



GLENDALE UNIFIED SCHOOL DISTRICT

ELEMENTARY SCHOOL

(K – 6)

**REGISTRATION & ENROLLMENT
PACKET**

2021-2022

If this is the first time your child is entering Glendale Unified School District, please pre-enroll your child online at preenroll.gusd.net before you turn in the registration packet at your local school. Please include a printed copy of the pre-enrollment with your registration packet.



GLENDALE UNIFIED SCHOOL DISTRICT

223 North Jackson St., Glendale, California 91206-4380
Telephone: 818-241-3111, Ext. 1283 • Fax: 818-547-0213

Student Support Services

Hagop Eulmessekian, Director

Dear Parent(s)/Legal Guardian(s):

Glendale Unified School District will be conducting new registration for those children eligible to enter Elementary School for the 2021-2022 school year. Registration is scheduled to begin on **Tuesday, February 23, 2021** at your local school.

- To enter Transitional Kindergarten, a child must be five (5) years old on or between September 2, 2021 and December 2, 2021.
- To enter Kindergarten, a child must be five (5) years old on or before September 1, 2021.
- To Enter 1st Grade, a child must be six (6) years old as of September 1, 2021.
- To enter all other grade levels, a child will be placed in the appropriate grade level based on date of birth, prior school attendance and district guidelines.

To register a child, the following documents are required:

1. **PROOF OF AGE** - An original birth certificate is the primary source of proof of age. Other documents are also acceptable, for example: passport, baptism certificate, hospital certificate.
2. **UP-TO-DATE PROOF OF IMMUNIZATION** - For Polio, DPT (Diphtheria, Pertussis, and Tetanus), MMR (Measles, Mumps, and Rubella), Hepatitis B, and Varicella (Chickenpox).
 - **PROOF OF RESIDENCY** – You must provide at least two of the following: 1. **Current** and **original** utility bill which is no more than two months old. (If you are providing two utility bills they must be from two separate utility companies. We accept bills ONLY from Water/Power, Gas, Cable, Landline and Internet companies.); 2. escrow papers showing closing date; 3. rental agreement; 4. most current property tax payment receipt; 5. most recent pay stub; 6. current voter registration receipt; 7. communication from a government agency dated no more than three months ago.
3. **HEALTH EXAMINATION** - A health examination is required by State Law for first grade students. This health check-up is recommended at Kindergarten level but *not* earlier than 18 months before admission to the first grade.
4. **DENTAL EXAMINATION** – A dental examination is required by State Law for Kindergarten on first school entry. This assessment may be done within 12 months prior to admission to Kindergarten, but not later than May 31 the following school year.

The registration process will not be completed until all forms are submitted. A child is to be registered for school only at the school in their area of residence, at the time of registration, unless the child has been accepted into a Magnet School or Dual Immersion Program. Please check, in advance, to be sure of the school attendance area in which you reside. Please notify the school if your child will not be in attendance before the first day of school.

Only parents or legal guardians are allowed to register students. It is not necessary to bring your child(ren) with you for the registration process. Legal guardians must bring valid court documents to prove their relationship to the student(s).

We encourage parents to complete the registration process as soon as possible. Space is available on a first come, first served basis. In cases where classrooms become overcrowded, students will be assigned to other Glendale Unified School District schools to meet the requirements of California law.

Yours truly,

Hagop Eulmessekian
Director
Student Support Services



REQUIREMENTS FOR ELEMENTARY SCHOOL REGISTRATION

When enrolling a new student, parents/legal guardians must establish residency within the District's attendance boundaries, provide all required immunization and school documents and complete the District's enrollment form.

A. ACCEPTED VERIFICATION FOR RESIDENCY REQUIREMENTS. YOU MUST PROVIDE AT LEAST TWO OF THE FOLLOWING:

- A **current** and **original** utility bill which is no more than two months old. You may also provide two utility bills but they must be from two separate utility companies. We accept bills ONLY from Water/Power, Gas, Cable, Landline and Internet companies.
- Escrow papers showing closing date
- Rental agreement
- Most current property tax payment receipt
- Most current pay stub
- Current voter registration receipt
- Communication from a government agency dated no more than three months ago (i.e.: vehicle registration, letters from welfare department, social security, IRS, homeland security, etc...)

NOTE: *Letters of verification for services may be obtained from any of the providing utility companies, but must be followed-up with the actual bills within the month. Verification will be done by the school.*

B. ACCEPTED VERIFICATIONS FOR PROOF OF AGE: The student's legal name must be used on all school documents.

1. A certified copy of a birth certificate or a statement by the local registrar or county recorder certifying the date of the birth
2. Passport
3. A dully attested Baptism certificate
4. When none of the forgoing is obtainable, an affidavit from the parent/guardian
5. School Records (only if transferring from another Glendale school)

C. EMERGENCY INFORMATION: - Emergency information is required by law (Education Code, §49408). Please provide all applicable court documents.

