

CAPISTRANO UNIFIED SCHOOL DISTRICT

HOME LANGUAGE SURVEY

Name of Student _____

Last Name

First Name

Middle

Grade

Date of Birth

Age

Today's Date

Entering School (CUSD)

Prior School Name

Prior School District Name

The California *Education Code* contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.

1. Which language(s) did your child learn when he/she first began to talk?

2. Which language(s) does your child most frequently speak at home?

3. Which language do you (parents or guardians) most frequently use when speaking with your child?

4. Which language is most often spoken by adults in the home?

Signature of Parent/Guardian _____

Date _____

Capistrano Unified School District
New to CUSD- Additional Student Data

If your student is new to CUSD this year, please complete this form and return it to school as soon as possible along with any applicable forms in the packet.

This supporting data is needed for our California State Student Information System as well as for Federal Programs and Funding.

Student Name: _____ Student School: _____

Student Place of birth:

City _____ State _____ Country _____

US Entry Date If born outside of the United States (MM/DD/YYYY): _____

Preschool Information (If applicable)

Please list date student first began attending **Preschool** (Age 3 and Up) _____

Prior School Information (If applicable)

*Please list date student first began attending a **US School** (Grade K-12):* _____

School Name/District Name _____ City/State _____

*Please list date student first began attending a **California School** (Grade K-12):* _____

School Name/District Name _____ City/State _____

HELP US GET TO KNOW YOUR CHILD



Child's Name: _____ **M or F**
 Last **First** **Middle**

*Name he/she will go by if different from above _____

Parents' Name: _____

Address: _____
 Number Street **City**

Phone Numbers: **Day** _____ **Evening** _____

- Your child's birth date _____ **Month/Date/Year**
- How many siblings does your child have? _____ **older** _____ **younger**
- Does your child have prior preschool experience? _____ **Where?** _____
- Does your child have any allergies, medical or other considerations? _____

- Are you, or other family members, interested in volunteering in the classroom on a regular basis?

- What languages are spoken at home by other family members? _____

- List 3 adjectives that best describe your child.

My child can: (check all that apply)

____ recognize his/her name ____ write his/her name ____ identify some alphabet letters

____ identify numbers 1-10 ____ color within lines ____ cut with scissors on a line

____ Read (Yes or No) If yes, what is a title of a typical book they read? _____

Is there any other academic or social strengths/weakness you'd like to share?

Did your child attend a CUSD TK (transitional kindergarten)? YES NO

If yes, Teachers Name: _____

Parent Signature



CAPISTRANO UNIFIED SCHOOL DISTRICT

33122 VALLE ROAD, SAN JUAN CAPISTRANO CA 92675
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January 2022

Dear Parents and Guardians of Incoming Transitional Kindergarten, Kindergarten and First Grade Students:

The beginning of kindergarten and first grade are very important milestones in your child's life. We all share in the excitement, enthusiasm, and even a little anxiety that accompanies the beginning of school. Good health is a vital component in the quest for school success.

IMMUNIZATIONS

The California School Immunization Law requires that children be up-to-date on their immunizations to attend school. Per 2016 legislation (SB277), all students entering Transitional Kindergarten or Kindergarten must provide proof of immunization or a medical exemption when registering, and prior to attending school.

Beginning January 1, 2021, only Medical Exemptions issued from California Immunization Registry (CAIR ME) meet requirements. We cannot accept doctors notes NOT issued through CAIR ME, blood work or titers, or other documentation to medically exempt the required immunizations. The CAIR ME web site is a secure site for physicians to issue and manage standardized medical exemptions for children in school or child care. Parents use the same site to request medical exemptions from vaccination for their children. Schools and child care facilities can monitor and get updates for medical exemptions issued for children in attendance. For more details or to request an exemption from your child's physician, please visit <https://cair.cdph.ca.gov/exemptions/home>

Vaccine	4-6 Years Old Elementary School at Transitional-Kindergarten/ Kindergarten and Above
Polio (OPV or IPV)	4 doses (3 doses OK if one was given on or after 4th birthday)
Diphtheria, Tetanus, and Pertussis (DTaP, DTP, DT, or Tdap)	5 doses of DTaP, DTP, or DT (4 doses OK if one was given on or after 4th birthday)
Measles, Mumps, and Rubella (MMR or MMR-V)	2 doses (Both doses given on or after 1st birthday. Only one dose of mumps and rubella vaccines are required if given separately.)
Hepatitis B (Hep B or HBV)	3 doses
Varicella (chickenpox, VAR, MMR-V or VZV)	2 doses (new requirement as of July 1, 2019)

