



YPSA USE ONLY: Rcvd by _____ Date _____
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# YAV PEM SUAB ACADEMY SCHOLAR ENROLLMENT PACKET

PLEASE RETURN COMPLETED ENROLLMENT PACKET ALONG WITH SUPPORTING DOCUMENTS TO:

YAV PEM SUAB ACADEMY  
7555 SOUTH LAND PARK DRIVE  
SACRAMENTO, CA, 95831  
Phone: 916-433-5057

**REQUIRED SUPPORTING DOCUMENTS**

- Child's Shot Record/Immunization Record (5 DTAP, 4 Polio, 3 Hep-B, 2 MMR, 2 VAR)
- Oral Assessment
- Health Assessment
- Child's Birth Certificate
- Proof of Address (SMUD, PG&E, or leasing agreement ONLY)
- Parent's or Legal Guardian's Photo I.D.
- Emergency Contact Form
- Copy of current IEP or 504 (If Applicable)
- Copy of Court/Custody Order (If Applicable)

Your application will not be process if there are missing registration Items.



## New Scholar Questionnaire

Thank you for enrolling at Yav Pem Suab Academy. Please help us by answering this short questionnaire. All information will be kept confidential and will be used for the purpose of understanding communication and bettering our services.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Scholar Grade Level (s):

K	1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. How did you hear about YPSA? (radio, social media, family, etc.)

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2. What are the primary reasons for enrolling your child or children here?

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3. What do you hope for your child or children to gain at YPSA?

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4. Any other comments you would care to make?

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# YAV PEM SUAB ACADEMY REGISTRATION FORM

Legal Last Name		Legal First Name			Legal Middle Name		Other Names	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date	Month	Day	Year	Birth-place	City	State
Gender		Month		Day	Year	City	State	Country
Student Verification: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (please list): _____								

Office Use Only	
SSID:	
Student #:	
Grade:	
Date:	

Primary Contact Information for Parent/Guardian		Secondary Contact Information for Parent/Guardian	
Last Name	Name	Last Name	Name
Contact Phone		Contact Phone	
Home:		Home:	
Relationship:		Relationship:	
Cell:		Cell:	
Employer:		Employer:	
Work:		Work:	
Email:		Email:	

Residence Address		Mailing Address	
House # & Street Name:		House # & Street Name:	
Apt. #:		Apt. #:	
City / State / Zip Code:		City / State / Zip Code:	

Does the student you are registering have siblings) currently attending Yav Pem Suab Academy?  No  Yes: \_\_\_\_\_

For lottery purposes: How many siblings, living at the address above, will you be registering for the 2023-2024 school year? \_\_\_\_\_

**Parent/Guardianship Information (with whom the student lives) – check all that apply**

Father     Mother     Step-Father     Step-Mother     Appointed Guardian     Foster/Group Home     Other: \_\_\_\_\_  
 Is there a legal custody agreement regarding this student?  No  Yes - (Please check one):  Joint Custody     Sole Custody     Guardian  
 Is the student involved in any active court orders?  No  Yes – Please explain: \_\_\_\_\_

**WHAT IS YOUR CHILD'S ETHNICITY?** (Please check one):

Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race)  
 Not Hispanic or Latino

**WHAT IS YOUR CHILD'S RACE?** *The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.*

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Other Asian
<input type="checkbox"/> African American or Black	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Hmong	<input type="checkbox"/> Samoan
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Tahitian
<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Filipino / Filipino American	<input type="checkbox"/> Laotian	<input type="checkbox"/> White

**YAV PEM SUAB ACADEMY REGISTRATION FORM - Page 2**

<b>Legal Last Name</b>	<b>Legal First Name</b>	<b>Legal Middle Name</b>	<b>Other Names</b>
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**RESIDENCE** — Where is your child/family currently living? (federally mandated by NCLB) — Please check the appropriate box:

In a single family permanent residence (house, apartment, condo, mobile home)

Temporarily doubled-up (sharing housing with others due to economic hardship or loss)

