



Berryessa Union School District
 1376 Piedmont Road * San Jose, CA 95132 * 408-923-1800

2013-2014 Student Enrollment

New Students Entering Transitional Kindergarten and Kindergarten through 8th Grade

To enroll your child, you must bring this *completed* registration packet on the date that corresponds to your resident home school.

New student enrollment will be held on the following:

	<u>Date</u>	<u>Time</u>	<u>Place</u>
Sierramont Family Schools: (Sierramont, Cherrywood, Majestic Way & Ruskin)	March 4 (Monday) & 5 (Tuesday)	4:00 p.m.- 7:00 p.m.	District Office
Morrill Family Schools: (Morrill, Brooktree, Laneview & Northwood)	March 11 (Monday) & 13 (Wednesday)	4:00 p.m.- 7:00 p.m.	District Office
Piedmont Family Schools: (Piedmont, Noble, Summerdale, Toyon & Vinci Park)	March 18 (Monday) & 19 (Tuesday)	4:00 p.m.- 7:00 p.m.	District Office
All Schools (use these opportunities if you are unable to register during your family schools evening registration date)	March 20 to June 14 June 17 to Aug 1 (Mon -Th only) Beginning August 5	9:00 a.m. - 1:00 p.m. 9:00 a.m. - 2:00 p.m. 9:00 a.m. - 1:00 p.m.	Resident Home School District Office Resident Home School

Please read the “PARENT CHECKLIST” on the back of this page very carefully in order to ensure that you bring all necessary documents to successfully complete the registration process. Incomplete packets will not be accepted and you will be required to return at a later date to finalize the registration.

Brooktree Elementary School 1781 Olivetree Drive San Jose, CA 95131 (408) 923-1910	Noble Elementary School 3466 Grossmont Drive San Jose, CA 95132 (408) 923-1935	Summerdale Elementary School 1100 Summerdale Drive San Jose, CA 95132 (408) 923-1960
Cherrywood Elementary School 2550 Greengate Drive San Jose, CA 95132 (408) 923-1915	Northwood Elementary School 2760 East Trimble Road San Jose, CA 95132 (408) 923-1940	Toyon Elementary School 995 Bard Street San Jose, CA 95127 (408) 923-1965
Laneview Elementary School 2095 Warmwood Lane San Jose, CA 95132 (408) 923-1920	Piedmont Middle School 955 Piedmont Road San Jose, CA 95132 (408) 923-1945	Vinci Park Elementary School 1311 Vinci Park Way San Jose, CA 95131 (408) 923-1970
Majestic Way Elementary School 1855 Majestic Way San Jose, CA 95132 (408) 923-1925	Ruskin Elementary School 1401 Turlock Lane San Jose, CA 95132 (408) 923-1950	
Morrill Middle School 1970 Morrill Avenue San Jose, CA 95132 (408) 923-1930	Sierramont Middle School 3155 Kimlee Drive San Jose, CA 95132 (408) 923-1955	



BERRYESSA UNION SCHOOL DISTRICT

1376 Piedmont Road ♦ San Jose, CA 95132

Visit our website for additional information: www.berryessa.k12.ca.us

2013 – 2014 PARENT CHECKLIST

NOTE: A parent or legal guardian is required to sign the enrollment papers. It is essential for you to bring a Valid Driver's License or Valid Identification Card with you when you enroll your child. **A driver's license will not be accepted as proof of residence.** It is not necessary for your child to be present at time of enrollment.

The following documents are required to enroll your child for school. Please bring all required documents at time of enrollment, and use this checklist to assist you in making sure all information is complete. You may contact your neighborhood school if assistance is needed in completing any of these forms.

- 1. Berryessa Union School District Residence Verification (*check one*)
 - Homeowners - Your Proof of Ownership **AND** one other document as listed on next page.
 - Renters - Your Lease/Rental Agreement **AND** one other document as listed on next page.
 - All Others (*Caregiver's Affidavit or Family Affidavit*) – Please ask school or district for this form (not included with packet). Note: For *Family Affidavit*, Parent/Guardian registering the student(s) must provide two (2) pieces of mail with their name and current address on it (government papers such as; tax papers, state assistance verification; and a bill such as cell phone, credit card, medical, insurance). **These Affidavit forms are required to be renewed annually and families may expect a verification visit/check from district staff.**

- 2. **Original** Child's Age Verification Document (*office will make a photo copy*)

- 3. **Original** Child's Yellow Immunization Card (*office will make a photo copy*)
Card must be updated by doctor or clinic with all required vaccines and tests properly recorded for age. Please see Health Requirements attached in packet.

