

Welcome to Franklin Elementary School

Checklist for K-6 Registration:

*Children are eligible for Kindergarten enrollment if their fifth birthday is on or before September 1st 2022

*Children are eligible for Transitional Kindergarten if their fifth birthday is on or between September 2nd, 2022 – February 2nd, 2023

☐ Proof of student's birth (provide ONE from the list below, must provide original):

Birth Certificate (County Record), Or
Hospital Record, or
Baptismal Record

☐ Current Immunization Record

(Must have ALL of the immunizations, listed below documented on the doctor's record):

Polio, 4 doses required (3 accepted if last dose given after 4th birthday)

DTP, 5 doses required (4 accepted if last dose given after 4th birthday)

MMR, 2 doses

Hep B, 3 doses

Varicella, 2 doses

☐ TWO Proof of Residence

For acceptable documents please see second page of this packet ... ➡

☐ Verification of Physical Examination Screening

(ONLY for Kindergarten or First Grade, dated within 6 months prior to 08/08/22)

☐ Copy of IEP (Special Education students only)

☐ Completed RUSD Registration Packet

☐ Parent/Guardian Photo ID



Mr. Timothy R. Walker, Assistant Superintendent, Pupil Services/SELPA

Mr. Raúl Ayala, Director of Pupil Services

2022-2023 School Year - Establishing Proof of Residency

In accordance with California Education Code, proof of residency must be established prior to enrollment in school. To establish residency, parents/guardians need to produce at least two documents from the list below including the name of parent/guardian, and current Riverside address. **Documents shall be dated within the previous thirty (30) days of their presentation to school site staff.**

Acceptable Documents Used to Establish Residency:

- Escrow Papers, with closing date not more than 30 days from the current date.
(Note: Schools may ask for the final closing docs after the 30-day date to assure residence).
- Lease/rental agreement **with** receipt from property owner;
- Mortgage statement
- Utility service contracts, statements, or payment receipts, (Gas, Electric, Water providers).
- Employer's verification of address (i.e. pay stub);
- Proof of Insurance – car or home;
- Electronic payment receipt of monthly payments or security deposit or cancelled checks;
- Statements from medical providers, (Example Kaiser Permanente)
- Mail from old address with forwarding address label with new address – online confirmation;
- Mail from state or federal government agencies; (i.e., Medi-Cal, food stamps, court ordered child support payments, DMV registration, jury summons, housing authority document, County DPSS, Medical, Cal Works, Child support statements, voter registration, taxes)
- Court documents regarding foster care, guardianship, custody orders.

Documents NOT Acceptable:

- Cable, Trash, Telephone/Cellphone, bills
- Credit card statements
- Junk Mailers, (Advertisements)
- Driver's License
- Restraining Orders
- Bank Statements