- Parents/legal guardians are required to furnish the school with at least TWO additional local adults' daytime phone numbers to be called if parent/guardian cannot be reached.

D. PARENTS/ LEGAL GUARDIANS LIVING WITH ANOTHER PARTY: This form is needed *only* if the parents and student are living with another family and the parents/legal guardians do not have utility bills in their name. Required Verification Documents

1. Two current original utility bills in the name of the verified resident.
2. Photo identification *(driver's license or ID) with current address of both the parent/ legal guardians **AND** the verified resident.
3. Parent's closing utility bills from last address.
4. One proof of residency such as: welfare form/check, checkbook, credit card bill, magazine, or any type of mail.

E. CAREGIVER PERMIT: This form is needed *only* if the student is living with a relative. Report to Student Support Services at the Administration Center for processing.

F. SPECIAL EDUCATION PARTICIPATION: Please provide an Individualized Education Plan (IEP), if applicable, for enrollment.

G. HEALTH REQUIREMENTS: The state of California requires specific health requirements for school Entry. With respect to immunizations, before children under the age of 18 years may be admitted to any public or private California child-care facility or (elementary or secondary) school, California law requires that an immunization record be presented to staff by the parent/legal guardian (Health and Safety Code Sections 120325-120375 and California Code of Regulations Sections 6000-6075. This is usually the child’s personal immunization record given to parents by the doctor or clinic but a California School Immunization Record (CSIR Card) can be accepted.

The personal immunization record must:

- Identify the student by name and date of birth.
- Show the date each required vaccine dose was received.
- Have the type of vaccine received.
- Include the name of the physician or agency who gave the vaccine.

➤ **CHILDREN ENTERING TRANSITIONAL KINDERGARTEN AND KINDERGARTEN MUST SHOW PROOF OF THE FOLLOWING VACCINES:**

1. Polio (OPV or IPV) – 4 doses at any age but 3 doses meets the requirement if one is given on or after the 4th birthday,
2. Diphtheria, Tetanus, Pertussis (DPT/DT) – 5 doses at any age but 4 doses meets the requirement if one is given on or after the 4th birthday.
3. Measles, Mumps and Rubella (MMR) – 2 doses given on or after the 1st birthday.
4. Hepatitis B – 3 doses at any age
5. Varicella/Chickenpox – 2 doses at any age

• ***Health Examination (CHDPP):*** A health examination is required, by State Law (Health and Safety Code 124085) for First Grade. This health check-up is recommended at the Kindergarten level but not earlier than 18 months prior to admission to First Grade.

• ***Dental Examination:*** State law (Education Code 49452.8) requires students in their first year in public school to submit proof of an oral health assessments. The assessments must be performed by a licensed or registered dental health professional, and proof of assessment is due by May 31 the following school year. This assessment may be done within 12 months prior to admission to kindergarten.

NOTE: If you do not have insurance. immunizations may be obtained at no cost for children 17 and under at the Glendale Community Health Center, 501 North Glendale Avenue, Glendale, CA 91206, (818) 500-5762.

H. SCHOOL RECORDS & GRADE PLACEMENT:

1. Last report card for all students. Once enrolled, the school will request official records from previous school.
2. The student will be placed in the grade, age appropriate. Should parent request grade adjustment based on school records, a “Grade Placement Request” form must be filled out and approved by the school and the district.
3. No student will be placed more than one year ahead or one year behind.
4. If no records are available, student will be placed according to age.

I. SCHOOL ENROLLMENT PACKET (*May vary by school*)

J. HOME LANGUAGE SURVEY - Must be completed by all new enrollees. If previously enrolled in a CA public school, the same information must be provided as when initially enrolled in California.



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223 North Jackson St., Glendale, California 91206-4380
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**OFFICE OF
STUDENT SUPPORT SERVICES**

ELEMENTARY SCHOOL RECORDS VERIFICATION LIST

Dear Parent/Legal Guardian of (Name of Child): _____

Thank you for your cooperation in this registration procedure. This form will serve as verification of your child's registration for school attendance. The following items are required to be completed as part of the registration enrollment procedure. **This information must be provided prior to the first day of school.**

To be completed by the school office:

