals only. Any unauthorized access to these systems is prohibited and is subject to criminal and civil penalties. Individuals using these systems are subject to having all activities on these systems monitored by the system or school personnel. Anyone using these systems expressly consents to such monitoring. Prosecution and/or account termination may occur without warning.

It is possible for all users of the Internet (including your student) to access information intended for adults. Although OUSD has taken all reasonable steps to ensure the Internet connection is used only for the purposes consistent with the curriculum and instruction, the District or School cannot prevent the available, or even begin to identify, inappropriate material elsewhere on the Internet. Computer security cannot be made perfect, and it is likely that a determined student can make use of computer resources for inappropriate purposes.

ACKNOWLEDGEMENT/AGREEMENT

We have read and understood all the guidelines and policies regarding the appropriate use of technology and internet at Orcutt Union School District. We acknowledge our responsibility in the care of the District issued device our student receives along with other curricular materials. We also accept that a breach of the District Technology Acceptable Use Policy may result in loss of network and/or device privileges and may be subject to disciplinary actions including suspension or expulsion. *Messages or actions relating to or in support of illegal activities will be reported to law enforcement.*

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

ORCUTT UNION SCHOOL DISTRICT

TK-Kindergarten Health History

Alice Shaw • Joe Nightingale • Lakeview Junior High • Olga Reed • Orcutt Academy • Orcutt Junior High • Patterson Road • Pine Grove • Ralph Dunlap

STUDENT NAME: _____ **DATE OF BIRTH:** _____

In order to give your child the best health service possible, please complete the following health information:

PAST ILLNESSES

Please check and date if your child has had any of the following:

___ Allergies ___ Asthma ___ Chicken Pox ___ Ear Infections ___ Heart Disease ___ Hepatitis ___ Mononucleosis
___ Rheumatic Fever ___ Scarlet Fever ___ Seizure Disorder ___ Speech Problems

Please note any serious injuries, illnesses or conditions which may affect your child's education _____

DEVELOPMENTAL HISTORY

Please record the approximate age that your child:

___ Sat Alone ___ Single Word ___ Single Sentence ___ Rode Tricycle ___ Toilet Trained ___ Used Clay ___ Used Crayon
___ Crawled ___ Walked Alone (2 – 3 words) ___ Rode Bicycle ___ Dressed Self ___ Tied Shoes ___ Used Scissors

Mother's health problems or illnesses (if any) during pregnancy: _____

Term of pregnancy: ___ Full Term Premature at ___ weeks gestation Problems with delivery: _____

Complications: ___ Breathing ___ Seizure ___ Lethargic ___ Forceps

PRESENT HEALTH

Check any of the following which have been noted:

___ Allergy ___ Angers Easily ___ Dizziness ___ Ear Infections ___ Excitable
___ Emotional Problems ___ Fainting Spells ___ Frequent Sore Throats ___ Frequent Stomach Aches ___ Frequent Urination
___ Headaches ___ Hearing Problems ___ Heart Condition ___ Has Many Fears ___ Hernia
___ Lung Problem ___ Nail Biting ___ Nose Bleeds ___ Nutrition (General) ___ Neurological Problems
___ Pain Legs/Joints ___ Persistent Cough ___ Shyness ___ Skin Problems ___ Speech Problems
___ Toothaches ___ Thumb Sucking ___ Tires Easily ___ Vision Problems ___ Rt / Lft Handed

Explain _____

PRESENT MEDICAL CARE

Is your child subject to any conditions which might cause a classroom emergency, such as seizures, diabetes, allergies, etc.? ___ Yes ___ No

Explain: _____

Date of last visit to a physician for a complete checkup: _____ Name of Physician: _____

Does your child take medications: ___ Yes ___ No If yes, for what reason? _____

Date of last visit to a dentist: _____ Treatment Needed: _____

Is there any other information about your child that would we helpful for us to know? _____

PHYSICAL EDUCATION

A physician's statement is needed to be excused from a regular physical education class. Is there any reason why your child cannot take part in a regular physical education class?