Revised 2/2022

RIVERSIDE UNIFIED SCHOOL DISTRICT

3380 14th Street
Riverside, CA 92501
951-788-7135

BUSINESS SERVICES

6050 Industrial Avenue
Riverside, CA 92504
951-352-6729

CENTRAL REGISTRATION CENTER

5700 Arlington Avenue
Riverside, CA 92504
951-352-1200

RIVERSIDE UNIFIED SCHOOL DISTRICT

New Student Registration 2022-2023

1) STUDENT INFORMATION				
Student Last Name		Student First Name		Middle Name
Legal Name, if different			Family Email Address	
Current Street Address			City	Zip Code
Mailing Address, if different			City	Zip Code
Home phone ()	Father/Parent Cell ()	Mother/Parent Cell ()		
Student Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> Female			
2) LAST SCHOOL ATTENDED				
Name of School	Date Last Attended	Grade	City/County/State	
Has student previously attended a RUSD school?		<input type="checkbox"/> No <input type="checkbox"/> Yes* *School:		
3) FAMILY INFORMATION				
<i>Please include first and last name</i>			Check if student lives with	
Father/Stepfather/Parent			<input type="checkbox"/>	
Foster/Caregiver/Guardian				
Mother/Stepmother/Parent			<input type="checkbox"/>	
Foster/Caregiver/Guardian				
Is Either Parent/Guardian on Active Duty in the Armed Forces?			<input type="checkbox"/> Yes <input type="checkbox"/> No (Active duty is defined as full-time duty in Air Force, Army, Coast Guard, Marines, or Navy)	
If Active, What Branch?			<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy	
4) OTHER CHILDREN LIVING AT HOME				
Name (first and last)	Date of Birth	Grade	School	
5) HEALTH INFORMATION				
Check all that apply:				
<input type="checkbox"/> No known health problems			Comments: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
<input type="checkbox"/> Allergies (please explain)				
<input type="checkbox"/> Attention Deficit/Hyperactivity				
<input type="checkbox"/> Asthma (<input type="checkbox"/> Inhaler dependent*)				
<input type="checkbox"/> Diabetic (<input type="checkbox"/> Insulin dependent*)				
<input type="checkbox"/> Seizures/Epilepsy (<input type="checkbox"/> Medication required*)				
<input type="checkbox"/> Surgeries				
<input type="checkbox"/> Serious Illness (please explain)				
<input type="checkbox"/> Other Medical (please explain)				
<input type="checkbox"/> Other Medications* (please explain)				
			* REQUIRES DOCTOR'S NOTE/COMPLETION OF DOCTOR'S AUTHORIZATION FORM ** SEE PARENT HANDBOOK FOR MORE HEALTH SERVICES INFORMATION	

6) SPECIAL PROGRAMS

- ☐ Yes, my child has a current Individualized Education Plan (IEP)
- ☐ Speech Therapy
- ☐ Resource Specialist Program (RSP)
- ☐ Special Day Class (SDC)
- ☐ 504 Accommodation Plan
- ☐ My child has been tested for special education

- ☐ Gifted and Talented Education (GATE)
- ☐ Behavior Plan/Behavior Contract
- ☐ Student Study Team
- ☐ Foster/Group Home
- ☐ Homeless/McKinney-Vento
- ☐ Other _____
- ☐ NONE

7) PAST BEHAVIOR HISTORY**SUSPENSION:**

- ☐ My child **has** previously been suspended from a public/private school.*

EXPULSION:

- ☐ My child **has** been expelled from a public/private school or district. *
- ☐ My child **is currently** being referred for expulsion from a public/private school or district. *

* Parents are required by law to divulge this information (EC 48918)

8) PARENT EDUCATION LEVEL

This information is for statistical/survey information only and will be kept confidential.

Please check the box that most closely pertains to **parents**:

- ☐ Not a high school graduate
- ☐ High school graduate
- ☐ Some college (2 or 4 yr College or University)
- ☐ College graduate
- ☐ Graduate school/Post graduate training
- ☐ Declines to state or unknown graduate

9) STUDENT ETHNICITY

- ☐ No, not Hispanic or Latino
- ☐ Yes, Hispanic or Latino

10) STUDENT RACE (select one or more)

- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Black or African American
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Guamanian
- ☐ Hawaiian
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Other Asian
- ☐ Other Pacific Islander
- ☐ Samoan
- ☐ Tahitian
- ☐ Vietnamese
- ☐ White

***** PARENT/GUARDIAN SIGNATURE*****

My signature certifies that all information provided on this form is accurate. I understand that changes in address, telephone numbers, and/or emergency information must be reported to the school within 24 hours for the safety of my child.

Parent/Guardian Signature _____

Date _____

Riverside Unified School District prohibits discrimination, harassment, intimidation, or bullying in all district programs, activities, and employment on the basis of actual or perceived ancestry, age, color, disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, age, sex, sexual orientation, parental or marital status, pregnancy, or association with a person or a group with one or more of these actual or perceived characteristics. **If you have any complaints or questions regarding this policy you may contact** Director of Pupil Services or the District Complaint Officer 5700 Arlington Avenue, Riverside, CA 92504, (951) 788-7135 or (951) 352-1200

REV. 2/22

OFFICE USE ONLY

GRADE:

Student ID:

☐ **REGISTRATION COMPLETE**

DOCUMENTS VERIFIED:

- ☐ Photo ID
- ☐ Caregiver
- ☐ Proof of Address

- ☐ Birth Verification
- ☐ Emergency Card
- ☐ Immunization record
- ☐ Physical
- ☐ Custody documents
- ☐ Health History Form

- ☐ Transcripts
- ☐ Student Housing Questionnaire
- ☐ Home Language Survey
- ☐ Mandatory Parent Notification Receipt
- ☐ Parent Handbook
- ☐ Lunch Application

Proof #1 Date: _____

Proof #2 Date: _____

SCHOOL OF RESIDENCE:



Student Housing Questionnaire

Student Last Name	First	Middle	Date of Birth	ID Number

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? **Check all that apply.**

- ☐ Living in a single-home residence that is permanent
- ☐ 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/hotel due to loss of housing, economic hardship, natural disaster, etc.
- ☐ I am a student under the age of 18 and living apart from parent(s) or guardian

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 Code

Please list all school aged children currently living with you:

Name	M/F	Birthdate	Grade	School

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 and Title I.
- Receive the full protections and services provided under all federal and state laws, as it relates to homeless children, youth, and their families.