	Completed	Needed
1. Enrollment Form	_____	_____
2. Home Language Survey	_____	_____
<input type="checkbox"/> Welcome Center Appointment Scheduled (if applicable)		
3. Elementary Capping Letter (K-6)	_____	_____
4. Student Nighttime Residency Questionnaire	_____	_____
<input type="checkbox"/> Sent to Student Wellness Services (if applicable)		
5. Form 3	_____	_____
6. Elementary Health Card	_____	_____
7. Copy of Parent Photo I.D.	_____	_____
8. Verification of Age (check one)	_____	_____
<input type="checkbox"/> A certified copy of a birth certificate or a statement by the local registrar or county recorder certifying the date of the birth		
<input type="checkbox"/> Passport # _____		
<input type="checkbox"/> A duly attested baptism certificate		
<input type="checkbox"/> When none of the forgoing is obtainable, an affidavit from the parent/guardian		
9. Verification of Residency (any two)	_____	_____
<input type="checkbox"/> So. Cal Edison		
<input type="checkbox"/> City of Glendale		
<input type="checkbox"/> Phone Company (Landline Only No Cell Phone Bills)		
<input type="checkbox"/> Gas Company		
<input type="checkbox"/> Cable Bill		
<input type="checkbox"/> Internet Bill		
<input type="checkbox"/> Escrow Papers		
<input type="checkbox"/> Rental Agreement		
<input type="checkbox"/> Current property tax payment		
<input type="checkbox"/> Most recent pay stub		
<input type="checkbox"/> Current voter registration receipt		
<input type="checkbox"/> Communication from a government agency		
10. Proof of Immunizations	_____	_____
<input type="checkbox"/> Complete		
<input type="checkbox"/> Incomplete, must be done by: _____		
11. Report of a Physical Exam (K & 1ST ONLY)	_____	_____
<i>(must be done by _____)</i>		
12. Report of an Oral Health Assessment (TK, K & 1ST ONLY)	_____	_____
<i>(must be done by _____)</i>		
13. Copy of IEP (if applicable)	_____	_____
14. Any applicable court documents	_____	_____
(guardianship, custody, etc.) (if applicable)		

OFFICE USE ONLY

OFFICE USE ONLY



GLENDALE UNIFIED SCHOOL DISTRICT (TK-12) ENROLLMENT FORM 2021-2022

SCHOOL OF RESIDENCE: SCHOOL ATTENDING (if not school of residence): GRADE ENTERING: ID #:

I. PERSONAL INFORMATION (as it appears on a legal birth document): Please type or print in ink. First Name, Middle Name, Last Name, Nickname, Birth Date, Birth Place, Gender, What is your child's ethnicity? Check one only.

II. WHAT IS YOUR CHILD'S RACE? You must choose at least one from the following: (Check all that apply). 100 American Indian or Alaskan Native, 200 Asian, 300 Native Hawaiian or Pacific Islander, 400 Filipino, 600 Black or African American, 700 White.

III. WHAT IS YOUR CHILD'S ORIGIN? Please check only those that apply. Armenian, European, Middle Eastern, North African, South American, Central American, Cuban, Mexican, Puerto Rican.

IV. ADDRESS/PHONE/RESIDENCE INFORMATION. Home Address, Primary Phone #, Home, Cell, Work.

Does your child have a college savings plan? Yes No (This information will be used to monitor a district priority that encourages all families to have a college savings plans for their children. Information about college savings plans will be shared with families who mark this "No.")

V. SCHOOL HISTORY: 1. Has your child ever attended a school in the United States (TK-12)? 2. Has your child ever attended a school in California (TK-12)? 3. Has your child ever attended any Glendale Unified School? (including summer school) 4. Last school attended: GUSD OTHER Last grade attended

VI. HAS YOUR CHILD ATTENDED PRESCHOOL IN THE PAST? YES NO Public Private. Name of Preschool, Preschool Address, Phone #, Dates attended: Enter Exit

VII. ADDITIONAL EDUCATIONAL INFORMATION: 1. Is your child eligible for Special Education? 2. Does your child have a current Individualized Education Program (IEP)? 3. Is your child on a 504 Plan? 4. If YES to 2 or 3, do you have a copy of the IEP or 504? What type of service does your child receive, if any?

1. Is your child on a current Expulsion order from another school district (Education Code Section 48915.1b)? 2. Is your child enrolled in subsidized child care? 3. Has your child ever been identified as an English Learner at any previous school? 4. Has your child ever been retained? YES NO If YES, what grade?

VIII. PREFERRED LANGUAGE FOR SCHOOL-TO-HOME COMMUNICATION: Preferred language for school/district phone calls:

IX. PARENT EDUCATION LEVEL FOR: <input type="checkbox"/> Parent/Guardian #1 Check one: <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> College Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Some College <input type="checkbox"/> Decline to State	PARENT EDUCATION LEVEL FOR: <input type="checkbox"/> Parent/Guardian #2 Check one: <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> College Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Some College <input type="checkbox"/> Decline to State
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X. FAMILY INFORMATION (with whom does the child live with at the home address?):

CHILD LIVES WITH: Parent/Guardian #1

First Name _____	Last Name (as it appears on official identification) _____
Relationship: _____	Employer: _____
Home Address: _____	Work Address: _____
Telephone #: _____	E-mail Address: _____

CHILD LIVES WITH: Parent/Guardian #2

First Name _____	Last Name (as it appears on official identification) _____
Relationship: _____	Employer: _____
Home Address: _____	Work Address: _____
Telephone #: _____	E-mail Address: _____

If parents are not living together, please provide the following information on the parent not living with the child: (Check one)

Name: _____ Father Mother Other _____

Phone #: _____ Home Cell Work

Address: _____ City/State/Zip: _____

- Are there any Legal Documents (Restraining Orders, Custody Order, Ward of the Court, etc.) on file for this child? YES NO
- If YES is marked, the original court order, with seal, should be provided to the school to be copied. If no documentation is provided to the school, the person above will be entitled to access the child. It is the responsibility of the parents/legal guardians to provide the school with the custody agreement or any other legal document. In absence of said documents, the parents/legal guardians listed will be presumed to have full and equal custodial/educational rights.