Please explain _____

Parent Signature Date

ORCUTT UNION SCHOOL DISTRICT

Health Services Department

Alice Shaw • Joe Nightingale • Lakeview Junior High • Olga Reed • Orcutt Academy • Orcutt Junior High • Patterson Road • Pine Grove • Ralph Dunlap

ANNUAL HEALTH UPDATE FOR SCHOOL YEAR 20_ /____ **Teacher:** _____

Student Information (Informacíon del Estudiante):

Name (Nombre): _____ **M / F** **DOB (FDN):** _____

Last (Apellido) First (Primero)

School (Escuela): **Grade (Grado):**

DOES YOUR CHILD HAVE (TIENE SU ESTUDIANTE):

☐ Yes (Si) ☐ No Non-Food Allergies (Alerigas) List (Lista): _____

☐ Yes (Si) ☐ No Food Allergies (Alergia de Comida) Specify (Cual): _____

☐ Yes (Si) ☐ No Nut Allergies (Alergia de Nueces): Specify (Cual): _____

Reaction (Reaccion): _____

☐ Yes (Si) ☐ No Bee Sting Allergy (Alérgico a Piquete de Abeja) Reaction (Reaccion): _____

☐ Yes (Si) ☐ No Does your child need an EpiPen (Necesita su niño inyección de Epinefrina)? If yes (Si, si) at home (en casa) at school (en escuela)

☐ Yes (Si) ☐ No Asthma (asma) Does your student use a rescue inhaler (usa un inhalador de rescate) If yes (Si, si) at home (en casa) at school (en escuela)

☐ Yes (Si) ☐ No Diabetes - Type (Tipo) 1 or 2 Insulin Pen (Lapiz de Insulina) Insulin Pump (Pompa de Insulina) Oral Medication (Medicamento Oral)

☐ Yes (Si) ☐ No Seizure Disorder (Trastorno Convulsivo) Last Seizure Date (Fecha de Ultimo Ataque): _____

☐ Yes (Si) ☐ No ADD/ADHD

CHECK THE FOLLOWING HEALTH CONCERNS WHICH PERTAIN TO YOUR STUDENT (MARQUE LAS SIGUIENTES QUE SON RELACIONADAS CON SU HIJO):

☐	Wears glasses or contacts (Usa lentes [lentes de contacto]) (circle one/circule uno)	☐	Neurological/Tourettes (Neurológico)
☐	Hearing Aid Left/Right (Audífono Izquierdo/Derecho)	☐	Headaches (Dolores de Cabeza)
☐	Frequent Ear Infections (Infecciones Frecuente do Oídos)	☐	History of Concussion (Historia de Concusion) Date (Fecha):
☐	Hearing Difficulty (Dificultad con Oír)	☐	Autism (Autismo)
☐	Breathing Problems (Problemas de la Respiración)	☐	Heart Condition (Condición del Corazón)
☐	Anxiety/Panic Attacks (Ansiedad/Ataques de Panico)	☐	Stomach Problems (Problemas del Estomago)
☐	Frequent nose bleeds (Hemorragia Nasal Frecuente)	☐	Bladder/Bowel Problems (Problemas de la Vejiga)
☐	Other (Otro):	☐	Bone/Joint Problems (Problemas de Hueso o Coyuntura)
☐	Other (Otro):	☐	Other (Otro):
☐	Other (Otro):	☐	Other (Otro):

If any health concerns were checked, please explain (Si marco cualquier preocupaciones medicas, favor de explicar):

_____

LIST ALL DAILY MEDICATION AND REASON PRESCRIBED (HAGA UNA LISTA DE MEDICAMENTOS TOMADOS Y LA RAZON):

Medication/Purpose (Medicamento/Razon)	**Dose & Frequency (Dosis & Frecuencia)**	**Home/School (Casa/Escuela)**

