



A Complete Enrollment Packet Includes/Un Paquete Completo de Inscripción Incluye:

- Enrollment Forms Completely Filled Out / Formas de Inscripción Llenadas Completamente**
 - Registration Form or Returning Student Form/ Formulario de inscripción o Formulario de Estudiante Que Regresa
 - Emergency Contact Form/ Forma de Contacto de Emergencia
 - Photo Release Form/ Forma de liberación de Fotos
 - Medical/Health Concern Form / Forma de Preocupación Medica
 - Family- School Compact / Acuerdo de Familia- Escuela
 - Physical Residence Form/ Forma de verificación de Residencia Física
 - Home Language Survey/ Encuesta del Idioma en el hogar
 - Household Income Form/ Formulario de Ingresos en el Hogar
 - Annual Notice to Parents/ Aviso Anual a el/la padre/ madre
 - Housing Questionnaire/ Cuestionario Sobre Vivienda

- Proof of Birth (i.e. Birth Certificate, Passport) / Comprobante de Nacimiento (por ejemplo, Acta de Nacimiento, pasaporte)**

- Proof of Current Immunization / Registro de Vacunaciones Actuales (cartilla de vacunas)**

Immunization Requirement/ Requisitos de Vacunación:

4 Polio / 4 Polio	3 Hepatitis B / 3 Hepatitis B	2 Varicella / 2 Varicela
5 DTap /5 DPT	2 MMR / 2 Sarampión	1 Tdap (Grade 7) / 1 Tdap (Grado 7)

- Proof of Physical Residence (i.e. current PG&E Bill, any utility bill or rental receipt) / Prueba de Residencia Física (por ejemplo, recibo actual de PG&E (la luz) o de alguna otra utilidad, recibo de renta)**

- Proof of Physical Exam – CHDP (TK/Kindergarten or 1st grade only) / Prueba de Examen Físico – CHDP (solo para kinder y primer grado)**

- Oral Health Assessment/Waiver (First year in public school - TK/Kinder or 1st grade only) / Examen de Salud Oral/ Forma de Petición de Renuncia (Primer año en la escuela pública solo Kinder o Primer grado)**

***All items must be present and current BEFORE your child can be enrolled.**

*** Se requiere que entregue Todos los documentos y que estén al corriente ANTES de que su niño/a pueda ser inscrito.**

If you have any questions or concerns, please contact the HMESD Office at/

Si tiene alguna pregunta o preocupación, comuníquese con la Oficina HMESD al:

Phone/Teléfono: (707)965-2423, Fax: (707)965-0834

For Office Use Only:

Student Name: _____ Date Received: _____ Checked by: _____



Has your student ever attended Howell Mountain School before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Last School District:		Last School Attended:
PLEASE PRINT-STUDENT'S LEGAL NAME:		
Legal First Name	Legal Middle Name	Legal Last Name(s)
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary		Grade: DOB:
		Month Day Year
Child resides with: Both Parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father Only <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Shared Custody <input type="checkbox"/> or Sole Custody <input type="checkbox"/> If so, please provide a copy to the school.		
Please select whether or not at least one parent/guardian is active in the US Armed Forces: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Will your child attend the Boys and Girls Club or TK after care? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Special Education Services: Yes <input type="checkbox"/> No <input type="checkbox"/> RSP <input type="checkbox"/> Special Day <input type="checkbox"/> Speech/Language <input type="checkbox"/> Other <input type="checkbox"/>		
Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/>		
Parent/Guardian First Name	Last Name	Primary Phone
E-mail	Physical Address (CITY, STATE, ZIP)	
Mailing Address (If different from physical address)		
Specific Occupation	Work Address	Work Phone
Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/>		
Parent/Guardian First Name	Last Name	Primary Phone
E-mail	Physical Address (CITY, STATE, ZIP)	
Mailing Address (If different from physical address)		
Specific Occupation	Work Address	Work Phone
<u>Temporary residency options, check if applicable</u>		
Family resides in a temporary shelter <input type="checkbox"/>		Family resides in a hotel/motel <input type="checkbox"/>
List brothers/sisters (name and DOB):		
Language Preferences for receiving information at home: English <input type="checkbox"/> Spanish <input type="checkbox"/> Other <input type="checkbox"/>		