- 4. Enrollment Forms, 2 pages

(If your child has an IEP or 504 Plan, you must provide a current copy with your registration packet, so that your child can be appropriately placed.)

- 5. Understanding School Assignment Form

- 6. Student Media Release Form

- 7. Oral Health Assessment/Waiver Request Form (Kindergarten and 1st grade only).

- 8. Report of Health Examination for School Entry (preferred for Kindergarten, required for 1st grade). Please see INSTRUCTIONS FOR ENROLLMENT, item #3.

- 9. Medical Statement to Request Special Meals and/or Accommodations (to be completed if child has a food allergy/intolerance)

- 10. Parent/Guardian Valid Driver's License or Valid Identification Card

INSTRUCTIONS FOR ENROLLMENT

1. RESIDENCE VERIFICATION:

If you own	If you rent
<i>One of the following documents in parent's name, showing residency property address</i>	
Deed of Trust, Grant Deed, Property Tax Bill (or payment receipt), Mortgage Statement, Escrow Letter, Tax Assessment Card	Current Lease or Rental Agreement (or payment receipt)
<i>and one of the following documents in parent's name showing residency property address</i>	
Current PG&E Bill, Utility Service Contract (or statement/payment receipt), Pay Stub, W-2 Form, Voter Registration, valid CA Vehicle Registration, correspondence from a Government agency.	

All others you must provide:

When a student and his/her parents/guardians reside with a party who lives within the Berryessa Union School District's boundaries (rent a room, share a home, live with relative) a Family Affidavit must be completed. Parent/Guardian registering the student(s) must provide two (2) pieces of mail with their name and current address on it (government papers such as; tax papers, state assistance verification; a bill such as cell phone, credit card, medical insurance).

When only the student resides with a party (not the student's parents) who lives within the Berryessa Union School District's boundaries, a Caregiver's Affidavit must be completed.

Both of these affidavits require that the residence be on a full-time basis, Monday through Thursday and are required to be renewed annually.

Owner/Renter signing Family Affidavit must provide residence verification as stated above.

If, at any time, a question is raised about a student's residence, the District will undertake an investigation of the student's actual residence. If it is found that the situation is not as stated by the parents/guardians, the student will be **immediately un-enrolled** and then must enroll at their appropriate school or home district. (AR 5101.1) Berryessa Union School District reserves the right to verify residence. It is the policy of the Berryessa Union School District that all new students registering in the district and students who change their residence while attending school in the district provide proof of residence within the boundaries of the Berryessa Union School District (BUSD).

2. AGE VERIFICATION:

One of the following ORIGINAL official documents must be brought for enrollment: (Ed. Code, Section 48000)

Certified Birth Certificate Baptism Record Passport (Visa's are **not** acceptable) Hospital Record School Transcript

California Law and Board Policy permit the enrollment in kindergarten of those children who will be 5 years old on/or before **October 1** of the current school year (Ed. Code, § 48000). Children entering Berryessa schools from another country will be assigned to their age appropriate grade level. If your child is transferring from another school, you may bring age verification from his/her previous school.

If your child will turn 5 years old between October 2 and December 2, he/she is eligible to enroll in the Transitional Kindergarten program. The availability of this program is dependent on state funding.

3. **CALIFORNIA SCHOOL IMMUNIZATION RECORDS:**

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY: (preferred for Kindergarten, required for 1st grade)

California state law requires children to have a health examination and submit a completed REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY (yellow form in this packet) 18 months prior to entering first grade. The examination can be given up to six months before entering kindergarten, but NOT BEFORE March 1st of this year in order to satisfy the 1st grade requirement. We recommend that parents submit the completed yellow form as part of the kindergarten registration packet. **However, if your child received their exam prior to March 1st of this year, they will need to have another health exam prior to entering first grade. Please be sure to submit the yellow form to your child's school office prior to your child beginning the 1st grade.**

Yellow Immunization Card

If your child is enrolling from a previous school in California, a verified copy of the "California School Immunization Record Form" may be brought from the previous school for enrollment.

4. **ENROLLMENT FORMS**, 2 pages: This form must be completed in English.

