

Before enrollment to **Helendale Elementary School** can be completed, we must have the following items:

_____ **Enrollment Packet**

_____ **Up-to-Date Immunizations**

_____ **Birth Certificate**

_____ **Proof of Residency** (ex. utility bill, rental agreement, real estate closing statement) (If you are living with someone and name is not on any paperwork, please have the person with the Proof of Residency provide a letter stating that you are living in their home and still attach one of the examples listed above)

_____ **Please check any of the following that apply: IEP () Speech () OT/PT () Specialized Academic Instruction () Has a 504 () Counseling ()**

_____ **Oral Health Assessment**
(All students in TK/K or new to the State of California school system. Exam must be by a CA doctor)

_____ **Health Examination**
(All students in TK/K or new to the State of California school system. Exam must be by a CA doctor)

In addition, if you would fill out:

_____ **Transportation form-** Bus routes are listed on our website located at www.helendalesd.org.

_____ **Request for Student Records-** be sure to include the schools name, address, fax and phone numbers.

If you have any questions, please contact the office at 760-952-1204.

Helendale School District Home Language Survey

The California Code Requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instructions for all students.

Name of Student _____
Last
First
Middle
Grade
Age

1. Child's primary language? _____
2. Has your child ever been tested for language in a California School? Yes No Not sure
If yes, please enter date: ____/____/____
3. Which language did your son or daughter learn when he or she first began to talk? _____
4. What language does your son or daughter most frequently use at home? _____
5. What language do you use most frequently to speak to your son or daughter? _____
6. Name the language most often spoken by the adults at home? _____
7. Is your child fluent in the English language (speaking, reading, and writing)?
 Yes No Not sure
8. Has your child been enrolled in a bilingual program?
 Yes No Not sure

A. _____ Student **Birth City** B. _____ Student **Birth State** C. _____ Student **Birth Country**

D. _____ Date 1st entered **US School** E. _____ Date 1st Entered **CA School** F. _____ Name and Address of **Last School Attended**

Signature of Parent or Guardian *Date*

EMERGENCY CONTACTS

Names:	Relationship to Student	Lives with Student Yes or No	Please check for Consent to pickup Yes or No	Phone Number	Work Number

OTHER CHILDREN IN FAMILY

Name	Date of Birth	Relationship to Student	Lives at home yes or no

Helendale School District
Authorization for Adult to Act as Custodial Parent

I/we, _____ and _____
Name Name

of _____, _____, do hereby state that I/we are the
County State

natural parent(s), legal guardian(s) having legal custody of _____
Child's Name

a minor, age _____, born, _____ who resides with me/us at _____.
Birthdate

I/we authorize _____, an adult, who resides at

Address City County State

to act on my/our behalf in school matters such as, but not limited to, signing absences
verifications, approving field trips, acknowledging notifications, and signing other
authorizations.

Dated this _____ day of _____, 20_____
Day Month Year

Signature of Parent or guardian

Expiration

Helendale School District

Dear Parent,

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child/children, **UNLESS**, a parent has a court order that indicates which parent has custody of child/children.

The school **MUST HAVE A COPY OF THE COURT ORDER** on file, otherwise, either parent may check the child out of the school with proper identification.

I have read the above statement of the law.

Student Name

Grade

Parent/Guardian Signature

Date

Parent/Guardian Signature _____ Date _____

Helendale School District

Acknowledgement of Parent or Guardian of Specific School Activities Notification

(Please sign and return to Helendale Elementary School)

STUDENT'S NAME _____ GRADE _____

1. ***Student is on a continuing medication program:*** (Please check) YES _____ NO _____
If YES, you have my permission to contact my physician.

PHYSICIAN'S NAME _____

Telephone _____ Medication _____

Dosage _____

*****Medication cannot be administered without a Permission to Assist with Medication Form on file.*****

2. ***Medication to be administered at school:*** (Please check) YES _____ NO _____
I understand that it is required to have a Permission To Administer Medication form on file in the office signed by the physician before any medication is allowed on campus.

SIGNATURE OF PARENT OR GUARDIAN _____ Date _____

3. The students in the Helendale School District often have outstanding achievement in the areas of academics, sports, music, club sponsored activities, etc. For these achievements we are very proud. Information and/or photographs or videos, such as, but not limited to athletics, events, music, academic awards are often requested by the media or other service publications including **class pictures and yearbooks**.

Please check one of the following:

- Yes**, my child's pupil information & photos may be used.
- No**, my child's pupil information & photos may not be used.