Signature: _____ Date: _____



HOWELL MOUNTAIN ELEMENTARY SCHOOL DISTRICT
Student Emergency and Release Form
CONFIDENTIAL

PLEASE PRINT IN INK

Student's Name:	Male/Female/Non-binary	Date of Birth:
Home Address:	City:	Zip:
Mailing Address:	City:	Zip:
Family Physician:	Physician Phone:	
Insurance Company:	Insurance Policy Number:	

EMERGENCY CONTACTS

Parent/Guardian:	Relation:
Phone:	Alternate Phone:
E-mail Address:	

Parent/Guardian:	Relation:
Phone:	Alternate Phone:
E-mail Address:	

OTHER EMERGENCY CONTACTS *(Only people in this section will be allowed to pick up your child. Use another sheet if needed)*

Name:	Relation:
Phone:	Alternate Phone:

Name:	Relation:
Phone:	Alternate Phone:

Name:	Relation:
Phone:	Alternate Phone:

Name:	Relation:
Phone:	Alternate Phone:

Name:	Relation:
Phone:	Alternate Phone:

Parent/Guardian Signature

Date:

**SIGN BOTH SIDES
(OVER)**

SPECIAL NEEDS:	Yes	No	Frequency and/or Severity	SPECIAL NEEDS:	Yes	No	Frequency and/or Severity
Allergies	<input type="checkbox"/>	<input type="checkbox"/>		Hearing Impaired	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>		Nose Bleeds	<input type="checkbox"/>	<input type="checkbox"/>	
Bedwetting	<input type="checkbox"/>	<input type="checkbox"/>		Physical Handicap	<input type="checkbox"/>	<input type="checkbox"/>	
Behavioral or Cognitive	<input type="checkbox"/>	<input type="checkbox"/>		Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>		Stomach Aches	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>		Vegetarian/Vegan	<input type="checkbox"/>	<input type="checkbox"/>	
English Language Learner	<input type="checkbox"/>	<input type="checkbox"/>		Visually Impaired	<input type="checkbox"/>	<input type="checkbox"/>	
Fainting	<input type="checkbox"/>	<input type="checkbox"/>		Other	<input type="checkbox"/>	<input type="checkbox"/>	
Headaches	<input type="checkbox"/>	<input type="checkbox"/>		Other	<input type="checkbox"/>	<input type="checkbox"/>	

Please Explain any Item checked above:

MEDICATIONS:

Medications, including over-the-counter medications, can only be administered by designated trained personnel from your child's school, provided that *this form is signed by the authorized health care provider AND the parent or guardian*. Over-the-counter medications include, but aren't limited to: sunscreen, allergy remedies (Benadryl, etc), antiseptic and/or topical ointments, cold remedies, insect bite remedies, non-aspirin substitutes and poison oak remedies. Medications must be packaged individually in pharmacy-prepared containers (with only amount to be administered) and given directly to your school personnel. Medication labels must include:

Student's Name Dose of Medication
 Authorized Health Care Provider Method of Administration
 Name of Medication Time of Administration

PHYSICIAN'S STATEMENT OF REQUIRED MEDICATION:

_____ should be given the following medication as designated below:

Student's Name

Medication	Dosage	Method of Administration	Time of Administration	Special Instructions and/or precautions

- Please allow _____ to keep an inhaler with him/her at all times. He/she is competent to safely self-administer medication.
- Please allow _____ to keep an epi-pen with him/her at all times. He/she is competent to safely self-administer medication.

Physician Name: _____ Phone: _____

Signature: _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Howell Mountain Elementary School District



Date: _____

PHOTO RELEASE FORM

Howell Mountain Elementary School District

Student Name: _____

I, _____, hereby give Howell Mountain School the right and permission to publish without charge, photographs taken:

During this School Year for school functions and events

Only for the activity listed below:

These photographs may be used in publications, including electronic publications, or in audio-visual presentations, promotional literature, advertising, on the school's or teacher web sites, or in other, similar ways.