XI. EMERGENCY NUMBERS (Please provide TWO additional local adults' daytime phone numbers to be called if parent/guardian cannot be reached.):

1. _____	Phone #: _____	Relationship to Child: _____
First Name Last Name	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
2. _____	Phone #: _____	Relationship to Child: _____
First Name Last Name	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	

XII. INFORMATION ABOUT OTHER CHILDREN IN THE FAMILY UNDER THE AGE OF 18:

Name (Last, First)	Birth Date	Gender	Grade	School

XIII. PARENT SIGNATURE: The information provided is true to the best of my knowledge.

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

OFFICE USE ONLY	School Entry Date: _____	Primary Language (of student, based on Home Language Survey): _____
	Immunization Approval: _____ Date: _____	Documentation Faxed to Welcome Center*: <input type="checkbox"/> YES <input type="checkbox"/> NO
	FLAG Program <input type="checkbox"/> YES <input type="checkbox"/> NO Language: _____	Welcome Center Appointment Date/Time*: _____
	PRIMARY RESIDENCE OR BOUNDARY EXCEPTIONS:	
	<input type="checkbox"/> Permanent Housing <input type="checkbox"/> Parent Living With Another Party (PLWAP) <input type="checkbox"/> Caregiver <input type="checkbox"/> Other _____ <input type="checkbox"/> Intra-District Permit (Within) <input type="checkbox"/> Inter-District Permit (Outside) <input type="checkbox"/> Capping <input type="checkbox"/> FLAG	

**FORM 3 – CUSTODY LAW NOTIFICATION
2021-2022**

Form 3 must be completed by the parent or guardian of ALL students enrolled in the Glendale Unified School District and returned to the student's school office.

(Please print) Name of Student ID Number School Grade

Under California law (Family Code section 3010), each parent is equally entitled to custody of his or her child. It is the policy of the Glendale Unified School District to obey Family Code section 3010 so that either parent, upon showing proper identification, may check the child out of school, or otherwise make decisions regarding the health, education and welfare of the child.

Family Code sections 3025 provides that a non-custodial parent shall not be denied access to school records pertaining to his or her child. The Glendale Unified School District shall allow either parent to access their child's school records, including medical records in the school's possession.

If a court has made order(s) restricting or limiting a parent's rights to visitation or custody of a child and/or access to information about the child, it is the obligation of both parents to immediately provide a legible copy of the court stamped order, signed by the judge, to each child's school site. Copies of court orders can be obtained in the clerk's office at the courthouse where the orders were made.

One parent's oral or written assertion, without confirmation by a signed court order, are insufficient reasons for the school to deny the other parent access to the child and/or the child's records.

Schools in the Glendale Unified School District will follow the most recent signed child custody court order that has been provided, or in the absence of any orders, California law as cited above, giving parents equal rights to custody of the child.

Parents are requested to avoid involving school personnel in child custody disputes. If a parent is uncertain as to whether the school has current information regarding child custody, he or she should contact their child's school site to verify the school has been provided with legible copies of the most recent court orders.

I HAVE READ AND UNDERSTAND THE ABOVE NOTICE.

Parent/Guardian Name Signature Date

**EVERY STUDENT MUST RETURN THIS FORM SIGNED BY HIS/HER PARENT OR GUARDIAN TO
VERIFY RECEIPT OF THIS NOTICE**



HOME LANGUAGE SURVEY

School

Name of Student: _____
 (Surname/Family Name) (First/Given Name) (Middle Name)

Age of Student: _____ Grade Level: _____

Directions to Parents and Guardians:

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

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed. Please note, this survey is to be completed only once in a student's K-12 education in California. Please do not complete the following questions if you have already done so in a previous school or district. The Home Language Survey that was originally completed is the one that must stand, according CA law.

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 be sure to read the information on the back of this page.