Temporarily in a shelter or transitional housing program

Temporarily in a motel / hotel

Temporarily unsheltered (car/campsite)

Other (please explain): \_\_\_\_\_

Foster family or Kinship placement

Licensed Children's Institution

Residential School / Dormitory

**PARENT EDUCATION** — Check the box that best describes the highest education level or either parent (or guardian):

Not a high school graduate

High school graduate

Some college (includes AA degrees)

College graduate

Graduate / post-graduate school or training

**HOME LANGUAGE SURVEY:** Only indicate the most frequently used language per line (ONE ONLY)

1. Which language did your child learn when he or she first began to talk?

2. Which language does your child most frequently use at home?

3. Which language/dialect do you most frequently speak to your child?

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

Date student first attended school in the United States?	Month	Day	Year	Date student first attended school in California?	Month	Day	Year

What is your child's school of residence?

School Name: \_\_\_\_\_ District: \_\_\_\_\_

MOST RECENT SCHOOL(S) ATTENDED			
School Name	City / State	Grade	Dates

**WHAT SPECIAL SERVICES HAS YOUR CHILD RECEIVED?**  
(Check all boxes that apply)

Special Education:  Resource (RSP)  Speech & Language

Special Day Class (SCD)  Other: \_\_\_\_\_

Other:  504  Gifted (GATE)  Intervention Math

Counseling  SARB or SART  Intervention Read

English Learner Support  Behavior Plan

Student Study Team  After School Program

Has your child ever been expelled?  No  Yes — If yes, name of district and school: \_\_\_\_\_

The information I have provided above is accurate to the best of my knowledge.

Name of Person Enrolling the Pupil	Signature	Date	Time
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Complete All Information on Both Sides  
General Health Information

CONFIDENTIAL

Please Print

Check here if there are no known health problems.  Blood type, if known \_\_\_\_\_

Eyes: Wears glasses  Glasses to be worn at all times  Wears Contacts  Requires preferential seating

Comments: \_\_\_\_\_

Ears: Known hearing problem  Uses hearing aids  Has tubes in ears  Requires preferential seating

Comments: \_\_\_\_\_

Has the following condition(s):

Epilepsy  Fainting Spells  Diabetes  Heart Condition  Asthma  Attention Deficit Disorder

Severe bee sting allergy  Describe: \_\_\_\_\_

Other: \_\_\_\_\_

Are any of the above life threatening? Yes  No  Please explain: \_\_\_\_\_

\*\* Medicine prescribed on a regular basis: \_\_\_\_\_ Dosage: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

\*\*\* Does the drug need to be taken during school hours? Yes  No  Prescribed by Dr. \_\_\_\_\_ Phone \_\_\_\_\_

Has condition that limits participation in: classroom  physical education  Explain: \_\_\_\_\_

Under care of Dr. \_\_\_\_\_ Phone \_\_\_\_\_

Please Read:

- \* California Education Code 49408 states that school districts may require that emergency information be kept current.
- \*\* The parent or legal guardian of a public school pupil on a continuing medication regimen shall inform the school nurse or other designated certificated employee of the medication being taken.
- \*\*\* California Education Code 49423 requires that if medications are to be taken at school, there must be a medication form on file at school, signed by both parent and physician.

EMERGENCY AUTHORIZATION

In the event of an emergency, when a parent/guardian is unavailable, I authorize school personnel to make such arrangements for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. I further authorize the physician named below to undertake such care of my child, as he/she considers necessary. In the event said physician is not available, I authorize such care and treatment to be performed by a licensed physician or surgeon. I understand that the parent or guardian is responsible for the cost of such emergency care.

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_ Pager \_\_\_\_\_

Emergency Facility/Phone \_\_\_\_\_

Name of Insurance Coverage or Health Plan Provider: \_\_\_\_\_ Student's Medical Record Number \_\_\_\_\_

I certify that the information is true and correct.  Please Initial

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Special Instructions / comments: List any special health needs or medical problems, including allergic reactions.