The actual/legal name of the subject may also be used:

YES

NO

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Address of Parent/Guardian: _____

City/State: _____

If necessary, I can be contacted at:

Work

Home

Telephone: _____

Email (optional): _____



**HOWELL MOUNTAIN ELEMENTARY SCHOOL
MEDICAL/HEALTH CONCERN FORM**

Please fill out the first section and any other applicable sections. Please sign.

Student Name:	Age:	Grade:	Date of Birth:
----------------------	-------------	---------------	-----------------------

Allergies (List Below)	Medical Issues (List below)	Medication Required (List Below)	Dietary Issues (List Below)
Yes No	Yes No	Yes No	Yes No

If you selected "Yes" for any, list below and explain.

Allergies

Medical Issues

Medication Required

Dietary Issues

Parent/ Guardian Signature

Date



Family-School Compact

Howell Mountain School

It is important that families and schools work together to help students achieve personal excellence through a process that included teachers, families, students and community representatives. The following are agreed upon roles and responsibilities that we as partners will carry out to support student success in school and in life.

Staff Pledge:

I agree to carry out the following responsibilities to the best of my ability:

- Provide high-quality curriculum and instruction.
- Endeavor to motivate my students to learn.
- Have high expectations and help every child to develop a love of learning.
- Communicate regularly with families about student progress.
- Provide a warm, safe, and caring learning environment.
- Provide meaningful homework assignments to reinforce and extend learning.
- Encourage kindergarteners and their parents to read daily.
- Participate in professional development opportunities that improve teaching and learning and support the formation of partnerships with families and the community.
- Actively participate in collaborative decision making and consistently work with families and my school colleagues to make the school accessible and a welcoming places for families which help each student achieve his/her highest academic standards.
- Respect the school, students, staff and families.

Student Pledge:

I agree to carry out the following responsibilities to the best of my ability:

- Come to school on time and ready to learn and work hard.
- Bring necessary materials, completed assignments and homework.
- Know and follow school and class rules.
- Ask for help when I need it.
- Read for a minimum of 20 minutes a day outside of the classroom.
- Communicate regularly with my parents and teachers about school experiences so that they can help me to be successful in school.
- Maintain a healthy balance between family time, play time, and screen time.
- Respect the school, classmates, staff and families.

Family/Parent Pledge:

I agree to carry out the following responsibilities to the best of my ability:

- Provide a quiet time and place for homework.
- Monitor screen time.
- Read to my child or encourage my child to read every day (20 minutes minimum)
- Communicate with the teacher or the school to support my child's progress and to address concerns.
- Ensure that my child arrives on time to school every day, gets adequate sleep, regular medical attention and proper nutrition.
- Attend parent teacher conferences.
- Participate at school in activities such as school decision making and volunteering.
- Communicate the importance of education and learning to my child.
- Respect the school, staff, students, and families.

_____ Student

_____ Teacher

_____ Parent/Guardian



Howell Mountain Elementary School District

Verification of Residency Form - Choose one (A, B or C) and Sign Affidavit

Prior to admission, and yearly thereafter, students living within the district must provide proof of residency.

California Education Code (Section 48204) requires that a student be enrolled in, and attend, the school that is within the district in which the student's parent(s) or legal guardian(s) reside(s)

>>>>>>>>Choose One - A, B or C<<<<<<<<<<

Homeowner's Statement	A. Homeowner's Statement of Residency		
	Student Last Name	Student First Name	
	Address	City	Zip
	I certify that this student resides with me during the school week at this address which is a residence that I (we) own which lies within the boundaries of the Howell Mountain Elementary School District		

Renter's Statement	B. Renter's Statement of Residency		
	Student Last Name	Student First Name	
	Address	City	Zip
	I certify that this student resides with me during the school week at this address which is a residence that I (we) rent which lies within the boundaries of the Howell Mountain Elementary School District		

Host Owner/Landlord Statement	C. Host Family/Owner/Landlord Statement (for those not living in a home they own or rent)			
	Student Last Name	Student First Name		
	Address	City	Zip	
	I certify that I am the owner/landlord of this residence which lies within the boundaries of the Howell Mountain Elementary School District. I further certify that this student and his/her parent/guardian are residing at this address. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
	Landlord/Property Owner Signature	ID Checked <input type="checkbox"/>	Date Signed	Telephone