Signature of Parent or Guardian

Date

OFFICE USE ONLY

Student GUSD ID Number _____ Student CA ID Number _____

1. Verify any GUSD previous history _____
2. Request Form sent _____
3. Verify previous California school designation _____
4. Enter HLS into Q (Date) _____
5. FLAG NO YES



GLENDALE UNIFIED SCHOOL DISTRICT

223 North Jackson St., Glendale, California 91206-4380
Telephone: 818-241-3111, Ext. 1457 • Fax: 818-548-1813

Initial ELPAC Parent Notification Letter

Dear Parents/Guardians,

Welcome to the Glendale Unified School District! Your child may be eligible for the Initial English Language Proficiency Assessment for California (ELPAC). Upon first enrollment in a California school, when you complete the Home Language Survey, if you respond with a language other than English to any of the first three questions, your child will be administered the Initial English Language Proficiency Assessment for California (ELPAC). If your child has previously attended a California public school, we will request those records and are obligated to provide services based on your student's language proficiency that was determined in the previous school and/or district.

State and federal laws require all public school districts in California to assess students' English proficiency upon initial enrollment in a California School. If you feel you have completed the Home Language Survey in error, please contact your school immediately. Once the student takes the Initial ELPAC test, we cannot change the student's designation based on the results. In addition, please note that we are obligated by law to assess and provide services to students who show they need support in English Language Acquisition, regardless of Home Language Survey results.

The results of the Initial ELPAC will help to determine whether your student will need additional English language support. Your child will take the Initial ELPAC assessment within the first 30 days of enrollment.

Many of our students speak multiple languages fluently. If your student scores at the proficient level, they will not be placed in the EL program. The classification will be "Initially Fluent English Proficient (IFEP)" and considered as a native English speaker. Students who do not score at the proficient level be designated as and thus receive English Learner support (EL). Students in the EL program receive designated and integrated instruction from their classroom teacher(s). Students will be assessed once a year with the Annual ELPAC to determine progress in their English language proficiency.

You will receive a letter with your child's results and the district's program placement within 30 days of the initial test date.

You are encouraged to participate in your child's school activities regardless of the outcome of this assessment. You are welcome to volunteer at the school and to participate on the school's English Learner Advisory Committee (ELAC). If you have any questions regarding the ELPAC or your child's instructional placement, please contact the school's Teacher Specialist.

Sincerely,

Dr. Marine Avagyan, Director
Department of Equity, Access and Family Engagement



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Student Support Services
Hagop Eulmessekian, Director

Re: ELEMENTARY CAPPING LETTER (K-6)

Dear Parent or Legal Guardian:

The Glendale Unified School District (GUSD) welcomes you and your student(s) to Elementary School. According to District and school enrollment projections, our school is expected to be at capacity in Kindergarten through sixth grade for the 2021-2022 school year.

Schools may reach capacity at individual grade levels throughout the year -- this is referred to as, "capping." Per GUSD Board Policy 5115, when capping occurs at a grade level of a school and a new student attempts to enroll at that capped grade level, the new student will be placed in another GUSD school where space is available.

1. Students will be reassigned by Student Support Services to the nearest school having an opening. All reassigned students will be given priority to return to their neighborhood school the following year.
2. Student Support Services will offer students who have been reassigned the opportunity to return to their neighborhood school as space becomes available, though such students may be encouraged to complete their school year in their assigned school to maintain continuity of instruction. After May 1, reassigned students will not return to their neighborhood school until the beginning of the following school year.
3. The principal and Student Support Services shall maintain a waiting list in priority order for students desiring entry into the neighborhood school and notify parent or guardian when an opening occurs during the school year.
4. Capped students may request to remain at capped site.

Sincerely,

Your Elementary School Principal

Child's Name _____ Grade _____

I understand that enrollment procedures are complete for my child. I also understand that the school will notify me as soon as possible regarding my child's enrollment status for the current school year, since there is a possibility that my child will be unable to enroll at this school due to enrollment limits. My child will then be reassigned to the nearest school with an opening.

Signature of Parent/Legal Guardian

OFFICE USE ONLY:

Enrollment Date: _____ Enrollment Time: _____



GLENDALE UNIFIED SCHOOL DISTRICT
 223 North Jackson St., Glendale, California 91206-4380
 Telephone: 818-241-3111, Ext. 1500 • Fax: 818-242-4213

STUDENT WELLNESS SERVICES
 Dr. Ilin Magran

STUDENT NIGHTTIME RESIDENCY QUESTIONNAIRE

This document is intended to address the requirements mandated within the McKinney-Vento Assistance Act, U.S.C.A. 42 Section 11302(a). Your answers will help determine documents necessary to enroll your child quickly.