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's  
Photograph

Student's Last Name (Legal) _____	First Name _____	Middle _____	Date of Birth _____	School Year _____	<i>Office Use Only</i>	
Street Address _____			Apt # _____		Teacher _____	Grade _____ Room _____ Bus _____
Home Phone (1): _____ Home Phone (2): _____			Zip Code _____	Last School of Attendance _____		CONCAP <input type="checkbox"/> Hm. Sch. _____
Father's Name (Guardian) _____			Place of Employment: _____		Work Phone: _____	
Check One: Natural <input type="checkbox"/> Step <input type="checkbox"/> Guardian/Foster <input type="checkbox"/> Driver's Lic. # _____			E-mail address _____		Cell Phone: _____	
Mother's Name (Guardian) _____			Place of Employment: _____		Work Phone: _____	
Check One: Natural <input type="checkbox"/> Step <input type="checkbox"/> Guardian/Foster <input type="checkbox"/> Driver's Lic. # _____			E-mail address _____		Cell Phone: _____	
Day Care Provider: _____			Phone #1: _____		Phone #2: _____	
List names of other children attending this school: _____			School is authorized to share my phone number with the PTA: Yes _____ No _____			
Parent/Guardian with whom the child lives _____			Phone # _____			
If the parents are divorced or separated, to whom has physical custody been given? (attach verification) _____						

**Please Read:**  
 The parent/guardian is responsible for keeping the school informed of updates or changes to the student's emergency information. The school shall be notified, in writing, of telephone or address changes within three days (3) of the occurrence. If the school is unable to reach anyone on this card in an emergency or if a student is left unattended during non-school hours, the school will contact law enforcement or Child Protective Services.

I have read this and understand my responsibility. \_\_\_\_\_ Parent / Guardian Signature

*Note: The adults listed below are authorized to pick up and care for the above-named student. The student may be released to others with written or verbal authorization.*

Name 1: _____	Name 2: _____
Phone: _____ Relationship _____	Phone: _____ Relationship _____
Name 3: _____	Name 4: _____
Phone: _____ Relationship _____	Phone: _____ Relationship _____
Name 5: _____	Name 6: _____
Phone: _____ Relationship _____	Phone: _____ Relationship _____
Name 7: _____	Name 8: _____
Phone: _____ Relationship _____	Phone: _____ Relationship _____

Special Instructions / comments / (Include instructions for pickup of student):

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*Vince Xiong, Principal*

**Academy Council**

**Vince Xiong**  
*Principal/Chair*

**Julia Yang**  
*Assistant Principal/  
Co-Chair*

**Tracy Wong**  
*Teacher/Member*

**Lillian Tipton**  
*Community Member*

**Gina Tamburrino**  
*Teacher/Member*

**Lonnie Dewitt**  
*Parent/Member*

**Leeseng Thao**  
*Movement/Member*

**Felipe Silva**  
*Staff/Member*

**Mai Vang**  
*Teacher/Member*

**Vacant**  
*Parent/Member*

**Vacant**  
*Parent/Member*

**Vacant**  
*Parent/Member*

**Dear Parent/Guardian:**

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

The school **MUST HAVE A COPY OF THE COURT ORDER** on file, otherwise, either parent may check the child out of school with proper identification. The court order must have the child's name on it.

I have read the above statement of the law.

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Scholar Name (Please Print)

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Parent/Guardian Name (Please Print)

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Parent/Guardian Signature

Date



## Policy for Medication at School

All medications, including prescription medication, over the counter medication, inhalers, cough drops, eye drops, ointments, and vitamins, require a doctor's order and a Medication Authorization form, signed and properly completed by both the physician and the parent/guardian. **Medical authorization forms may be obtained from the front office and must be renewed every school year.** Any changes in dose, time or medication will also require a new form, as well as a new container with the corrected pharmacy label.

Prescription medication must be in its original container and clearly labeled by the pharmacy. Over the counter medication must be in its original container and clearly labeled with the scholar's full name and birthdate.

**Scholars are not allowed to have any form of medication in their possession to self-medicate unless a signed doctor's note stating that the scholar is trained and able to self-medicate is provided.** Scholars will take the necessary prescribed medication in the Nurse's office under the supervision of the clerk, a school nurse, the office manager, or the principal.