If you have any questions about these rights, please contact the local homeless liaison,
Chris Sewell, by phone at (951) 352-1200 or by email at csewell@riversideunified.org

FOR OFFICE USE ONLY

If student qualifies for homeless program scan and email this form to Elvira Dering in Pupil Services: edering@riversideunified.org

Name of school site personnel receiving this form: _____

RIVERSIDE UNIFIED SCHOOL DISTRICT
Health Services
5700 Arlington Avenue, Riverside, CA 92504

CONFIDENTIAL HEALTH HISTORY FORM

School _____

Student Name _____ ☐ Male ☐ Female

Birthdate _____ Age _____ Grade _____

☐ My child **does not** have any health issues at this time.

If your child has health issues please answer the following questions:

Does your child take medication on a routine basis? ☐ Yes ☐ No ☐ During school hours? ☐ Yes ☐ No If yes,

Name of medication _____ Name of medication _____

Name of medication _____ Name of medication _____

If your child must take prescriptions or over the counter medications during the school day, complete the Medication Administration parent/physician authorization form and return to the school office, (One form for each medication).

Check ☒ the box and explain if your child has a history of or now has the following conditions or concerns.

☐ Asthma

☐ Seizures

☐ Date of last seizure _____

☐ Type _____

☐ Currently takes medication for seizures _____

☐ Allergies

☐ Bees

☐ Foods _____

☐ Medication _____

☐ Other _____

☐ Lactose Intolerance

☐ Physical Limitations _____

☐ Special Equipment needed at home

☐ Special Equipment needed at school

☐ Heart/Cardiac Condition _____

☐ Other Conditions _____

☐ Diabetes ☐ Type I ☐ Type II

• Has your child been hospitalized for diabetes? ☐ Yes ☐ No

If yes, give date and explain hospital course: _____

• Can your child monitor his/her blood glucose level independently? ☐ Yes ☐ No

• Can your child tell if he/she is having symptoms of high or low blood glucose levels? ☐ Yes ☐ No

If yes, what are his/her symptoms? _____

• Has Glucagon ever been given to your child? ☐ Yes ☐ No Last given: _____

Is your child ***currently*** under a doctor's care for any of the above? ☐ Yes ☐ No

If yes: Doctor's name _____ Phone _____ Fax _____

Address _____

☐ I hereby give permission to share information pertaining to the health of my child with school staff who need to know.

Parent/Guardian Signature _____ Date _____

For Office Use Only:

☐ Original to Cum

☐ Sent to District Nurse

☐ Health Assistant

☐ Teacher

2022-2023 RIVERSIDE UNIFIED SCHOOL DISTRICT

STUDENT EMERGENCY CARD

Date entered into Aeries _____
Completed by _____

Student ID # _____ Gender: M / F _____ Grade: _____ Age: _____ Birthdate: _____
Genero _____ Grado _____ Edad _____ Fecha de Nacimiento _____

Name _____
Last / Apellido _____ First / Nombre _____

Address _____ Zip Code _____ Home Phone _____
Domicilio _____ Código Postal _____ Teléfono _____

Father/Guardian Name _____ Work Phone _____ Cell _____
Padre/Tutor _____ Num. del Trabajo _____
Email Address _____ Lives with student _____ Yes _____ No
Correo Electrónico _____ Vive con el estudiante _____

Mother/Guardian Name _____ Work Phone _____ Cell _____
Padre/Tutor _____ Num. del Trabajo _____
Email Address _____ Lives with student _____ Yes _____ No
Correo Electrónico _____ Vive con el estudiante _____

List medical conditions that may require special attention _____
Apunte cualquier condición médica crónica la cual pueda requerir atención especial

Name of prescribed medication _____
Nombre del medicamento recetado

Physician's Name _____ Phone _____
Nombre del doctor _____ Teléfono _____

Is there a court order restraining any person from this student? _____ Yes _____ No
¿Tiene una orden judicial de los tribunales para restringir a una persona que se acerque al estudiante?