Regarding COVID-19 vaccination: The vaccination mandate will not begin until full FDA approval for the grade span. Ages 12+ corresponds to grades 7-12, and full approval of ages 5-11 corresponds to grades K-6. Students who are under the age of full approval, but within the grade span, will be required to be vaccinated once they reach the age of full approval. The requirement will take effect at the start of the term following full approval of that grade span, to be defined as January 1st or July 1st, whichever comes first. Based on current information, the requirement is expected to apply to grades 7-12 starting on July 1, 2022. Please visit www.shotsforschool.org for the most up to date vaccination requirements for school.

HEALTH EXAMINATION FOR SCHOOL ENTRY

The State of California supports proactive steps toward a healthy start for its school children by requiring students to receive a *Health Examination for School Entry* by first grade. Capistrano Unified School District recommends this examination prior to entering kindergarten and first grade. A **health screening completed on or after February 16, 2022, will qualify children for school entrance on August 16, 2022.**

Attached is a copy of the "Health Examination for School Entry" form. Please take the form with you to your health care provider and return it to school when completed. If you have concerns about your child's health examination, please contact the health assistant or licensed vocational nurse at your school.

If you have any questions about these requirements, please do not hesitate to contact your school principal, the licensed vocational nurse, or the health assistant at your school. You may also visit <http://www.shotsforschool.org> for detailed immunization information. We wish you and your child well and look forward to a long and satisfying relationship with your family.

Sincerely,
Heidi Crowley
Heidi Crowley
Administrator on Special Assignment, COVID 19 Health and Safety and Student Wellness



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Enero del 2022

Estimados padres y representantes de los estudiantes que están ingresando al programa de transición al kínder (TK), kínder, y primer grado.

El comienzo del Kínder y primer grado es un paso muy importante en la vida de su hijo. Nosotros compartimos con ustedes la emoción, el entusiasmo y hasta la ansiedad que acompaña el comenzar un año escolar. La buena salud es un componente vital en la conquista del éxito académico.

INMUNIZACIÓN: La Ley de Inmunización del Estado de California requiere que todos los estudiantes estén al día con sus vacunas para poder asistir a la escuela. De acuerdo con la legislatura (SB 277) del 2016, todos los estudiantes que ingresen al programa de transición al kínder (TK) o Kínder, deben presentar un comprobante de inmunización o exención médica al inscribirse y antes de asistir a clases.

A partir del 1 de enero del 2021, los médicos utilizarán un formulario electrónico disponible a través del Registro de Inmunizaciones de California (CAIR ME). No podemos aceptar notas que NO hayan sido emitidas a través de CAIR ME, análisis de sangre u otra documentación para que las vacunas requeridas queden exentas desde el punto de vista médico. CAIR ME es un sistema informático seguro utilizado por los médicos para emitir y manejar exenciones para niños en edad escolar y que asisten a centros de cuidado de niños. Los padres utilizan este mismo sitio para solicitar exenciones médicas de vacunas para sus hijos. Las escuelas y centros de cuidado de niños pueden controlar y obtener información actualizada sobre las exenciones médicas emitidas para los niños que asisten a la escuela. Para más detalles o para solicitar una exención médica para su hijo, visite <https://cair.cdph.ca.gov/exemptions/home>

s de edad Escuela primaria (al nivel de kínder de transición/ kínder o más arriba)	
Polio (OPV o IPV)	4 dosis (3 dosis cumplen con el requisito si una se administró al cumplir los 4 años de edad o después).
Difteria, tétanos y tos ferina	5 dosis de DTaP, DTP o DT (4 dosis cumplen con el requisito si una se administró al cumplir los 4 años de edad o después).
Sarampión, paperas y rubéola (MMR o MMR-2)	2 dosis (Ambas aplicadas al cumplir 1 año de edad o después. Sólo se requiere una dosis de las vacunas contra las paperas y la rubéola si se administró por separado).
Hepatitis B (Hep B o HBV)	3 dosis
Varicela (VAR, MMR-V, o VZV)	2 dosis (nuevo requisito que entró en efecto el 1 de julio, 2019)