Doctor Name (Nombre del Doctor): **Doctors's Phone (Telefono del Doctor):**

_____ _____

In order to provide a safe and healthy environment for your child, this ***confidential*** information will be accessible to the nursing staff, applicable school staff and emergency medical personnel. It may be shared electronically, verbally and/or in writing, unless I provide a written request. If parent/guardian cannot be be reached at the time of a medical emergency, and if immediate care is urgent in the judgement of school authorities, I authorize the school contact emergency services. **California Education Code 49423** requires a written authorization form be completed each school year for prescription or over the counter medication to be administered at school. All medications must be brought to school by a parent or guardian. Para tener un ambiente seguro y saludable para su hijo, esta información ***confidencial*** será compartida por el personal de enfermería, personal de la escuela applicable y personal de emergencia médica. Esta será compartida electrónicamente, verbal y/o por escrito, al menos que haya una solicitud por escrita. Si el padre/tutor no se encuentra en caso de una emergencia médica, y el cuidado inmediato es urgente, juzgado por las autoridades escolares, yo doy mi autorización de que la escuela contacte a servicios de emergencia. Código 49423 de la Educación de California requiere que la forma de autorización escrita sea completada cada año escolar para medicamentos con o sin receta para ser administradas en la escuela. Padres o tutores deben traer todos los medicamentos a la escuela.

Please sign and date below and return to the school office (Favor de firmar y poner la fecha y regrese a la oficina de la escuela).

Please continue to page 2

Student Name (Nombre):_____ **Student DOB (FND): _____**

The Orcutt Union School District submits claims to Medi-Cal for basic health screenings and services given to all students. Revenues received help to provide additional health services for all district students. Parents will not be asked to pay for any services. I consent for billing to Medi-Cal / Insurance carriers for school health services provided for my child and for exchange of billing information with the school district's billing services company.

El Distrito Escolar de Orcutt somete peticiones a MEDI-CAL para revisiones básicas de salud dadas a todos los estudiantes. Los ingresos recibidos ayudan a proveer servicios de salud adicionales para los estudiantes de todo el distrito. No se les pedirá a los padres que paguen por ninguno de los servicios de salud escolares. Estoy De Acuerdo que se envíen a la agencias de MEDI-CAL/ASEGURANZAS medicas por servicios de salud escolares para mi hijo/a y por intercambiar información relacionada con recibos de pago con las componías de servicios del distrito escolar.

FAMILY MEDICAL INSURANCE CARRIER: _____POLICY #: _____
COMPAÑIA DE SEGURO MEDICO Número de Póliza

Signature of Parent/Guardian (Firma de Padre/Tutor)_____

Date (Fecha) _____

Reviewed by Nurse (initials) _____

REV. 08/2018

Home Language Survey

Surname/Family Name of Student: _____

First Given Name of Student: _____

Second Given Name of Student: _____

Age of Student: _____ Grade Level of Student: _____

Teacher Name: _____

Directions to Parents and Guardians:

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 did your child learn when they first began to talk? _____

2. Which language does your child most frequently speak at home? _____

3. Which language do you (the parents and guardians most frequently use when speaking with your child? _____

4. Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults) _____

Please sign and date this form in the spaces provided below, then return this form to your child's teacher. Thank you for your cooperation.

Signature of Parent or Guardian _____

Date _____

THIS MAY BE USED AS A **TRANSFER CARD** OR A **REQUEST FOR CUMULATIVE RECORD**

NAME OF PUPIL _____ BIRTHDATE_____

PARENT/GUARDIAN _____ PRESENT GRADE_____

TO BE COMPLETED WHEN A STUDENT TRANSFERS FROM A SANTA BARBARA COUNTY SCHOOL DISTRICT:	TO BE COMPLETED WHEN CUMULATIVE RECORDS ARE BEING REQUESTED: PLEASE SEND RECORDS FOR THE ABOVE-NAMED PUPIL TO:
TRANSFER FROM_____	SCHOOL_____
ADDRESS_____	ADDRESS_____
_____	_____
LAST DAY ATTENDED_____	

SIGNATURE_____ DATE_____

Orcutt Union School District

Educational Benefits Eligibility Form

☐ 2024-2025 school year
☐ 2025-2026 school year

This form is used to determine eligibility for free and/or reduced costs of service offerings such as before & after school care (Campus Connection), Expanded Learning Opportunities Program (ELOP), P-EBT card, special utilities programs, SAT testing, etc.