If yes, please list the person's name and provide a copy of the court order: _____
Si marco que **si** anote el nombre de la persona y provee una copia de la orden judicial

Other than Parent/Guardian, please list at least two local contacts with phone numbers. To assure the safety and well-being of my child, only the following persons are authorized to sign for his/her release from school **with prior written notice from the parent/guardian**. If your student must be picked up as determined by the school site administration every attempt will be made to contact the parent/guardian prior to releasing the child to the following individuals. Parents are responsible for updating parent contact information. **Students may only be released to adults, 18 years of age or older.**
Además del Padre/Tutor, por favor anote 2 contactos locales con números de teléfono. Para asegurar el bienestar de mi estudiante, solamente las personas siguientes están autorizadas para firmar la salida de mi estudiante de la escuela con una **nota de previo aviso por escrito del Padre/Tutor**. Si su estudiante tiene que ser recogido por una decisión de la administración de la escuela, se va hacer todo lo posible de contactar a Padre/Tutor antes de dar permiso a los contactos locales. Los padres tienen la responsabilidad de actualizar la información de los contactos. **Alumnos solamente pueden ser entregados a adultos, mayores de 18 años de edad.**

Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell
Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell
Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell
Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell
Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell

In case of an emergency and I cannot be reached, I authorize the physician/hospital to administer medical care as deemed medically necessary.

En caso de una emergencia si no se puede comunicar conmigo, yo doy autorización al doctor/hospital para que le den cuidados médicos.

Parent/Guardian Signature _____ Date _____
Firma de Padre/ _____ Fecha _____

RIVERSIDE UNIFIED SCHOOL DISTRICT
SCHOOL INFORMATION FOR STUDENTS and PARENTS HANDBOOK 2022-2023
MANDATORY PARENT NOTIFICATION RECEIPT
(A form must be on file at each school/for each student)

Dear Parent/Guardian:

Please read and discuss the **Riverside Unified School District SCHOOL INFORMATION FOR STUDENTS AND PARENTS HANDBOOK** on the RUSD website with your child, for clarification of rules before you and your child sign below to acknowledge your understanding and agreement to abide by RUSD rules and policies.

The handbook can be located at RUSD website:

<https://www.riversideunified.org/departments/pupil-services/parent-handbook>

School Attendance Information – Please read and review with your student the Attendance Information section of this handbook. It is important for parents and students to know and understand the legal requirements for students to attend school each day the schools are open and in session. This section also very clearly defines what constitutes an excused absence from school.

Discipline Information – Please review the Discipline section of this handbook with your student. Your signature below indicates you have reviewed the Discipline information and discussed school rules with your student.

Media Release - The district occasionally receives requests from the news media and other agencies to photograph or videotape/record students. These requests are often received on a spur of-the-moment basis, which makes it difficult to obtain immediate parental consent. Parental consent is requested for your student to be photographed/videotaped/recorded during the school year. This may include District promotional news clips for social media websites (including but not limited to Facebook, Instagram, YouTube, blogs etc.).

Acceptable Use Agreement - Rules and Regulations #6163.4(g) (Ref. Policy #6163.4)

As the parent or guardian, I hereby consent to my student's use of the Internet at school. I also agree not to hold the district responsible for materials acquired by the student on the system, for violations of copyright restrictions, users' mistakes, negligence, or any costs incurred by users.

Publishing Student Work/Photo/Name – Student work and photos may be published on the Internet for a world-wide audience via www.riversideunified.org or other District affiliated social media websites (including but not limited to Facebook, Instagram, YouTube, blogs, etc) with the consent of the student and (if the student under 18) parent/guardian.

CUT ALONG DOTTED LINE, SIGN IMMEDIATELY AND RETURN TO SCHOOL OFFICE

Student's Name _____ DOB _____

School _____ Grade _____

Please respond by checking the appropriate box:

Media Release

- ☐ **Yes, I give** permission for my student to be photographed or videotaped. *(as outlined above)*
☐ **No, I do not give** permission for my student to be photographed or videotaped. *(unless I have been reached to give special permission)*

Acceptable Use Agreement

- ☐ **Yes, I/We hereby agree** to comply with the Acceptable Use Policy.
☐ **No, I do not agree** to comply with the Acceptable Use Policy.

