



LEARNING  
BY  
DESIGN

## New Student Enrollment Checklist 2021 - 2022

We are happy you will be joining the Learning by Design community! Please feel free to reach out to us with any questions and return this enrollment packet as soon as possible. We look forward to seeing you!

The following documents are required for enrollment. All documents must be returned.

### **General Information**

- ☐ New Student Enrollment Form
- ☐ Student Emergency and Medical Card
- ☐ Health History Form
- ☐ Parent / Legal Guardian Publicity Authorization and Release

### **Verification of Parent/Guardian Identity (one of the following)**

- ☐ Current Driver's License or CA ID Card
- ☐ Company / Work ID
- ☐ Passport
- ☐ Government Issued ID with Photo

### **Verification of Student Date of Birth (one of the following)**

- ☐ Birth Certificate or Passport (original required)
- ☐ Adoption Papers / Court Documents
- ☐ Hospital Record
- ☐ Foster Placement Papers (if applicable)

### **Health and Wellness Verification**

- ☐ Physical Examination for:
  - ETK / Kindergarten Students - Needs to be less than 1 year prior to entering school
  - First Grade Students - Needs to be less than 18 months prior to first-grade entry
  - Students entering from out of the country
- ☐ Verification of Immunizations (Bring immunization record at time of enrollment) The following immunizations are required for school enrollment.
  - Polio Vaccine
  - DTP: Diphtheria, Tetanus, Pertussis Vaccine
  - Hepatitis B Vaccine
  - MMR: Measles, Mumps, Rubella Vaccine
  - Varicella (Doctor documented disease history)
- ☐ Oral Health Information Form for TK / Kindergarten only
- ☐ Health Examination for School Entry Form

### **2019-2020 Application for Free and Reduced Price Meals**

#### **Proof of Residency - Must be in the Parent/Guardian's Name**

- Must be dated within the past 60 days. Included below is a list of acceptable documents:
  - ☐ Electric Bill
  - ☐ Water Bill
  - ☐ Utility Bill
  - ☐ Mortgage Statement
  - ☐ Gas Bill
  - ☐ Trash Bill
  - ☐ Property Tax Bill
  - ☐ Lease/Rental Agreement

#### **Additional Documentation (if applicable)**

- ☐ Prior School Records
  - Most recent Report Card or Transcript if the student attended school prior to enrollment at LBD
- ☐ Student Individualized Education Plan (IEP) and/or Student's Section 504 Plan
- ☐ Medical Statement to Request Special Meals and/or Accommodations Form
- ☐ Court Papers, Foster Placement, Restraining Orders



## Enrollment Form 2021-2022 School Year

Instructions: Please print using black or blue ink. If you have any questions, please ask for assistance.

### 1. STUDENT INFORMATION (Please write name EXACTLY as it appears on the birth verification)

Legal Last Name	Legal First Name	Middle Name	Grade
Home Address	Apt/Unit	City	Zip Code
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone( )	Date of Birth / /	Place of Birth
1. PLEASE INDICATE STUDENT'S ETHNICITY (CHECK ONE) Student is of Hispanic origin? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. PLEASE INDICATE STUDENT'S RACE (CHECK ALL THAT APPLY) <input type="checkbox"/> African American or Black <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Vietnamese <input type="checkbox"/> White			
RESIDENTIAL STATUS: <input type="checkbox"/> Single Family Permanent Residence (House, Apartment, Condo, Mobile Home) <input type="checkbox"/> Hotels/Motels <input type="checkbox"/> Temporarily Doubled Up <input type="checkbox"/> Temporary Shelters <input type="checkbox"/> Temporarily Unsheltered <input type="checkbox"/> Other _____			

### 2. FAMILY INFORMATION

Parent/Legal Guardian		Parent/Legal Guardian	
Last Name	First Name	Last Name	First Name
Home Address (if different than student)		Home Address (if different than student)	
Home Phone ( )	Cell Phone ( )	Home Phone ( )	Cell Phone ( )
Work Telephone ( ) Ext.	Email Address	Work Telephone ( ) Ext.	Email Address
Relationship to Student	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Student	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No
Highest Level of Education (CHECK ONE) <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College or Associate's Degree <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School <input type="checkbox"/> Decline to State		Highest Level of Education (CHECK ONE) <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College or Associate's Degree <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School <input type="checkbox"/> Decline to State	
Is an Armed Forces member, on active duty or serve on full-time National Guard Duty? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is an Armed Forces member, on active duty or serve on full-time National Guard Duty? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Correspondence Language – In which language do you wish to receive written communications from the school? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____			

### 3. HOME LANGUAGE SURVEY

Which language did the student learn when he/she first began to talk?	
Which language does the student most frequently use at home?	
Which language do you use most frequently to speak to this student?	
Which language is most often used by the adults at home?	
Has this student received any formal English language instruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 4. STUDENT EDUCATIONAL INFORMATION

