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 tile 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
TELEPHONE: (949) 234-9200/FAX: 496-7681 www.capousd.org

January 2023

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

The beginning of school is a very important milestone 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 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 doctor's 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 at their facility. 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)**

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 15, 2023, will qualify children for school entrance on August 15, 2023.**

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.

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Enero del 2023

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

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

VACUNAS

La Ley de Vacunación del Estado de California requiere que todos los estudiantes estén al corriente con sus vacunas para poder asistir a la escuela. De acuerdo con legislatura (SB 277) del 2016, cada estudiante debe presentar un comprobante de inmunización o exención médica al inscribirse y antes de asistir a clases.

A partir del 1 de Enero del 2021, sólo las Excepciones Médicas emitidas por el Registro de Inmunización de California (CAIR ME) cumplen los requisitos. No podemos aceptar notas del médico NO emitidas a través de CAIR ME, análisis de sangre o títulos de anticuerpos, u otra documentación para eximir médicamente las vacunas requeridas. El sitio web CAIR ME es un sitio seguro para que los médicos emitan y gestionen exenciones médicas estandarizadas para niños en la escuela o en guarderías. Los padres utilizan el mismo sitio para solicitar exenciones médicas de vacunación para sus hijos. Las escuelas y guarderías pueden supervisar y obtener actualizaciones de las exenciones médicas emitidas para los niños que asisten a sus instalaciones. Para más detalles o para solicitar una exención al médico de su hijo, visite https://cair.cdph.ca.gov/exemptions/home.

Vacuna	4 – 6 años 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 aplicó 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 aplicó al cumplir los 4 años de edad o después).
Sarampión, paperas y rubéola (MMR o MMR-V)	**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 rubéolas se aplican por separado).
Hepatitis B (Hep B o HBV)	**3 dosis**
Varicela (VAR, MMR-V, o VZV)	**2 dosis (nuevo requisito desde el 1 de Julio, 2019)**

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 15 de febrero del 2023, le permitirá a su hijo/a ingresar a la escuela el 15 de Agosto, 2023.**

Adjunto encontrará una copia de la forma que se requiere para el "Examen de Salud Para Ingreso Escolar." Por favor llévela a su proveedor de salud y devuélvala a la escuela una vez que esté completa. Si usted tiene alguna pregunta referente al examen de salud de su hijo, por favor comuníquese con la asistente de salud o la enfermera de la escuela.

Si usted tiene preguntas sobre 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.

State of California—Health and Human Services Agency

Department of Health Care Services
Child Health and Disability Prevention (CHDP) Program

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.

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

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: □ Male □ Female
Parent/Guardian Name:	Child's race/ethnicity: □ White □ Black/African American □ Hispanic/Latino □ Asian □ American Indian □ Alaska Native □ Native Hawaiian/Pacific Islander □ Multi-racial □ Unknown		

Section 2
Oral Health Data Collection

To be completed by the dental professional conducting the assessment

Assessment Date:	Visible caries and/or fillings present: □ Yes □ No	Visible caries present: □ Yes □ No	Treatment Urgency: □ No obvious problem found □ Early dental care recommended □ Urgent care needed

_____

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.