Publishing Student Work/Photo/Name

- ☐ **Yes, I give** permission for the publication of my student's work, photo and name on the RUSD web site and other District affiliated social media sites (including but not limited to Facebook, Instagram, YouTube, blogs, etc). (Note: Names of students shall not be used to identify any background photos).
☐ **No, I do not give** permission for the publication of my student's work, photo and name on the RUSD web site and other District affiliated social media sites (including but not limited to Facebook, Instagram, YouTube, blogs, etc). (Note: Names of students shall not be used to identify photos).

By signing I acknowledge that I have read, discussed and understand the *School Information for Students and Parents Handbook 2022-2023*, and I have reviewed the school discipline information in this booklet.

Parent/Guardian Signature

Student Signature

Date

GRADE	NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION ^{1, 2, 3}				
K-12 Admission	4 Polio⁴	5 DTaP⁵	3 Hep B⁶	2 MMR⁷	2 Varicella
(7th-12th)⁸	K-12 doses	+ 1 Tdap			
7th Grade Advancement^{9,10}		1 Tdap⁸			2 Varicella¹⁰

- Requirements for K-12 admission also apply to transfer pupils.
- Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
- Any vaccine administered four or fewer days prior to the minimum required age is valid.
- Three doses of polio vaccine meet the requirement if one dose was given on or after the 4th birthday.
- Four doses of DTaP meet the requirement if at least one dose was given on or after the 4th birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday (also meets the 7th-12th grade Tdap requirement. See fn. 8.)
- One or two doses of Td vaccine given on or after the 7th birthday count towards the K-12 requirement.
- For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c).
- Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the 1st birthday meet the requirement.
- For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
- For children in ungraded schools, pupils 12 years and older are subject to the 7th grade advancement requirements.
- The varicella requirement for seventh grade advancement expires after June 30, 2025.

DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine

Hep B = hepatitis B vaccine

MMR = measles, mumps, and rubella vaccine

Varicella = chickenpox vaccine

INSTRUCTIONS:

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. Students entering 7th grade who had a personal beliefs exemption on file must meet the requirements for TK/K-12 and 7th grade. See shotsforschool.org for more information.

UNCONDITIONALLY ADMIT a pupil whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age or grade as defined in table above:

- Receipt of immunization.
- A permanent medical exemption.*
- A personal beliefs exemption (filed in CA prior to 2016); this is valid until enrollment in the next grade span, typically at TK/K or 7th grade.†

CONDITIONALLY ADMIT any pupil who lacks documentation for unconditional admission if the pupil has:

- Commenced receiving doses of all the vaccines required for the pupil's grade (table above) and is not currently due for any doses at the time of admission (as determined by intervals listed in Conditional Admission Schedule, column entitled "EXCLUDE IF NOT GIVEN BY"), or
- A temporary medical exemption from some or all required immunizations.*

CONDITIONAL ADMISSION SCHEDULE FOR GRADES K-12

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

DOSE	EARLIEST DOSE MAY BE GIVEN	EXCLUDE IF NOT GIVEN BY
Polio #2	4 weeks after 1st dose	8 weeks after 1st dose
Polio #3 ¹	4 weeks after 2nd dose	12 months after 2nd dose
Polio #4 ¹	6 months after 3rd dose	12 months after 3rd dose
DTaP #2	4 weeks after 1st dose	8 weeks after 1st dose
DTaP #3 ²	4 weeks after 2nd dose	8 weeks after 2nd dose
DTaP #4	6 months after 3rd dose	12 months after 3rd dose
DTaP #5	6 months after 4th dose	12 months after 4th dose
Hep B #2	4 weeks after 1st dose	8 weeks after 1st dose
Hep B #3	8 weeks after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose
MMR #2	4 weeks after 1st dose	4 months after 1st dose
Varicella #2	Age less than 13 years: 3 months after 1st dose	4 months after 1st dose
	Age 13 years and older: 4 weeks after 1st dose	8 weeks after 1st dose

1. Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday. If polio #3 is the final required dose, polio #3 should be given at least six months after polio #2.
2. If DTaP #3 is the final required dose, DTaP #3 should be given at least six months after DTaP #2, and pupils should be excluded if not given by 12 months after second dose. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the seventh birthday. One or two doses of Td vaccine given on or after the seventh birthday count towards the requirement.

