



GLENDALE UNIFIED SCHOOL DISTRICT

**HIGH SCHOOL
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.



REQUIREMENTS FOR SECONDARY 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 VERIFICATION 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 duly attested Baptism certificate
4. When none of the foregoing 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 one name, address, and telephone number of a relative, friend, and/or neighbor who is authorized to care for the student in case of emergency when the parent cannot be reached. (Two emergency contacts are preferred).

D. PARENTS/LLEGAL 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 guardian 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.

Students Admitted at Ages 7-17 Years Need the following Immunizations:

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 – Admission at ages 7-12 years one dose and admission 13-17 years requires 2 doses.
6. Tetanus, Diphtheria, and Pertussis (Tdap) —1 dose at 7th grade or out-of-state transfer admission at 8th–12th grades (1 dose on or after the 7th birthday)

NOTE: If you do not have health 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. An unofficial copy of previous school transcript for students who have completed at least one semester of 9th grade or are in grades 10-12, or last report card for students starting 9th grade. Once enrolled, the school will request official copies. (***High School Only***)
2. If enrolling from outside the United States, an official sealed transcript may be hand delivered. A notarized translation of the transcripts will be accepted. If the transcript is in the original language, school will forward the official transcript to Student Support Services for translation
3. The student will be placed in the age appropriate grade. 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. No student will be placed more than one year ahead or one year behind. If no records are available, student will be placed according to age.
4. Test scores, if available.

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.



HIGH 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:

	Needed		Completed
OFFICE USE ONLY	1. Enrollment Form	_____	_____
	2. Home Language Survey	_____	_____
	<input type="checkbox"/> Welcome Center Appointment Scheduled (if applicable)		
	3. Student Nighttime Residency Questionnaire	_____	_____
	<input type="checkbox"/> Sent to Student Wellness Services (if applicable)		
	4. Form 3	_____	_____
	5. Health Information Statement	_____	_____
	6. Copy of Parent Photo I.D.	_____	_____
	7. 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 foregoing is obtainable, an affidavit from the parent/guardian			
8. 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			
9. Transcripts	_____	_____	
10. Proof of Immunizations	_____	_____	
<input type="checkbox"/> Complete			
<input type="checkbox"/> Incomplete, must be done by _____			
11. Copy of IEP (if applicable)	_____	_____	
12. Any applicable court documents (guardianship, custody, etc.) (if applicable)	_____	_____	

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 #:
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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: _____
MM DD YYYY City State Country

Gender: _____ **What is your child's ethnicity? Check one only:** Hispanic/Latino Non-Hispanic/Latino

II. WHAT IS YOUR CHILD'S RACE? You must choose at least one from the following: *(Check all that apply)*

<input type="checkbox"/> 100 American Indian or Alaskan Native <small>American Indian includes those who maintain tribal affiliation in North, South, or Central America</small>	<input type="checkbox"/> 200 Asian <input type="checkbox"/> 201 Chinese <input type="checkbox"/> 206 Laotian <input type="checkbox"/> 202 Japanese <input type="checkbox"/> 207 Cambodian <input type="checkbox"/> 203 Korean <input type="checkbox"/> 208 Hmong <input type="checkbox"/> 204 Vietnamese <input type="checkbox"/> 299 Other Asian <input type="checkbox"/> 205 Asian Indian	<input type="checkbox"/> 300 Native Hawaiian or Pacific Islander <input type="checkbox"/> 301 Hawaiian <input type="checkbox"/> 302 Guamanian <input type="checkbox"/> 303 Samoan <input type="checkbox"/> 304 Tahitian <input type="checkbox"/> 399 Other Pacific Islander
<input type="checkbox"/> 400 Filipino	<input type="checkbox"/> 600 Black or African American	<input type="checkbox"/> 700 White

III. WHAT IS YOUR CHILD'S ORIGIN? Please check only those that apply

<input type="checkbox"/> Armenian	<input type="checkbox"/> North African	<input type="checkbox"/> Cuban
<input type="checkbox"/> European	<input type="checkbox"/> South American	<input type="checkbox"/> Mexican
<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Central American	<input type="checkbox"/> Puerto Rican

IV. ADDRESS/PHONE/RESIDENCE INFORMATION

Home Address _____
Number & Street Apt. # City Zip

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)? YES NO If YES, please provide first START date _____

2. Has your child ever attended a school in California (TK-12)? YES NO If YES, please provide first START date _____

3. Has your child ever attended **any Glendale Unified School? (including summer school)** YES NO

If yes, please provide the name of the last GUSD school attended: _____

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? YES NO

2. Does your child have a current Individualized Education Program (IEP)? YES NO

3. Is your child on a 504 Plan? YES NO

4. If YES to 2 or 3, do you have a copy of the IEP or 504? YES NO

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**)? YES NO

2. Is your child enrolled in subsidized child care? YES NO

3. Has your child ever been identified as an English Learner at any previous school? YES NO

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



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 SECONDARY HEALTH INFORMATION STATEMENT

The following information will become a part of the student's permanent record. Detailed information about health problems may be given during a personal interview with nurse.

Student's
Name _____ Sex _____ Birthdate _____ Grade _____ School _____

1. Serious illnesses, chronic illness, limitations. Describe and give dates _____

2. List operations. Give dates _____

3. List injuries including broken bones. Give dates _____

4. Has student ever been unconscious or had fainting spells or convulsions? Describe. _____

5. Is student on medication? If yes, name of medication _____
Reason for medication _____

6. Does student have visual problems? _____
Hearing problems? _____

7. Date last seen by physician _____ Reason _____

8. Physician or Medical Group _____ Phone _____

9. Do you have Health Insurance? _____ Yes _____ No

10. Is student able to participate in a full school program, including physical education activities? _____
If not, state reason (information from your physician will be required if restriction is necessary) _____

Signature of parent or Guardian

Address

Phone

Date



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.