Date: _____ School: _____ Student ID#: _____

Student Name (First, M.I., Last): _____ Gender _____

Date of Birth: _____ Grade: _____ Special Ed: No Yes, designation _____

Address: _____ City: _____ Zip: _____

Mailing Address (if different): _____

Parent/Guardian Name: _____ Contact Number: _____

The student(s) live(s) with: 1 parent 1 parent & another adult an adult that is not the parent/guardian
 2 parents a relative alone with no adults

Student's Living Situation (Check all that may apply):

<input type="checkbox"/> In a shelter _____ (name of shelter)
<input type="checkbox"/> In a motel or hotel _____ (name of motel/hotel)
<input type="checkbox"/> In a transitional housing program _____ (name of program)
<input type="checkbox"/> In a car, trailer or campsite, temporarily, due to inadequate housing
<input type="checkbox"/> In a rented trailer/motor home on private property
<input type="checkbox"/> In a Single Room Occupancy (SRO) building – a multiple tenant building consisting of individual rooms with shared restrooms and/or kitchens
<input type="checkbox"/> In a rented garage, due to loss of housing
<input type="checkbox"/> In another family's house or apartment, temporarily, due to loss of housing, stemming from financial problems (e.g. loss of job, eviction, or natural disaster)
<input type="checkbox"/> With an adult that is not the parent/ legal guardian, temporarily, due to loss of housing
<input type="checkbox"/> Awaiting foster placement
<input type="checkbox"/> Other places not designed for, or ordinarily used as a regular sleeping accommodation for human beings (please explain) _____
<input type="checkbox"/> Living alone, without any adult (unaccompanied youth)

None of the above apply- NO FURTHER INFORMATION REQUIRED AT THIS TIME. If your housing situation changes, please notify your child's school.

Please list all siblings between the ages of birth and 22 years old.

NAME	BIRTHDATE	AGE	GRADE	SCHOOL

AFFIDAVIT

By signing this form, I declare under penalty of the laws in the State of California that the foregoing is true and correct. In addition, I understand that the District reserves the right to verify the above listed residence information.

 Signature of Parent/Legal Guardian/Caregiver

 Date

GLENDALE UNIFIED SCHOOL DISTRICT ELEMENTARY HEALTH INFORMATION STATEMENT

Student Name _____ Birthdate _____ School Grade _____

ILLNESSES (approximate dates)	YES	NO	Heart Disorder	YES	NO	Asthma	YES	NO
Chicken Pox								
Scarlet Fever			Convulsions/Seizures			Allergies: If yes, describe:		
Rheumatic Fever			Chronic Tonsillitis					
Diabetes			Chronic Ear Infection					
Serious Illness: Describe:						Tuberculosis or Contact: If yes, describe		
Operations: Describe								
Head Injuries or Serious Accidents:								

Does your child:

Have any problems with vision, hearing or speech? _____

Take Medication? _____

Other pertinent information about your child's health: _____

Is your child physically able to take part in a full school program? _____ If not, state reason (Information from your physician will be required if restriction is necessary) _____

Do you have health insurance? _____ Yes _____ No

Has your child ever attended school in California before? _____

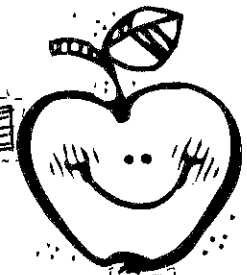
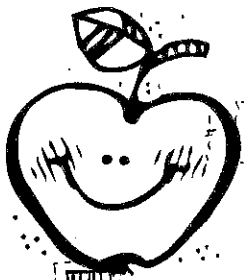
Signature

Relationship

Address

Phone

Date



John C. Fremont Elementary School
Kindergarten Survey
Help us get to know your child

Child's First Name _____ Last Name _____

Birthdate _____ Gender _____ Birthplace _____

Father's Name _____ Mother's Name _____

of other children in the family _____

Name(s) _____ Age(s) _____

Name(s) _____ Age(s) _____

Languages other than English spoken at home _____

Has your child attended preschool and/or daycare? _____

Name of preschool _____

My child recognizes (please check one)

_____ None of the alphabet

_____ Some of the alphabet

_____ All of the alphabet

My child recognizes (please check one)

_____ None of the numbers

_____ Numbers 1-10

_____ Numbers 1-30

My child can count to _____ all by themselves.

What do you feel are your child's strengths?

Please check only items that apply?