It is important that all information is printed or typed. If your child attended another school prior to enrolling in the Berryessa Union School District, be sure to include all previous school information so we may request your child's past school records.

(If your child has an IEP or 504 Plan, you must provide a current copy with your registration packet, so that your child can be appropriately placed.)

5. **UNDERSTANDING SCHOOL ASSIGNMENT FORM**

6. **STUDENT MEDIA RELEASE FORM**

7. **ORAL HEALTH ASSESSMENT/WAIVER REQUEST FORM** (Kindergarten and 1st grade only).

8. **REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY** (yellow) (preferred for Kindergarten, required for 1st grade)

9. **MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS** (green) (to be completed if child has a food allergy/intolerance)

ATTENDANCE POLICY (GENERAL STATEMENT)

On-time daily attendance is a critical part for student achievement and academic success. Berryessa Union School District adheres to strict attendance policies. Parents/Guardians are encouraged to schedule their vacation/trips around the school calendar. During the first week of school, you will be receiving a detailed Attendance Agreement defining excused and unexcused absences and Berryessa attendance policy.

Schools of Choice

Parents in the Berryessa Union School District may select to have their child attend a school other than their designated neighborhood school, if space is available, through a transfer process. "Request For Interdistrict Attendance Permit" (transfer request) forms are available at the District Office and at school offices throughout the district. This request allows students to attend a school outside of the Berryessa Union School District.

You may be required to fill out and return additional forms for your child's school.

Student's Last Name: _____ First: _____ DOB: _____

HEALTH INFORMATION:

Health Care Provider: _____ Group #: _____
Student's Doctor Name: _____ Phone: _____
Student's Dentist Name: _____ Phone: _____

Does your child require corrective lenses? Yes No
Does your child have a health condition? Yes No (If any boxes are checked, please explain below)

- Allergies - life threatening Hearing Problems Orthopedic Condition
- Asthma Heart Problems Other Significant Health Concerns
- Diabetes Limited Physical Activity Seizure Disorder
- Neurological Condition Vision Problems - Eye disease such as glaucoma, cataracts, color blindness, other (please explain below)

Please explain: _____

*** FOOD ALLERGIES REQUIRE GREEN FORM (attached to packet) "MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS"**

Does your child take medication on a regular basis? Yes No Is it required during school day? Yes* No

If yes, list medication(s): _____

* If medication is taken during school hours, please see school office for the "PERMIT TO TAKE MEDICATION IN SCHOOL" form (or print one from our district website). This form must be renewed annually.

Father/ Guardian Work Phone: _____ Company Name: _____ Occupation: _____

Mother/Guardian Work Phone: _____ Company Name: _____ Occupation: _____

EMERGENCY CONTACT: DO NOT LIST PARENTS/GUARDIANS WHO ARE LISTED ON THE FRONT OF THIS FORM:

In case of my child's illness, injury or the event of a major disaster (e.g., earthquake, flood) and the school is unable to reach me, I give my consent to call or release my child to any of the following persons listed below.

<u>Name</u>	<u>Address, City</u>	<u>Telephone</u>	<u>Relationship to Student</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER CHILDREN LIVING IN THE HOME, AGES 1 DAY TO 20 YRS OLD:

<u>Name</u>	<u>Gender</u>	<u>Birth Date</u>	<u>Grade</u>	<u>School</u>	<u>Relationship to Student</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

RESIDENT VALIDATION:

I verify that my child meets the school resident requirements established by Berryessa Union School District. I have substantiated this requirement by providing the requested documentation. I understand that if it is found that the student is not living at the residence as stated and/or falsification of information, my child will immediately be enrolled at the appropriate district school or home district. If I change my residence while attending school in the district, I will be required to provide proof of residence within the boundaries of the Berryessa Union School District. I hereby certify that the STUDENT/FAMILY INFORMATION provided on pages 1 and 2 is accurate and I understand that intentionally giving false information is considered to be fraudulent.

I, the (parent or legal guardian) of this child, certify that all information on this enrollment form is true and correct.