Affidavit Statement of Veracity	Parent/Guardian Affidavit (Statement of Veracity)		
	I am aware and understand that should this statement be found to be false: I could be held liable for the expense of education for my student at a cost based on the state's revenue limit per school year. My student will be dropped from enrollment and required to transfer to his/her resident district. I am aware and understand that it is my responsibility to notify the school should my student or I move from this address.		
	I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.		
	In accordance with state compliance, I have attached the required documentation as proof of residence for enrollment.		
	Parent/Guardian Signature	Date Signed	Telephone

Verification for Office Use Only

Only use for A - Home Owner (Circle One):

Utility

Property Tax

Only use for B - Renter (Circle One):

Utility

Current Rental Agreement

Only use for C - Living with Another Family/Group Home (Circle two):

Driver's License

Host Utility Bill

Placement Papers

**HOWELL MOUNTAIN ELEMENTARY SCHOOL DISTRICT
HOME LANGUAGE SURVEY**

Name of Student: _____
Last First

Date of Birth: _____ Age: _____ Grade Level: _____

Directions to Parents and Guardians:

The California *Education Code* contains legal requirements which direct schools to determine the language(s) spoken in the home of each student. 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 this legal requirement. 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.

1. Which language did your child learn when he/she first began to talk? _____
2. Which language does your child most frequently speak at home? _____
3. Which language do you (the parents or guardians) most frequently use when speaking with your child? _____
4. Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults) _____

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

Signature of Parent or Guardian

Date

Form HLS, Revised October 2005
California Department of Education

Student and Parent Survey:

Is the student Hispanic or Latino? Yes No

The previous part of the question is about ethnicity, not race. No matter what you selected, please continue to answer the following by marking one or more of the following to indicate what you consider the student's race to be.

(please circle one or more of the following as they apply):

- | | |
|---|---|
| 1) American Indian or Alaska Native <input type="checkbox"/> | 4) Black or African American <input type="checkbox"/> |
| 2) Asian <input type="checkbox"/> | 5) White <input type="checkbox"/> |
| 3) Native Hawaiian or Pacific Islander <input type="checkbox"/> | |

What is the highest education level completed by **father**?

- | | |
|--|--|
| 1. Not a high school graduate <input type="checkbox"/> | 4. College Graduate <input type="checkbox"/> |
| 2. High School Graduate <input type="checkbox"/> | 5. Grad School/Post Grad Training <input type="checkbox"/> |
| 3. Some College <input type="checkbox"/> | 6. Declined to state or unknown <input type="checkbox"/> |

What is the highest education level completed by **mother**?

- | | |
|--|--|
| 1. Not a high school graduate <input type="checkbox"/> | 4. College Graduate <input type="checkbox"/> |
| 2. High School Graduate <input type="checkbox"/> | 5. Grad School/Post Grad Training <input type="checkbox"/> |
| 3. Some College <input type="checkbox"/> | 6. Declined to state or unknown <input type="checkbox"/> |

Household Income Data Collection – Howell Mountain Elementary School 2024-2025

Household Last Name: _____

Phone: _____

E-mail: _____

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

Name of Child(ren) attending a California K-12 Public School			School Attending	Birth Date	Grade Level
Last	Middle	First			
1.					
2.					
3.					
4.					
5.					
6.					

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

Determine your TOTAL Household Income based on ONE of the following: yearly, monthly, twice per month, every two weeks, or weekly income. (See back of this form for additional instructions.)

1. Determine the TOTAL number of individuals living in your household (in the far left column below) supported by the Total Household Income you are reporting.
2. Determine the TOTAL household income below that reflects that income.

Example: if your household size is "4" (e.g., two adults and two children) and your total household income is \$28,000 a year (e.g., income of both adults), then your income falls within Category 1 because your total household income of \$28,000 a year is less than \$30,615.