SIGNATURE OF PARENT OR GUARDIAN _____ Date _____

Signing above is acknowledgment that you have read the above information

4. Often children experience difficulty in school due to problems in vision, hearing, speech, fine motor skills, or dental. It is important for us to be aware of any difficulties your child may have in these areas in order to work effectively with him/her.

Please check one of the following:

- Yes**, my child may be screened for vision, hearing, speech, fine motor skills, or dental.
- No**, do not screen my child for vision, hearing, speech, fine motor skills, or dental.

SIGNATURE OF PARENT OR GUARDIAN _____ Date _____

Signing above is acknowledgment that you have read the above information

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street	City	ZIP code	SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
TB Risk Assessment and Test, if indicated	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.
Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)

and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian Date

Name, address, and telephone number of health examiner

Signature of health examiner Date

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.

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)
_____ <i>Licensed Dental Professional Signature</i>		_____ <i>CA License Number</i>	_____ <i>Date</i>

Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- I am unable to find a dental office that will take my child's dental insurance plan.
 My child's dental insurance plan is:
 Medi-Cal/Denti-Cal Healthy Families Healthy Kids Other _____ None
- I cannot afford a dental check-up for my child.
- I do not want my child to receive a dental check-up.
- Optional: other reasons my child could not get a dental check-up: _____

If asking to be excused from this requirement: ► _____
Signature of parent or guardian
Date

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

PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY



Starting July 1, 2019

Students Admitted at TK/K-12 Need:

- **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.)
For 7th-12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
- **Polio (OPV or IPV) — 4 doses**
(3 doses OK if one was given on or after 4th birthday)
- **Hepatitis B — 3 doses**
(Not required for 7th grade entry)
- **Measles, Mumps, and Rubella (MMR) — 2 doses**
(Both given on or after 1st birthday)
- **Varicella (Chickenpox) — 2 doses**

These immunization requirements apply to new admissions and transfers for all grades, including transitional kindergarten.

Students Starting 7th Grade Need:

- **Tetanus, Diphtheria, Pertussis (Tdap) — 1 dose**
(Whooping cough booster usually given at 11 years and up)
- **Varicella (Chickenpox) — 2 doses**
(Usually given at ages 12 months and 4-6 years)

In addition, the TK/K-12 immunization requirements apply to 7th graders who:

- previously had a valid personal beliefs exemption filed before 2016 upon entry between TK/Kindergarten and 6th grade
- are new admissions

Records:

California schools are required to check immunization records for all new student admissions at TK/Kindergarten through 12th grade and all students advancing to 7th grade before entry. Parents must show their child's Immunization Record as proof of immunization.

Helendale School District

Transportation

STUDENT'S NAME _____ GRADE _____

Please let us know how your student gets to and from school.

If there are changes please notify your student's teacher and the office.

This is how my student gets to school:

- Car
- Walks
- Rides their bike, scooter, skateboard, etc. (***Students must wear a helmet***)
- Bus - **Location of pick up:** _____

(Please check online at www.helendalesd.com or in the school office for updated bus routes)

This is how my student gets home from school:

- Car
- Walks
- Rides their bike, scooter, skateboard, etc. (***Students must wear a helmet***)
- Bus - **Location of drop off:** _____

(Please check online at www.helendalesd.com or in the school office for updated bus routes)

Helendale School District

Request for Student Records

Helendale Elementary School

Phone: (760)952-1204

Fax: (760)952-1762

Public law 93-380 (The Family Education Rights and Privacy Act of 1974) states in part that when student records are to be transferred to another school, and/or agency, parents or guardians of students, or students over 18 years of age, be notified of such transfer, receive a copy of the records being transferred if desired, and have an opportunity for a hearing to challenge the content of the record.

In order to honor the request for transfer of records, approval is necessary as indicated below. Copies of such records may be obtained by parents or guardians of students, or students over 18 years of age, by submitting a request in writing to the school office (there may be a charge not to exceed \$.25 per page copied in order to defray costs).

Request transfer of:

- Medical and Health Records
- Cumulative Folder and Transcript
- Any Psychological Testing and Special Education Placements

I hereby authorize _____

Name of Previous School

Street Address of School

City, State, and Zip of School

School **Fax** Number

School **Phone** Number

Name of Student

_____/_____/_____
Birthdate

Please Send To: **Helendale Elementary School**
Attn: Records
PO Box 249
Helendale, CA 92342