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY:

E/R Identified: P : S : O

Residence verified by: _____ School Year: 2013-2014

Resident verification: _____ AND _____
(List what was shown) (List what was shown)

Valid ID: (check one) Driver's License OR Identification Card

Berryessa Union School District
Health Requirements

Vaccine

Required Dose

Polio (IPV, DTaP-HepB-IPV (Pediatrix), DTaP-IPV/Hib (Pentecel), DTaP-IPV(Kinrix)

4 doses at any age, but ... 3 doses meet requirement for ages 4-6 years if at least one was given on or after the 4th birthday*; 3 doses meet requirement for ages 7-17 years if at least one was given on or after 2nd birthday. *

Diphtheria, Tetanus, and Pertussis (DTP, DTaP, DT)

Age 6 years and under **5 doses at any age, but ...** 4 doses meet requirements for ages 4-6 years if at least one was on or after 4th birthday.*
DTP, DTaP or any combination of
DTP or DTap with DT

Age 7 years and older **4 doses at any age, but ...** 3 doses meet requirement for ages 7-17 years if at least one was on or after the 2nd birthday.* If last dose was given before the 2nd birthday, one more (Td) dose is required.
Tdap, Td, DT, or DTP, DTaP
or any combination of these.

Pertussis (Tdap, Whooping Cough)**

7th Grade 1 dose of Tdap on or after the 7th birthday.

Measles, Mumps, Rubella (MMR, MMRV)

Kindergarten **2 doses***** both on or after 1st birthday. *
7th Grade **2 doses***** both on or after 1st birthday. *

Hepatitis B

Kindergarten **3 doses at any age**

Varicella (Chickenpox) (VAR, MMRV)

Kindergarten **1 dose******
Out-of-state entrants (Grades 1-12)..... **1 dose** for children under 13 years; 2 doses are needed if immunized on or after 13th birthday.****

PPD Mantoux/IGRA (Blood Test) (TB, Tuberculosis,TST) – Santa Clara County Mandate

Kindergarten **within 12 months** prior to the first day of school
Grades 1-12..... **within 6 months** prior to enrollment into Santa Clara County
The following must be recorded on all PPD immunizations: 1) date test was given; 2) date test was read; 3) result of the reading in millimeters of indurations; and 4) signature of the physician or designee.

* Receipt of the dose up to (and including) 4 days before the birthday will satisfy the school entry immunization requirement.
** “Tdap” = T Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine.
*** Two doses of measles-containing vaccine required. One dose of mumps and rubella-containing vaccine required
**** Physician-documented varicella (chickenpox) disease history or immunity meets the varicella requirement.

Clinic Locations Providing Immunizations

Including Pertussis and routine health care

Please call for hours and cost

Santa Clara County Public Health Immunization Clinic

976 Lenzen Avenue, Suite 1500
San Jose, CA 95126
408-885-3980

Indian Health Center

1333 Meridian Avenue
San Jose, CA 95125
408-445-3400

San Jose Foothill Family Community Clinic

2880 Story Road
San Jose, CA 95127
408-729-1643

CompreCare Health Center

3030 Alum Rock Avenue
San Jose, CA 95127
408-272-6300

Gardner Health Center

195 E. Virginia Street
San Jose, CA 95112
408-998-8815

St. James Health Center

55 E. Julian Street
San Jose, CA 95112
408-918-2600

Franklin McKinley School Center

645 Wool Creek Drive
San Jose, CA 95112
408-283-6051

Washington Neighborhood Health Clinic

100 Oak Street
San Jose, CA 95110
408-295-0980

Valley Health Centers

888-334-1000

750 S. Bascom Avenue
San Jose, CA 95128

1993 McKee Road
San Jose, CA 95133

500 Tully Road
San Jose, CA 95111

143 N. Main Street
Milpitas, CA 95035

660 S. Fair Oaks Avenue
Sunnyvale, CA 94086

Mayview Community Health Centers

270 Grant Avenue
Palo Alto, CA 94306
650-327-8717

785 Morse Avenue
Sunnyvale, CA 94085
408-746-0455

100 Moffett Blvd, #101
Mountain View, CA 94043
650-965-3323

All clinics accept Medi-Cal and
other insurance providers.

Medi-Cal Enrollment and Information:
call 877-680-2566

Health exams at no charge for eligible children & youth



Regular health exams

- Help children and youth stay healthy
- Identify health problems early and refer for treatment as needed

The health exam will include:

- History & physical
- Immunizations
- Hearing and vision screening
- Other screening tests

Children & youth are eligible if they are:

- On Medi-Cal and 0-21 years old, or
- Low/moderate income* and 0-19 years old

** Children and youth may be able to receive temporary Medi-Cal for up to 60 days through CHDP Gateway.*

For more information call:

1 (800) 689-6669 or
(408) 937-2250



Child Health & Disability Prevention Program

Public Health Department

Santa Clara Valley Health & Hospital System





Berryessa Union School District

UNDERSTANDING SCHOOL ASSIGNMENT FORM

I understand that my child, _____ is not guaranteed enrollment in his/her designated school of attendance*. If there is no space available in his/her designated school, my child will be assigned to an overload school in the district. My child is guaranteed enrollment back to his/her designated school of attendance for the following school year.