The medication, along with the forms, will remain in the Nurse's office. Parents/guardians must pick up their child's medication from the Nurse's office at the end of the school year or when medications are discontinued. **All medications that are not picked up by the last day of school will be discarded.**

If a parent/guardian chooses to administer any medication to their child while they are in school, they must notify the front office and school nurse before arriving to the school. Medication must be administered in the nurse's office to ensure the safety and privacy of the scholar.





## First Grader Parents!

ALL CHILDREN ENTERING FIRST GRADE MUST HAVE A COMPLETE HEALTH EXAMINATION. This examination is required by California State Law and may be done as early as 18 months prior to 1<sup>st</sup> grade.

Your child may get the checkup from your regular source of medical care; or your child may qualify for a CHDP school entrance examination at no cost to you if your family meets State Income guidelines and the exam is done by a CHDP provider.

When you take your child for the exam, please take the attached State-approved school entry health certificate with you. It must be signed by the health examiner and returned to the school to verify that the exam was completed. If you do not want your child to have the exam, you must sign a waiver to this effect. A waiver is included in this packet.

If you have a copy of the health examination at home, please bring a copy into the front office.

Thank you for your cooperation.

Sincerely,

*Fatima Cervania*

Licensed Vocational Nurse

Yav Pem Suab Academy

✓ Please call me for any resource you may need at (916) 433-5057

Or

CALLCHDP at (916) 875-7151



## Why Get Health Check-Ups?

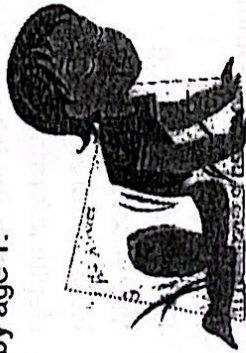
Health check-ups are important for all children and youth. Health check-ups are a time to:

- Find and address medical, dental, mental, and behavioral health problems
- Get needed shots
- Ask your doctor questions

Health check-ups can also be used for foster care, sports, camp, or school entry, as needed.

## Babies and Toddlers Birth Through 3 Years

Regular check-ups can keep your baby happy and healthy. You can find out about your baby's growth, weight, and health, and needed shots are given. At 1 year and 2 years, your baby should be tested for lead. A test for anemia is also given. Your child should see a dentist at least once a year starting by age 1.



## Dental

Please contact your local CHDP office for assistance to find a Dentist who accepts Denti-Cal. CHDP may also assist with appointment scheduling and transportation if necessary.

## Who is Eligible?

Children and youth up to age 21 who are eligible for Medi-Cal. Children and youth under age 19 with family incomes less than or equal to 200% Federal Income Guidelines are also eligible. Proof of residence and income is not required.

## Teens and Young Adults 13 Through 20 Years

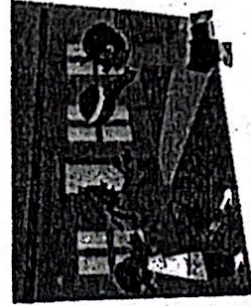
Teens need health check-ups, too! This is a chance to make sure your teen is growing and developing well. It is also a time for you or your teen to ask the doctor any questions. Extra health check-ups can be given for sports and camp physicals. Your child should see a dentist at least once a year.



## School Children 4 Through 12 Years

It is important to make sure your child is healthy and ready for school. State laws require children to be up to date on their shots and get a health check-up.

School children will also get vision and hearing screenings. If your child has not had a lead test before, he/she should have one by age 6 or before. Your child should see a dentist at least once a year.



## Vision & Hearing

The local CHDP office can provide assistance to obtain vision and hearing services if medically necessary.

## Mental Health, Autism and Behavioral Services

Contact the local CHDP office for assistance to access these services.