PART I: Fill in the following information for a student living in your household – Fill out a form for EACH child

LAST NAME | **FIRST NAME** | **BIRTHDATE (MM / DD / YY)**

SCHOOL | **GRADE**

PART II: Fill in the following information for Household size and Household Income

See additional information on the back of this form for assistance in determining your household size and annual household income.

1. **If you feel you do not qualify for these programs, or for privacy reasons, you do not wish to complete the form, please check this box.** ☐ **(Checking this box means that you will not qualify for assistance)**

2. **Total Annual Household Income: $** _____

3. **Circle the total number of ADULTS and CHILDREN living in your household:**

   Circle one: 1 2 3 4 5 6 7 8 9 10 **Other** _____

PART III: Parent or Guardian Information and Signature

I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.

_____ **Signature of adult household member completing this form**

_____ **Printed name of adult household member completing this form**

_____ **Date**

CONTACT PHONE NUMBER | **E-MAIL ADDRESS**

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution. ***Orcutt Union School District is an equal opportunity provider.***

Who should I include in "Household Size"?

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do *not* include them.

What is included in "Total Household Income"? Total Household Income includes all of the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources, including any amount received from CalWORKs.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- **All Other Income:** Include worker's compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from CalFresh, WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. Do not include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay ONLY if you receive it on a regular basis.

How do I report household income for pay received on a monthly, twice per month, b-weekly, and weekly basis?

- Determine each source of household income based on above definitions. Households that receive income at different time intervals must annualize their income as follows:
  - If paid monthly, multiply total pay by 12
  - If paid twice per month, multiply total pay by 24
  - If paid bi-weekly (every two weeks), multiply total pay by 26
  - If paid weekly, multiply total pay by 52
- Add all annualized pay together to determine the total annual household income entered in Part II, 2.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make $1,000 each month, but you missed some work last month and made $900, put down that you made $1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

For additional information on Household Size and Gross Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at http://www.fns.usda.gov/cnd/guidance/default.htm.

Parents/Guardians – Are Your Kids Ready for School?

REQUIRED IMMUNIZATIONS FOR SCHOOL ENTRY

Please bring your child's immunization records with you at the time of registration. You may view and print a digital copy of your child's California vaccine record at: **MyVaccineRecord.CDPH.CA.gov**

Students Entering Transitional Kindergarten or Kindergarten Need Records of:

- ☐ **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap or Td) — 5 doses**
  4 doses OK if one was given on or after 4th birthday;
  3 doses OK if one was given on or after 7th birthday.
- ☐ **Polio (IPV or OPV) — 4 doses**
  3 doses OK if one was given on or after 4th birthday. Oral polio vaccine (OPV) doses given on or after April 1, 2016, do not count.
- ☐ **Hepatitis B — 3 doses**
- ☐ **Measles, Mumps, and Rubella (MMR) — 2 doses**
  Both doses must be given on or after 1st birthday.
- ☐ **Varicella (Chickenpox) — 2 doses**

New and Transfer Students Entering TK/K-12th Grade Need Records of:

- ☐ **All immunizations listed above**
  For 7th-12th graders: at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday. Hepatitis B vaccine is required for any grade, except for entry into 7th grade.

Students Starting 7th Grade Need Records of:

- ☐ **Tetanus, Diphtheria, Pertussis (Tdap) —1 dose**
- ☐ **Varicella (Chickenpox) — 2 doses**

What other immunizations should I ask my health care provider about?