Enrollment to your child's designated school of attendance is determined by the date and time in which enrollment documents were submitted and considered complete during central registration.

I understand that if a grade at my child's designated school of attendance reaches capacity, the student(s) selected to be assigned to another District school will be determined on a "last in*", first out" basis.

I understand that if my child does not attend class on the first day of school he/she may lose placement in the class/school and may be assigned to another school within the District.

Printed Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Name of School: _____

* Designated School of Attendance is defined as:
A school designated by the District for your specific residence area.

* LAST IN is defined by:
The date and time the completed enrollment packet is received by the School/District.



Berryessa Union School District

STUDENT MEDIA RELEASE FORM

Dear Parents/Guardians,

Berryessa Union School District is proud of the many accomplishments of our students and staff. Often, such accomplishments draw the attention of newspaper, television stations, or other media who visit our schools to photograph, videotape, and/or interview students and staff during various activities. In addition, we often use pictures of our students in Berryessa Union School District's publications and the district's website. For your child's privacy, we must know whether or not you want your child to be photographed, videotaped, or interviewed by the news media, or for the district's publications.

Please check appropriate box:

- I DO GIVE PERMISSION** for my child to be photographed, videotaped, or interviewed by the news media for any reason and for the Berryessa Union School District to use my child's photograph or words in district publications.

- I DO NOT GIVE PERMISSION** for my child to be photographed, videotaped, or interviewed by the news media for any reason. Nor do I give my permission for the Berryessa Union School District to use my child's photograph or words in district publications. Note: I understand this media release refusal does not apply to classroom displays or yearbooks.

Printed Student Name: _____

Parent/Guardian Signature: _____

Date: _____

Name of School: _____

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 their 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 starts 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 <u>Present:</u> <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;"> <div style="width: 30%; border-top: 1px solid black; border-bottom: 1px solid black;"></div> <div style="width: 30%; border-top: 1px solid black; border-bottom: 1px solid black;"></div> <div style="width: 30%; border-top: 1px solid black; border-bottom: 1px solid black;"></div> </div>			
<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.

Information on the Oral Health Assessment/Waiver Request Form

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/>. 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>. 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>.)
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>.
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>)

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.

MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

1. SCHOOL/AGENCY	2. SITE	3. SITE TELEPHONE NUMBER	
4. NAME OF PARTICIPANT		5. AGE OR DATE OF BIRTH	
6. NAME OF PARENT OR GUARDIAN		7. TELEPHONE NUMBER	
8. CHECK ONE: <input type="checkbox"/> Participant has a disability or a medical condition and <i>requires</i> a special meal or accommodation. (Refer to definitions on reverse side of this form.) Schools and agencies participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment. A licensed physician must sign this form. <input type="checkbox"/> Participant does not have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests. A licensed physician, physician's assistant, or registered nurse must sign this form.			
9. DISABILITY OR MEDICAL CONDITION REQUIRING A SPECIAL MEAL OR ACCOMMODATION:			
10. IF PARTICIPANT HAS A DISABILITY, PROVIDE A BRIEF DESCRIPTION OF PARTICIPANT'S MAJOR LIFE ACTIVITY AFFECTED BY THE DISABILITY:			
11. DIET PRESCRIPTION AND/OR ACCOMMODATION: <i>(PLEASE DESCRIBE IN DETAIL TO ENSURE PROPER IMPLEMENTATION)</i>			
12. INDICATE TEXTURE: <input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed			
13. FOODS TO BE OMITTED AND SUBSTITUTIONS: <i>(PLEASE LIST SPECIFIC FOODS TO BE OMITTED AND SUGGESTED SUBSTITUTIONS. YOU MAY ATTACH A SHEET WITH ADDITIONAL INFORMATION)</i>			
A. Foods To Be Omitted		B. Suggested Substitutions	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
14. ADAPTIVE EQUIPMENT:			
15. SIGNATURE OF PREPARER*	16. PRINTED NAME	17. TELEPHONE NUMBER	18. DATE
19. SIGNATURE OF MEDICAL AUTHORITY*	20. PRINTED NAME	21. TELEPHONE NUMBER	22. DATE

* Physician's signature is required for participants with a disability. For participants without a disability, a licensed physician, physician's assistant, or registered nurse must sign the form.