## What Does CHDP Offer?

The CHDP program helps to prevent or find health problems through regular, no cost, health check-ups. A check-up includes:

- Health and developmental history
- Physical exam
- Needed shots
- Oral health screening and routine referral to a dentist starting by age 1
- Nutrition screening
- Behavioral screening
- Vision screening
- Hearing screening
- Health information
- Lab tests, which may include:
  - anemia, lead, tuberculosis, and other problems, as needed
- Referral to Women, Infants, and Children (WIC) program for children up to age 5

## Other Services

If further health services are needed, we will help you find them, including:

- Dentists that accept Denti-Cal for the care of your child's teeth
- Medical specialists, as needed
- Mental and behavioral health services, as needed

Diagnosis and treatment can be paid for as long as your child has Medi-Cal.

## Information

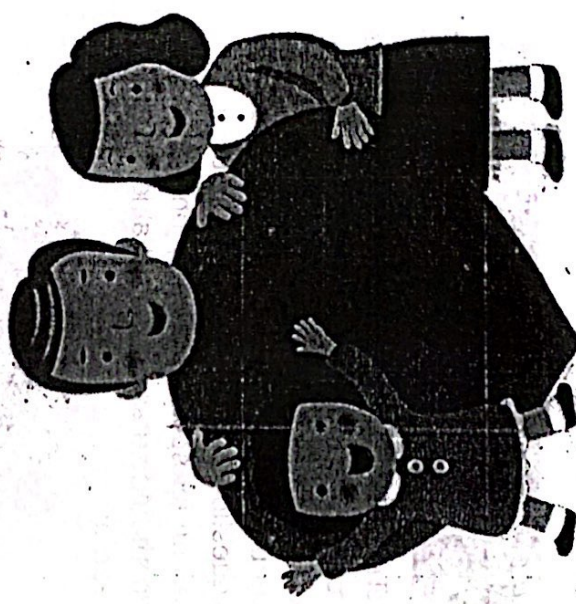
For more information about CHDP, transportation options, or for help setting up an appointment, contact your local CHDP office.

You can find your local CHDP office by visiting the California Department of Health Care Services website at: [www.dhcs.ca.gov/services/chdp](http://www.dhcs.ca.gov/services/chdp)

English

Child Health and Disability  
Prevention (CHDP) Program

Medical and Dental  
Health Check-Ups



*Regular health checkups keep your  
child healthy.  
Health checkups can also find  
and treat problems before they  
become serious.*



Edmund G. Brown, Jr.  
Governor, State of California

**FREE**

For Babies, Children, and Youth  
Under age 21 with Full Scope Medi-Cal or  
Under Age 19 with Low Family Income.  
No Documentation Required

## 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)					
Diap/DTP/DTTd (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
H1B MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

**PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and**

**RESULTS AND RECOMMENDATIONS**

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

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

**RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN**

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

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

Signature of parent or guardian Date  
 Name, address, and telephone number of health examiner Date  
 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 entrégelo 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(m/m/daa)
Historia de Salud	/ /
Examen Físico	/ /
Evaluación de Dientes	/ /
Evaluación de Nutrición	/ /
Evaluación del Desarrollo	/ /
Pruebas Visuales	/ /
Pruebas con Audiómetro (auditivas)	/ /
Evaluación de Riesgo y prueba Tuberculosis*	/ /
Análisis de Sangre (para anemia)	/ /
Análisis de Orina	/ /
Análisis de Sangre para el plomo	/ /
Otra	/ /

**REGISTRO DE INMUNIZACIONES**

**Aviso al Examinador:** Por favor dé a la familia, una vez completado, o a la fecha, el Registro de Inmunización de California en papel amarillo.  
**Aviso a la Escuela:** Por favor apunte las fechas de inmunización sobre el Registro de Inmunización de la escuela de California en papel azul.

VACUNA	Primero	Segundo	Tercero	Cuarto	Quinto
POLIO (OPV o IPV)					
DTaP/DT/DT/d (difteria, tétano y [acetil] pertusis [los ferina] O [tétano y difteria solamente])					
MMR (sarampión, paperas, rubéola)					
HIB MENINGITIS (Hemófilo, Tipo B) (Requerida para centros de cuidado para niños y centros preescolares solamente)					
HEPATITIS B					
VARICELA (Viruela locas)					
OTRA (e.g. prueba TB, de ser indicado)					
OTRA					

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

**RESULTADOS Y RECOMENDACIONES**  
Llene esta parte si el padre/la madre o el guardián ha firmado el consentimiento para divulgar (distribuir) la información de salud de su niño/niña.