When you visit your health care provider for back-to-school immunizations, make sure to also ask about other vaccines that help keep your child healthy, including **hepatitis A, COVID-19, and the annual flu vaccine**. Preteens and teens should also get the **human papillomavirus (HPV) vaccine** to protect against certain cancers and **meningococcal vaccines**.

Learn more about vaccines your child needs according to their age (bit.ly/CDCVaccinesByAge) **and where you can get your child immunized** (bit.ly/Where2BVaxed).

ORCUTT UNION SCHOOL DISTRICT
Health Services Department

Alice Shaw • Joe Nightingale • Lakeview Junior High • Olga Reed • Orcutt Academy • Orcutt Junior High • Patterson Road • Pine Grove • Ralph Dunlap

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 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 attached Oral Health Assessment/Waiver Request form to your 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's Web site at http://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 (1-800-322-6384) or Web site (http://www.denti-cal.ca.gov) can help you to find a dentist who takes Denti-Cal. For help enrolling your child in Medi-Cal/Denti-Cal, contact your local social service agency at (805) 681-4401.

2. Healthy Families' toll-free number (1-800-880-5305) or Web site (http://www.healthyfamilies.ca.gov) can help you to find a dentist who takes Healthy Families insurance or to find out if your child can enroll in the program.

3. For additional resources that may be helpful, contact the local public health department at (805) 345-7333 or www.sbcphd.org

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 questions about the new oral health assessment requirement, please call: (805) 938-8934 or visit the California Dental Association's website at: www.cda.org.

Sincerely,

Health Services

Oral Health Assessment Form

California law (*Education Code* Section 49452.8) says every child must have a dental check-up (assessment) by May 31st of his/her first year in public school. A California licensed dental professional must do the check-up and fill out Section 2 of this form. If your child had a dental check-up in the last 12 months, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out the separate Waiver of Oral Health Assessment Requirement Form.

This assessment will let you know if there are any dental problems that need attention by a dentist. This assessment will also be used to evaluate our oral health programs. Children need good oral health to speak with confidence, express themselves, be healthy and, ready to learn. Poor oral health has been related to lower school performance, poor social relationships, and less success later in life. For this reason, we thank you for making this contribution to the health and well-being of California's children.

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

Child's First Name:	Last Name:	Middle Initial:	Child's Birth Date: MM – DD – YYYY
Address:			Apt.:
City:			ZIP Code:
School Name:	Teacher:	Grade:	Year child starts kindergarten: Y Y Y Y
Parent/Guardian First Name:	Parent/Guardian Last Name:		Child's Gender: ☐ Male ☐ Female

Child's Race/Ethnicity:		
	☐ White	☐ Native American
	☐ Black/African American	☐ Multi-racial
	☐ Hispanic/Latino	☐ Native Hawaiian/Pacific Islander
	☐ Asian	☐ Unknown
	☐ Other (please specify)	

Continued on Next Page

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: MM – DD – YYYY	Untreated Decay (Visible Decay Present) ☐Yes ☐No	*Caries Experience (Visible decay and/or fillings 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)

_____	_____	MM – DD – YYYY _____
Licensed Dental Professional Signature	***CA License Number***	***Date***

*Check "Yes" for Caries experience if there is presence of untreated decay or fillings
Check "No" for Caries experience if there is no untreated decay and no fillings

Section 3: Follow-up to Urgent Care (Filled out by entity responsible for follow up)

Parent notified that child has urgent dental care need on:	MM – DD – YYYY
A follow-up appointment for this child has been scheduled for:	MM – DD – YYYY

Did child receive needed treatment?

◯ **Yes**

◯ **No** (If no, entity responsible for follow-up will be encouraged to check back in with parent)

◯ **I don't know**

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 31st of your child's first school year.

Original to be kept in child's school record.