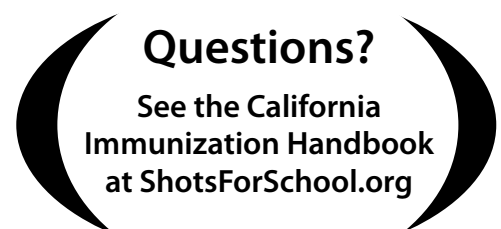
Continued attendance after conditional admission is contingent upon documentation of receipt of the remaining required immunizations. The school shall:

- review records of any pupil admitted conditionally to a school at least every 30 days from the date of admission,
- inform the parent or guardian of the remaining required vaccine doses until all required immunizations are received or an exemption is filed, and
- update the immunization information in the pupil's record.

For a pupil **transferring** from another school in the United States whose immunization record has not been received by the new school at the time of admission, the school may admit the child for up to 30 school days. If the immunization record has not been received at the end of this period, the school shall exclude the pupil until the parent or guardian provides documentation of compliance with the requirements.

* In accordance with 17 CCR sections 6050-6051 and Health and Safety Code sections 120370-120372.

† In accordance with Health and Safety Code section 120335.



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	___/___/___
Tuberculin Test (Mantoux/PPD)	___/___/___
Blood Test (for anemia)	___/___/___
Urine Test	___/___/___
Blood Lead Test	___/___/___
Other	___/___/___

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.

Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
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					
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.

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 entregelo 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)	/ /
Pruebas con Tuberculina (Mantoux/PPD)	/ /
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	Quarto	Quinto
POLIO (OPV o IPV)					
DTaP/DTP/DT/Td (difteria, tétano y [acelular] pertusis [tos 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					
OTRA					

PARTE III INFORMACIÓN ADICIONAL DEL EXAMINADOR DE SALUD (optional)**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

Nombre, domicilio, y teléfono del examinador

► _____
Firma del examinador de salud

_____ Fecha

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 Jovenes (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).

CHDP website: www.dhs.ca.gov/chdp

School Funding Form- Riverside Unified School District (School Year 2022-2023)

PART I: Fill in the following information for a student living in your household

LAST NAME

FIRST NAME

BIRTHDATE (MM / DD / YY)

SCHOOL (Write "NONE" if not in school)

GRADE

CLASSROOM

SCHOOL CODE

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. 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 _____

2. Total Annual Household Income: \$

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

HOME PHONE NUMBER

CELL 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.

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, bi-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>.

Formulario de financiación escolar- El Distrito Escolar Unificado de Riverside (Año escolar 2022-2023)

SECCIÓN I: Proporcione la siguiente información acerca del estudiante que vive en su hogar

APELLIDO

PRIMER NOMBRE

FECHA DE NACIMIENTO
(MM / DD / AA)

ESCUELA (Escriba "Ninguna" si no asiste a la escuela)

GRADO

AULA

CÓDIGO DE
ESCUELA

SECCIÓN II: Proporcione la siguiente información acerca de la cantidad de integrantes y los ingresos del hogar

Vea la información adicional en el reverso de este formulario para obtener ayuda para determinar la cantidad de integrantes y los ingresos anuales de su hogar.

1. Encierre en un círculo la cantidad total de adultos y niños que viven en su hogar:

Elija uno: 1 2 3 4 5 6 7 8 9 10 Otra _____

2. Total de ingresos anuales del hogar: \$

SECCIÓN III: Información y firma del padre o tutor

Certifico (prometo) que la información que proporciono en este formulario es verdadera y que he incluido todos los ingresos. Entiendo que la escuela podría recibir fondos federales y estatales basados en la información que proporciono y que dicha información podría estar sujeta a revisión.