_____ My child is verbal and can express thoughts without hesitation.

_____ My child has difficulty in expressing thoughts and feelings.

_____ My child is easily distracted.

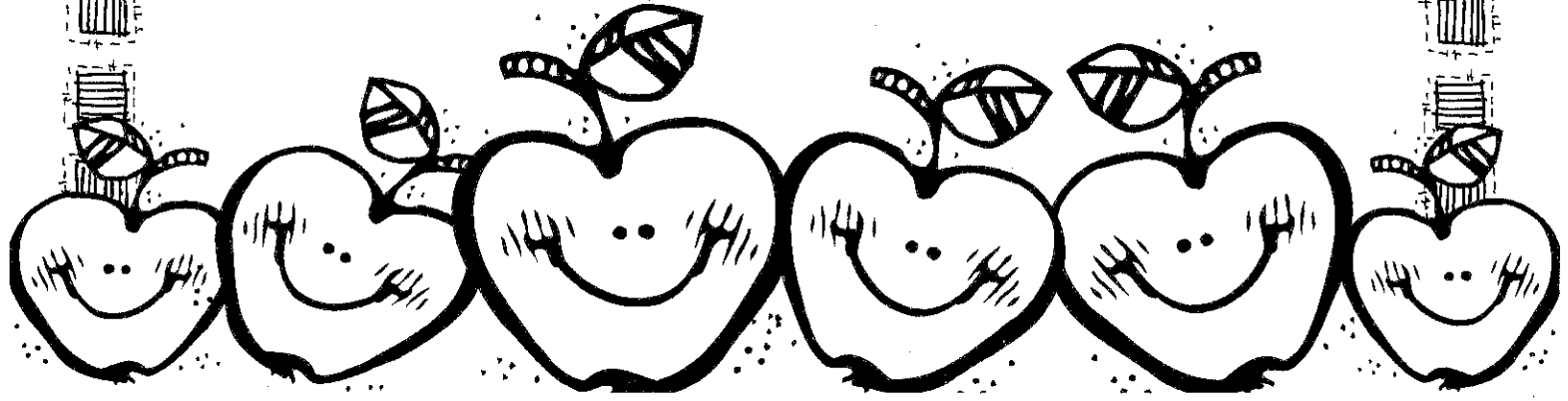
_____ My child follows directions.

Does your child have an IEP (Individualized Education Plan)? _____

Does your child receive Speech Services? _____

Does your child receive OT Services? _____

Other information you would like us to know about your child:





GLENDALE UNIFIED SCHOOL DISTRICT

223 North Jackson St., Glendale, California 91206-4380
Telephone: 818-241-3111, Ext. 1208 • Fax: 818-543-0716

OFFICE OF
EDUCATIONAL SERVICES

Dear Parent or Guardian,

Subject: Children's Vaccination

Children learn best when they are healthy. To help keep them healthy, vaccinations are one of the best public and private health measures available. The following information is important for all parents of school-age children to know.

The Glendale Unified School District must comply with all State laws regarding immunizations and student enrollment. All schools and school districts must report to the California Department of Public Health the immunization status of all students enrolled in child care, transitional kindergarten, kindergarten, and 7th grade.

Senate Bill 277 became law in the State of California on January 1, 2016, and resulted in the following:

- As of January 1, 2016, personal belief exemptions are no longer permitted for children to enroll in child care and public and private schools.
- Personal belief exemptions submitted for child care and public and private school enrollment before January 1, 2016 will remain valid until a student matriculates in transitional kindergarten, kindergarten or 7th grade.
- Students with medical exemptions, authorized by an authorized physician, will continue to be exempted from the requirement to have immunizations.
- The only school programs that do not require immunizations are home-based private schools and independent study programs that do not include classroom-based instruction. However, students enrolled in Verdugo Academy, GUSD's Independent Study program, must be appropriately vaccinated as it has a classroom-based requirement for all students.
- Students enrolled in home-based private schools and independent study programs will continue to have access to any special education and related services specified in the children's individualized educational program.

All students who are newly enrolling in the Glendale Unified School District as of January 1, 2016, must show proof of immunizations unless they are transferring from another California school and have a personal belief exemption dated before January 1, 2016. These exemptions will be honored until the student matriculates into transitional kindergarten, kindergarten or 7th grade.

The Glendale Unified School District will contact and assist families of current students with personal belief exemptions to help them understand that their students now must have immunizations before enrolling in 7th grade, including summer school.

For questions about the above policy for enrollment, please contact your school nurse. For questions about immunizations, please contact your children's physician or health care provider.

Kelly King, Ed.D.
Assistant Superintendent, Educational Services



Dear Parents,

This is to remind you that health checkups are required by State Law for first grade students.

Please obtain the necessary physical examination from your private physician or from any of the clinics listed. These doctors/clinics are authorized by our County Health Department to provide health checkups required by state law.

Please bring to school the “Report of Health Examination for School Entry” on the first day of school. Thank you!

Gizel Abraham

1510 S. Central Ave #510
Glendale, CA 91201
(818) 502-2181
Spanish, Arabic

Ighia Aintablain, M.D.

1510 S. Central Ave., #450
Glendale, CA 91204
(818) 500-8822
Armenian, Spanish, Russian,
Farsi, Arabic, Turkish, Italian

**All for Health, Health for All,
Inc.**

Gagik Khoilyan
1030 S. Glendale Ave, #307
Glendale, CA 91205
(818) 839-4160

Zaven Arslanian

908 S. Central Ave.
Glendale, CA 91204
(818) 244-6633
Armenian, Arabic

California Primary Health Care

Rodolfo B. Protacio
710 S. Central Ave. #330
Glendale, CA 91202
(818) 500-8739
Spanish, Tagalog

Choa Chan, M.D.

1530 E. Chevy Chase Dr. #202
Glendale, CA 91206
(818) 244-9595
Chinese

David Charchian

1030 S. Glendale Ave. #305
Glendale, CA 91205
(818) 241-0220
Armenian, Russian, Farsi

**Comprehensive Community
Health Centers**

Anna Vega
801 S. Chevy Chase Dr. #250
Glendale, CA 91205
(818) 265-2264

Sheila Debnath, M.D.