- El examen reveló que no hay condiciones que conciernen las actividades de los programas escolares.
- Las condiciones encontradas en el examen o después de una evaluación posterior que son de importancia para la actividad escolar o física son: (por favor explique)

**PERMISO PARA DIVULGAR (DISTRIBUIR) EL INFORME DE SALUD**

Yo le doy permiso al examinador de salud para que comparta con la escuela la información adicional de este examen como es explicado en la Parte III.

- Por favor marque esta caja si Ud. no desea que el examinador llene la Parte III.

Firma del padre/madre o guardián

Fecha

Firma del examinador de salud

Fecha

\*de ser indicado

Si su niño o niña no puede obtener el examen de salud llame al Programa de Salud para la Prevención de Incapacidades de Niños y Jóvenes (Child Health and Disability Prevention Program) en su departamento de salud local. Si Ud. no desea que su niño(a) tenga un examen de salud, puede firmar la orden (PM 171 B), formulario que se consigue en la escuela de su niño(a).

### WAIVER OF HEALTH EXAMINATION FOR SCHOOL ENTRY

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

**PARENT OR GUARDIAN:**

Please fill out this form if you want to excuse your child from the health examination required by California law for school entry. **SIGN AND RETURN THIS FORM TO THE SCHOOL** where it will be maintained as confidential information.

**NOTE: SIGNING THIS WAIVER DOES NOT EXCUSE YOUR CHILD FROM RECEIVING THE IMMUNIZATIONS REQUIRED BY CALIFORNIA LAW FOR CHILDREN IN SCHOOL ALSO, SIGNING THIS WAIVER WILL NOT DENY YOUR CHILD THE VISION AND HEARING TESTS DONE BY THE SCHOOL.**

I have been informed about the health examination recommended by health professionals and required by state law. I have been informed about where my child can receive a health examination and about the income levels for receiving it at no cost to me.

Please check one of the following:

- I choose not to have my child receive a health examination as part of the school entry requirement
- I would like my child to receive a health examination, but I am unable to obtain it.

Reason (see Health and Safety Code, Section 124085): \_\_\_\_\_

Signature of parent or guardian	Date
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INQUIRE AT THE SCHOOL OFFICE OR YOUR LOCAL HEALTH DEPARTMENT IF YOU WANT MORE INFORMATION:

CHDP website: [www.dhcs.ca.gov/services/chdp](http://www.dhcs.ca.gov/services/chdp)



# Yav Pem Suab Academy

## Oral Health Assessment

Dear Parent or Guardian:

To make sure your child is ready for school, California law, *Education Code* Section 49452.8, now requires that your child have an oral health assessment (dental check-up) by May 31 in either kindergarten or first grade, whichever is his or her first year in public school. Assessments that have happened within the 12 months before your child enters school also meet this requirement. The law specifies that the assessment must be done by a licensed dentist or other licensed or registered dental health professional.

Take the attached Oral Health Assessment/Waiver Request form to the dental office, as it will be needed for your child's check-up. If you cannot take your child for this required assessment, please indicate the reason for this in Section 3 of the form. You can get more copies of the necessary form at your child's school or online from the California Department of Education's Web site at <http://www.cde.ca.gov/ls/he/hn/> (Outside source). 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.