HOUSEHOLD SIZE	Total Household Income – Category 1 INCOME DOES NOT EXCEED					Total Household Income – Category 2 INCOME DOES NOT EXCEED				
	YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1										
2										
3										
4										
5										
6										
7										
8										

For each additional family member over 8, add:

--	--	--	--	--	--	--	--	--	--	--

Based on what you have determined above, check one of the following boxes:

Our Total Household Income falls within: Category 1 Category 2 Neither Category

PART III: Signature

I certify (promise) that 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

Date

Printed Name of Adult Household Member
Completing this Form

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.

Do I report household income received on a yearly, monthly, twice a month, every two weeks, or weekly basis?

- You may report household income using whatever frequency you receive it.
- When reporting total household income on a yearly basis, report the yearly income for the current year. When reporting income on a monthly, twice per month, every two weeks, or weekly basis, report the income from your most recent paycheck.

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, use \$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>.

**Housing Questionnaire for
Howell Mountain Elementary School**

Student Last Name	First	Middle

Name of School:

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

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

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

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

- Yes No

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

Print Parent/Guardian Name	Signature	Date

Phone Number	Street Address	City	State	Zip

Housing Questionnaire

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.

Please list all children currently living with you.

Name	Gender	Birthdate	Grade	School

If you have any questions about these rights, please contact your LEA's Homeless Liaison:

Elizabeth Avina Ayala

Name

(707)965-2423 Ext. 2

Phone

eavina@hmesd.org

Email

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	City	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street			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 TEST/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/DT/DTd (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) 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*) says every child must have a dental check-up (assessment) by May 31st of his/her first year in public school. A California licensed dental professional must do the check-up and fill out Section 2 of this form. If your child had a dental check-up in the last 12 months, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out the separate Waiver of Oral Health Assessment Requirement Form.

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

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

Child’s First Name:	Last Name:	Middle Initial:	Child’s Birth Date: ____ - ____ - ____
Address:			Apt.:
City:		ZIP Code: _ _ _ _ _ _ _ _ _ _	
School Name:	Teacher:	Grade:	Year child starts kindergarten: _ _ _ _ _ _ _ _ _ _
Parent/Guardian First Name:	Parent/Guardian Last Name:		Child’s Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Child’s Race/Ethnicity:	<input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Black/African American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please specify)		

Continued on Next Page

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

IMPORTANT NOTE: Consider each box separately. Mark each box.

Assessment Date: — —	Untreated Decay (Visible Decay Present) <input type="checkbox"/> Yes <input type="checkbox"/> No	*Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment Urgency: <input type="radio"/> No obvious problem found <input type="radio"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="radio"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)		
<div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="border-top: 1px solid black; width: 35%;"></div> <div style="border-top: 1px solid black; width: 25%;"></div> <div style="border-top: 1px solid black; width: 20%; text-align: center;"> — — _____ <i>Date</i> </div> </div>		
<i>Licensed Dental Professional Signature</i>	<i>CA License Number</i>	<i>Date</i>

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

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

Parent notified that child has urgent dental care need on:	— —
A follow-up appointment for this child has been scheduled for:	— —
Did child receive needed treatment? <input type="radio"/> Yes <input type="radio"/> No (If no, entity responsible for follow-up will be encouraged to check back in with parent) <input type="radio"/> I don't know	

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

Return this form to the school *no later than* May 31st of your child's first school year.

Original to be kept in child's school record.

**Migrant Education Program
Howell Mountain**

Your children may be eligible for additional services if you have moved in the recent past to do certain kinds of work. Please help us determine if your children qualify by answering these questions.

1. Have you moved in the past three years to obtain work in agriculture or fishing? Yes No
2. Please check the jobs you have done.



Harvesting fruits/
vegetables



Cultivation/
preparation of
irrigating



Planting/ pruning trees
and vines (orchards)



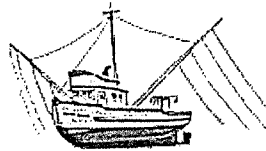
Greenhouse/nursery/
sod/ mushroom farms



Harvesting nuts/
Packing facility



Dairy/ Livestock



Commercial fishing/
crabbing/ shellfish



Meat processing/
seafood processing

Parent(s) name(s): _____ Date: _____

Phone #: _____ Phone #2: _____

Best time to call: _____

Maricela Estrada
707-418-8524 o;
maestrada@bcoe.org