1220 S. Central Ave. #105
Glendale, CA 91204
(818) 545-9539
Hindu, Spanish

Descanso Family Practice

1818 Verdugo Blvd. #200
Glendale, CA 91208
(818) 790-1088

Family Medicine Center

801 S. Chevy Chase Dr. #230
Glendale, CA 91205
(818) 500-5586
Spanish, Armenian, Korean

Sarkis Kaakijian, M.D.

1500 S. Central Ave. #318
Glendale, CA 91204
(818) 548-5437
Armenian

Lelanie Luna, M.D.

1500 S. Central Avenue, #310
Glendale, CA 91204
(818) 500-1331
Tagalog, Spanish

Elizabeth Remedios, M.D.

423 W. Colorado Blvd.
Glendale, CA 91204
(818) 507-8022
French, Spanish, Sign- all ages

Nune Simonian

435 W. Arden Ave, #550
Glendale, CA 91203
(818) 242-3916
All Ages-Armenian, Russian

Vrish Tomassian M.D.

500 N. Central Ave, Suite 225
Glendale, CA 91203
(818) 242-9370
Armenian, Farsi, Russian

**Adventist Health Physician
Network**

1560 E. Chevy Chase, Suite 245
Glendale, CA 91206
(818) 246-5900
Spanish, Armenian, Tagalog,
Russian

**West Coast Doctors Medical
Group**

Narine Arutyounian
814 E. Broadway, #1
Glendale, CA 91205
(818) 265-5040
Russian, Armenian

PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY



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.



GLENDALE UNIFIED SCHOOL DISTRICT

223 North Jackson St., Glendale, California 91206-4380
Telephone: 818-241-3111, Ext. 1407 • Fax: 818-547-0213

Health Services
STUDENT SUPPORT SERVICES

RE: CALIFORNIA SCHOOL ENTRY HEALTH REQUIREMENTS PACKET (Kinder & 1st Grade Students Only)

Dear Parent or Legal Guardian:

A health examination is required by **State Law** for first grade students. This health checkup is recommended at the Kindergarten level but not earlier than 18 months before admission to the first grade.

The health examination includes a nutritional history, a complete physical examination, tests for anemia, urine analysis, tuberculosis screening, and vision and hearing screening. Necessary immunizations may be obtained at the same time.

You may comply with the law in one of these ways:

1. If you elect to take your child to a private doctor, please ask your doctor to complete the attached "Report of Health Examination for School Entry" and return the completed form to your school upon enrollment.
2. If you are a Medi-Cal beneficiary and do not have a private doctor, you may call any of the clinics or doctors on the attached "Providers List" for an appointment. Low income families whose children participate in the free school lunch program, may qualify for free health examinations.

For additional information or questions you may have regarding this program, please call Health Services at the Administration Center, 241-3111 Ext. 1407.

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

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

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	___/___/___
Physical Examination	___/___/___
Dental Assessment	___/___/___
Nutritional Assessment	___/___/___
Developmental Assessment	___/___/___
Vision Screening	___/___/___
Audiometric (hearing) Screening	___/___/___
TB Risk Assessment and Test, if indicated	___/___/___
Blood Test (for anemia)	___/___/___
Urine Test	___/___/___
Blood Lead Test	___/___/___
Other	___/___/___

IMMUNIZATION RECORD

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

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

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

RESULTS AND RECOMMENDATIONS

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

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

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

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

Signature of parent or guardian _____
Date

Name, address, and telephone number of health examiner

Signature of health examiner _____
Date

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.



GLENDALE UNIFIED SCHOOL DISTRICT

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Telephone: 818-241-3111, Ext. 1407 • Fax: 818-547-0213

Health Services
STUDENT SUPPORT SERVICES

RE: ORAL HEALTH ASSESSMENT PACKET

Dear Parent or Legal Guardian:

A dental examination is required by **State Law** for kindergarten students (Education Code 49452.8). This dental check up is recommended at the kindergarten level but not earlier than 12 months before admission to kindergarten (or first grade if this is the first school admission) and not later than May 31. 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/>. 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>
2. Medi-Cal For Families' toll-free number can help you to find a dentist who takes Medi-Cal For Families insurance: 1-(800)-880-5305

If you do not have dental insurance or cannot afford to visit a dentist and you would like assistance to complete this assessment, please contact the Glendale Healthy Kids Program at (818) 548-7931.

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 new oral health assessment requirement, please contact "Health Services" at (818) 241-3111 ext. 1407.

Revised 01/2018

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:	
Parent/Guardian Name:			

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)
_____ <i>Licensed Dental Professional Signature</i>		_____ <i>CA License Number</i>	
		_____ <i>Date</i>	

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.