Firma del miembro de la familia adulto
que llenó este formulario

NÚMERO DE TELÉFONO DE
CASA

Nombre en letra de molde del miembro de la
familia adulto que llenó este formulario

NÚMERO DE TELÉFONO
CELULAR

Fecha

DIRECCIÓN DE CORREO
ELECTRÓNICO

La información que se presenta en este formulario es un registro académico confidencial y por lo tanto está protegida por todas las leyes de confidencialidad federales y estatales que conciernen a los registros académicos incluyendo, entre otros, la Ley de Confidencialidad y Derechos Educativos de la Familia (FERPA) de 1974, en su forma enmendada (artículo 1232g del título 20 del Código de los EE.UU. [U.S.C.]; parte 99 del título 34 del Código de Reglamentos Federales [CFR]); el título 2, división 4, parte 27, capítulo 6.5 del Código de Educación de California (California Education Code), comenzando en la sección 49060 y siguientes.; la Ley de Prácticas Informativas de California [California Information Practices Act] (sección 1798 y siguientes del Código Civil de California [California Civil Code]) y el artículo 1, sección 1 de la Constitución de California.

¿A quién debo incluir en “cantidad de integrantes del hogar”?

Debe incluirse a usted y a todas las personas que vivan en su hogar, sean parientes o no (por ejemplo, hijos, abuelos, otros parientes o amigos), que compartan ingresos y gastos. Si vive con otras personas que son económicamente independientes (por ejemplo, que no comparten ingresos con sus hijos, y que pagan una cuota proporcional de los gastos), *no* las incluya.

¿Qué está incluido en el “total de ingresos del hogar”? El total de ingresos del hogar incluye todo lo siguiente:

- **Ingresos brutos del empleo:** Utilice sus ingresos brutos, no la paga que lleva a casa. El ingreso bruto es la cantidad que gana antes de impuestos y otras deducciones. Puede encontrar esta información en su recibo de pago o, si no está seguro, su supervisor puede brindarle esta información. Sólo debe declarar el ingreso neto para los ingresos generados por algún negocio, granja o alquiler de bienes de su propiedad.
- **Asistencia social, pensión para menores, pensión de manutención para ex cónyuges:** Incluya la cantidad que cada persona que viva en su hogar reciba de estas fuentes, incluyendo cualquier cantidad que reciba de CalWORKs.
- **Pensiones, retiro, seguro social, ingreso suplementario de seguridad (SSI, por sus siglas en inglés), beneficios para veteranos (VA, por sus siglas en inglés) y beneficios por discapacidad:** Incluya la cantidad que cada persona que viva en su hogar reciba de estas fuentes.
- **Todos los demás tipos de ingresos:** Incluya la compensación por accidentes laborales, los beneficios por desempleo o huelga, las contribuciones regulares de personas que no vivan en su hogar y cualquier otro ingreso que reciba. No incluya los ingresos de CalFresh, WIC, beneficios educativos federales o pagos por el cuidado adoptivo temporal (conocido en inglés como foster care) que reciban los integrantes de su hogar.
- **Subsidios de vivienda para militares y paga por combate:** Incluya los subsidios de vivienda fuera de la base. *No* incluya la paga por la iniciativa de vivienda militar privatizada o la paga por combate.
- **Paga de horas extras:** Incluya la paga de horas extras SÓLO si la recibe regularmente.

¿Cómo declaro los ingresos del hogar por la paga que recibo mensualmente, dos veces al mes, cada dos semanas y semanalmente?

- Determine cada fuente de ingresos del hogar en base a las definiciones anteriores: Los hogares que reciben ingresos en diferentes intervalos deben anualizar sus ingresos de la siguiente manera:
 - Si le pagan mensualmente, multiplique la paga total por 12
 - Si le pagan dos veces al mes, multiplique la paga total por 24
 - Si le pagan bisemanalmente (cada dos semanas), multiplique la paga total por 26
 - Si le pagan semanalmente, multiplique la paga total por 52
- Sume toda la paga anualizada para determinar el total de ingresos anuales del hogar que anotó en el número 2 de la sección II.

Si hay cambios en su ingreso, incluya el salario que reciba regularmente. Por ejemplo, si gana normalmente \$1,000 al mes, pero faltó un tiempo al trabajo el mes pasado y ganó \$900, anote que recibió \$1,000 al mes. Sólo incluya la paga de horas extras si la recibe regularmente. Si perdió su empleo o le redujeron la cantidad de horas o el sueldo, anote cero o el ingreso reducido actual.

Para obtener más información sobre el número de integrantes y los ingresos del hogar, consulte el manual de elegibilidad para recibir comidas escolares (conocido en inglés como Eligibility Manual for School Meals) en la página web de orientación y recursos del Departamento de Agricultura de EE.UU. en <http://www.fns.usda.gov/cnd/guidance/default.htm>.