The following resources will help you find a dentist and complete this requirement for your child:

1. Medi-Cal/Denti-Cal's toll-free number or Web site can help you to find a dentist who takes Denti-Cal: 1-800-322-6384; <http://www.denti-cal.ca.gov/> (Outside Source). For help enrolling your child in Medi-Cal/Denti-Cal, contact your local social service agency at (fill in appropriate local contact information, available at <http://www.dhs.ca.gov/mcs/medi-Calhome/CountyListing1.htm>. [Outside Source])
2. Healthy Families' toll-free number or Web site can help you to find a dentist who takes Healthy Families insurance or to find out if your child can enroll in the program: 1-800-880-5305 or <http://www.healthyfamilies.ca.gov/hfhome.asp> (Outside Source).
3. For additional resources that may be helpful, contact the local public health department at (fill in appropriate local contact information, available at <http://www.dhs.ca.gov/mcs/medi-Calhome/CountyListing1.htm> [Outside Source])

Remember, your child is not healthy and ready for school if he or she has poor dental health! Here is important advice to help your child stay healthy:

- Take your child to the dentist twice a year.
- Choose healthy foods for the entire family. Fresh foods are usually the healthiest foods.
- Brush teeth at least twice a day with toothpaste that contains fluoride.
- Limit candy and sweet drinks, such as punch or soda. Sweet drinks and candy contain a lot of sugar, which causes cavities and replaces important nutrients in your child's diet. Sweet drinks and candy also contribute to weight problems, which may lead to other diseases, such as diabetes. The less candy and sweet drinks, the better!

Baby teeth are very important. They are not just teeth that will fall out. Children need their teeth to eat properly, talk, smile, and feel good about themselves. Children with cavities may have difficulty eating, stop smiling, and have problems paying attention and learning at school. Tooth decay is an infection that does not heal and can be painful if left without treatment. If cavities are not treated, children can become sick enough to require emergency room treatment, and their adult teeth may be permanently damaged.

Many things influence a child's progress and success in school, including health. Children must be healthy to learn, and children with cavities are not healthy. Cavities are preventable, but they affect more children than any other chronic disease.

If you have questions about the oral health assessment requirement, please contact me at (916) 433-5057.

Thank You,

***Fatima Cruz***  
Licensed Vocational Nurse  
Yav Pem Suab Academy



## Oral Health Assessment Form

California law (*Education Code Section 49452.8*) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

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

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

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

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

Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>_____</span> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><i>Licensed Dental Professional Signature</i></span> <span><i>CA License Number</i></span> <span><i>Date</i></span> </div>			

### Section 3: Waiver of Oral Health Assessment Requirement

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

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

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

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

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

Return this form to the school *no later than May 31* of your child's first school year.  
 Original to be kept in child's school record.

### RENUNCIA VOLUNTARIA PARA RECIBIR UN EXAMEN DE SALUD PARA INGRESAR A LA ESCUELA

NOMBRE DEL NIÑO/DE LA NIÑA—Apellido

Primer Nombre

Segundo Nombre

FECHA DE NACIMIENTO—Mes/Día/Año

DIRECCIÓN—Número/Calle

Ciudad

Zona Postal

ESCUELA

Maestro(a)

#### PADRE/MADRE O GUARDIÁN:

Si desea que su niño(a) no reciba el examen de salud requerido por la ley de California antes de ingresar a la escuela, por favor llene este formulario. **FIRMELO Y DEVUELVALO A LA ESCUELA** donde será guardado en forma confidencial.

**AVISO: EL FIRMAR ESTA RENUNCIA VOLUNTARIA NO DISPENSA PARA QUE EL NIÑO/LA NIÑA RECIBA LAS INMUNIZACIONES REQUERIDAS POR LA LEY DE CALIFORNIA PARA LOS NIÑOS EN LA ESCUELA. TAMBIÉN, EL FIRMAR ESTE FORMULARIO NO LE NEGARÁ A SU NIÑO(A) EL DERECHO A RECIBIR LOS EXÁMENES DE LA VISTA Y EL OÍDO, HECHOS POR LA ESCUELA.**

Se me ha informado acerca del examen de salud recomendado por los respectivos profesionales y requerido por la ley del estado. Se me ha informado también acerca de los lugares donde mi niño(a) puede recibir un examen de salud y sobre los diferentes niveles de ingresos para recibirlo sin costo alguno.