Con respecto a las vacunas contra el COVID-19: El requisito de vacunación no entrará en efecto hasta que la FDA lo apruebe por completo para el intervalo de grados. La edad de 12 años o más corresponde a los grados del 7.º al 12.º, y la aprobación completa de las edades de 5 a 11 años corresponde a los grados de K a 6.º. Los estudiantes que no tengan la edad de aprobación completa, pero que estén dentro del intervalo de grados, deberán vacunarse una vez que alcancen la edad de aprobación completa. El requisito entrará en vigor al comienzo del término siguiente a la aprobación completa de ese intervalo de grados, que se definirá como el 1 de enero o el 1 de julio, lo que ocurra primero. Según la información actual, se espera que el requisito se aplique a los grados de 7.º al 12.º a partir del 1 de julio de 2022. Por favor, visite el sitio web www.shotsforschool.org para obtener los requisitos más actualizados de vacunación para ingresar a la escuela.

EL “EXAMEN DE SALUD” RECOMENDADO PARA INGRESAR A LA ESCUELA

El estado de California apoya y toma la iniciativa para un comienzo escolar saludable al requerir un “Examen de Salud Para Ingreso Escolar” antes del primer grado. El Distrito Escolar Unificado de Capistrano recomienda que los estudiantes tengan un examen físico antes de comenzar el kínder y primer grado. Un examen de salud que se lleve a cabo durante o después del 16 de febrero del 2022, le permitirá a su hijo/a ingresar a la escuela el 16 de agosto de 2022.

Adjunto encontrará una copia del formulario requerido para el “Examen de Salud Para Ingreso Escolar.” Por favor llévelo a su proveedor de salud y devuélvalo a la escuela una vez que lo haya completado. Si usted tiene alguna pregunta respecto al examen de salud de su hijo/a, por favor comuníquese con la asistente de salud o la enfermera de la escuela.

Si usted tiene preguntas acerca de estos requisitos, por favor comuníquese con el director/a, la enfermera de la escuela, o la asistente de salud de su escuela. También puede visitar <http://www.shotsforschool.org> para información detallada sobre vacunas. Les deseamos bienestar y esperamos poder llevar una larga y satisfactoria relación con su familia.

Atentamente,
Heidi Crowley-
Administrator on Special Assignment, COVID 19 Health and Safety and Student Wellness

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/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 (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)

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)*

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.

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 entreguelo 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)	/ /
Evaluación de Riesgo y prueba Tuberculosis*	/ /
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	Cuarto	Quinto
POLIO (OPV o IPV)					
DTaP/DT/DTT/d (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 preescolares solamente)					
HEPATITIS B					
VARICELLA (Viruelas locas)					
OTRA (e.g. prueba TB, de ser indicado)					
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
Firma del examinador de salud	Fecha

* de ser indicado

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).

Oral Health Assessment/Waiver Request Form

California law, *Education Code* Section 49452.8, now requires that your child have an oral health assessment by May 31 in kindergarten or first grade, whichever is his or her first year of public school. The law specifies that the assessment must be performed by a licensed dentist or other licensed or registered dental health professional. Oral health assessments that have happened within the 12 months before your child enters school also meet this requirement. If you cannot take your child for this assessment, you may be excused from this requirement by filling out Section 3 of this form.

Section 1

To be completed by the 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 Gender: <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"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-racial <input type="checkbox"/> Unknown		

Section 2

Oral Health Data Collection

To be completed by the dental professional conducting the assessment

Assessment Date:	<u>Visible caries and/or fillings present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Visible caries present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Treatment Urgency:</u> <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended <input type="checkbox"/> Urgent care needed
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Dental professional's signature

Date

Return this form to the school by May 31

Original to be retained in child's school record.

Section 3
Waiver of Oral Health Assessment Requirement
To be completed by a parent or guardian requesting to be excused from this requirement

I request that my child be excused from the oral health assessment requirement for the following reason: (Please check the box that best describes the reason.)

- I am unable to find a dental office that will take my child's insurance plan.
My child is covered by the following insurance plan:
 Medi-Cal/Denti-Cal Healthy Families Healthy Kids None
 Other _____

I cannot afford an oral health assessment for my child.

I do not wish my child to receive an oral health assessment.

Optional: other reasons my child could not get an oral health assessment: _____

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. If you have any questions about this requirement, please contact your school office.

Signature of parent or guardian

Date

Return this form to the school by May 31

Original to be retained in child's school record.