The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.

In accordance with Federal law and U.S. Department of Agriculture policy, this agency is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410, or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Please return to:
Berryessa Union School District
Attn: Child Nutrition Services Dept
1376 Piedmont Road
San Jose, CA 95132

MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

INSTRUCTIONS

1. **School/Agency:** Print the name of the school or agency that is providing the form to the parent.
2. **Site:** Print the name of the site where meals will be served (e.g., school site, child care center, community center, etc.)
3. **Site Telephone Number:** Print the telephone number of site where meal will be served. See #2.
4. **Name of Participant:** Print the name of the child or adult participant to whom the information pertains.
5. **Age of Participant:** Print the age of the participant. For infants, please use Date of Birth.
6. **Name of Parent or Guardian:** Print the name of the person requesting the participant's medical statement.
7. **Telephone Number:** Print the telephone number of parent or guardian.
8. **Check One:** Check (✓) a box to indicate whether participant has a disability or does not have a disability.
9. **Disability or Medical Condition Requiring a Special Meal or Accommodation:** Describe the medical condition that requires a special meal or accommodation (e.g., juvenile diabetes, allergy to peanuts, etc.)
10. **If Participant has a Disability, Provide a Brief Description of Participant's Major Life Activity Affected by the Disability:** Describe how physical or medical condition affects disability. For example: "Allergy to peanuts causes a life-threatening reaction."
11. **Diet Prescription and/or Accommodation:** Describe a specific diet or accommodation that has been prescribed by a physician, or describe diet modification requested for a non-disabling condition. For example: "All foods must be either in liquid or pureed form. Participant cannot consume any solid foods."
12. **Indicate Texture:** Check (✓) a box to indicate the type of texture of food that is required. If the participant does not need any modification, check "Regular".
13. **A. Foods to Be Omitted:** List specific foods that must be omitted. For example, the "exclude fluid milk."
B. Suggested Substitutions: List specific foods to include in the diet. For example, "calcium fortified juice."
14. **Adaptive Equipment:** Describe specific equipment required to assist the participant with dining. (Examples may include a sippy cup, a large handled spoon, wheel-chair accessible furniture, etc.)
15. **Signature of Preparer:** Signature of person completing form.
16. **Printed Name:** Print name of person completing form.
17. **Telephone Number:** Telephone number of person completing form.
18. **Date:** Date preparer signed form.
19. **Signature of Medical Authority:** Signature of medical authority requesting the special meal or accommodation.
20. **Printed Name:** Print name of medical authority.
21. **Telephone Number:** Telephone number of medical authority.
22. **Date:** Date medical authority signed form.

DEFINITIONS*:

"A Person with a Disability" is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

"Physical or mental impairment" means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

"Major life activities" are functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

"Has a record of such an impairment" is defined as having a history of, or have been classified (or misclassified) as having a mental or physical impairment that substantially limits one or more major life activities.

(*Citations from Section 504 of the Rehabilitation Act of 1973)

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	BIRTHDATE-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
Health History	
Physical Examination (date required)	
Dental Assessment	
Nutritional Assessment	
Developmental Assessment	
Vision Screening	
Audiometric (hearing) Screening	
Tuberculin Test (Mantoux/PPD)	See below, part III
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) Had disease <input type="checkbox"/> Date or Age _____					

PART III TURBERCULIN TEST (Mantoux/PPD)

	Type*	Date Given	Given by	Date Read	Read by	mm inder	impression
SKIN TESTS <i>PRUEBAS DE LA PIEL</i>							
* If required for school entry, must be Mantoux unless exception granted by local health department.							
Chest X-Ray	Film date: ____/____/____ Impression: <input type="checkbox"/> normal <input type="checkbox"/> abnormal Person is free of communicable tuberculosis: <input type="checkbox"/> yes <input type="checkbox"/> no Signature/Agency: _____						

PART IV 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 V.

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

→ _____
Signature Parent/Guardian _____
Date

PART V ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)

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)

PART VI HEALTH EXAMINER INFORMATION

Name, address, and telephone number of health examiner

→ _____
Signature of health examiner _____
Date