Por favor marque uno de los siguientes casilleros:

- Escojo que mi niño(a) no reciba el examen de salud que es uno de los requisitos para ingresar a la escuela.
- Me gustaría que mi niño(a) reciba un examen de salud, pero estoy incapacitado(a) para obtenerlo.

Razón (vea Health and Safety Code, Sección 124085): \_\_\_\_\_

Firma del padre/madre o guardián

Fecha

SI DESEA MÁS INFORMACIÓN CONSÍGALA EN LA ESCUELA O EN SU DEPARTAMENTO LOCAL DE SALUD.

CHDP website: [www.dhcs.ca.gov/services/chdp](http://www.dhcs.ca.gov/services/chdp)

Starting July 1, 2019

## Students Admitted at TK/K-12 Need:

- **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap, or Td) — 5 doses**  
(4 doses OK if one was given on or after 4th birthday.  
3 doses OK if one was given on or after 7th birthday.)  
For 7th-12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
- **Polio (OPV or IPV) — 4 doses**  
(3 doses OK if one was given on or after 4th birthday)
- **Hepatitis B — 3 doses**  
(Not required for 7th grade entry)
- **Measles, Mumps, and Rubella (MMR) — 2 doses**  
(Both given on or after 1st birthday)
- **Varicella (Chickenpox) — 2 doses**

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

## Students Starting 7th Grade Need:

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

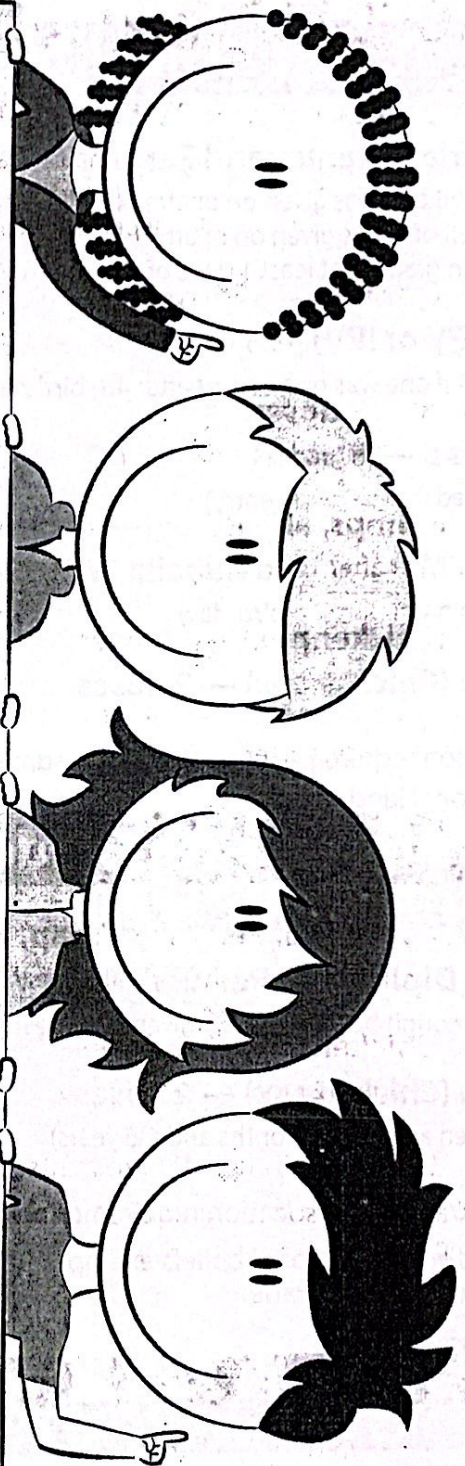
In addition, the TK/K-12 immunization requirements apply to 7th graders who:

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

## Records:

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

# No Shots? No Records? No School.



**Children will not be enrolled  
unless an immunization record  
is presented and  
immunizations are up-to-date.\***

*\*If your child is unimmunized due to medical reasons, please notify us.*

Go to **ShotsForSchool.org** to access information about immunization requirements, an interactive school look-up tool, implementation materials for schools, and educational materials for parents. **#SHOTSFOR SCHOOL**