Special Services	
A. Was this student receiving special education services at his/her previous school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Did this student have an Individualized Education Program (IEP) at his/her previous school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please provide a copy of the IEP.	
C. Did this student have a Section 504 Plan at his/her previous school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please provide a copy of the Section 504 Plan.	
D. Does this student have difficulties that interfere with his/her ability to go to school or to learn?	<input type="checkbox"/> Yes <input type="checkbox"/> No

E. Has this student been identified for gifted and talented educational services (GATE)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Previous School Information</b>		
Has this student previously attended this school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?    /    /
Date of first U.S. school enrollment?	Grade	Date
Date of first California school enrollment?	Grade	Date
Please list last two schools the student attended (include preschool, if applicable):		
<b>School Name</b>	<b>City/State</b>	<b>Dates attended:</b>
Is this student currently under an expulsion order? If yes, please provide name of the school district:		<input type="checkbox"/> Yes <input type="checkbox"/> No

5. ADDITIONAL HOUSEHOLD INFORMATION

Are there any court orders regarding legal custody, physical custody, educational rights or restricted contact with this child? If yes, please provide copy of the court order.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does student live with Foster Family? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Relative Caregiver <input type="checkbox"/> Non-Relative Caregiver If yes, please provide Notification of Placement Status Form		Children's Social Worker (CSW):  Telephone Number: (    )    ext.
Complete these three rows if student's address is a licensed children's institution/family foster agency/group home/adult residential facility		
Facility Name	Facility Type	License Number
Facility Telephone Number	Alternate Telephone Number	Facility Address: Number    Street    Apt./Unit    City    Zip Code
Children's Social Worker (CSW)	Telephone Number and Extension	
Does the student have any relatives who are all or part American Indian or Alaskan Native?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student's parent or legal guardian worked in one or more of the following industries in the last three years: agriculture, dairy, fishery, food process/packing, or livestock?		<input type="checkbox"/> Yes <input type="checkbox"/> No

6. ADDITIONAL SCHOOL AGED CHILDREN LIVING IN HOUSEHOLD WITH SAME PARENT(S)/LEGAL GUARDIAN(S)

Last Name, First Name	Birth Date /    /	Current School
Last Name, First Name	Birth Date /    /	Current School
Last Name, First Name	Birth Date /    /	Current School
Last Name, First Name	Birth Date /    /	Current School

7. EMERGENCY CONTACT INFORMATION (Other than Parent/Legal Guardian authorized to pick up child. Must be 18 years of age or older)

1. Legal Name	Home Phone	Work Phone	Cell Phone
Relationship to Student	Address		
2. Legal Name	Home Phone	Work Phone	Cell Phone
Relationship to Student	Address		
3. Legal Name	Home Phone	Work Phone	Cell Phone
Relationship to Student	Address		

8. SIGNATURE

I verify that the information in this document is true and correct to the best of my knowledge.		
PRINT NAME	SIGNATURE	DATE /    /

RELATIONSHIP TO STUDENT:    ☐ Parent    ☐ Legal Guardian    ☐ Other \_\_\_\_\_



## Health History Form 2021 - 2022

### Student Information

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: ☐ Female ☐ Male Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade Level: \_\_\_\_\_ Home Language: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Blood type: \_\_\_\_\_

### Allergies

Does your child have any significant allergies? ☐ Yes ☐ No

If yes, list allergies, symptoms of allergic reaction, and treatment below:

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Does your child have an EPIPen, EPIPen Jr. or Auvi - Q prescribed to treat the allergy? ☐ Yes ☐ No

**(If yes, please contact the school before the first day of school to prepare an emergency action plan)**

### Daily Medications

Please note: All prescription medications to be given at school must be delivered by the parent to the school in a prescription bottle with the students' name and dosage clearly marked on the bottle.

Does your child take daily medications at home? ☐ Yes ☐ No

Does your child require medication to be given at school? ☐ Yes ☐ No If yes, list the current medications:

Name of Medication: \_\_\_\_\_ Time Given: \_\_\_\_\_

Reason Given: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Time Given: \_\_\_\_\_

Reason Given: \_\_\_\_\_

Does your child require any special medical procedures or emergency treatments during school hours? ☐ Yes ☐ No If yes, please describe: \_\_\_\_\_

Please note: All medical procedures or treatments required at school must have a doctor's medical order on file with the school before any procedures/treatments can be performed.

## Medical History

Does your child have any of the following medical conditions? Check all that apply:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ADD/ADHD      | <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Hearing Impaired |
| <input type="checkbox"/> ASD (Autism)  | <input type="checkbox"/> Eating Disorder        | <input type="checkbox"/> Heart Condition  |
| <input type="checkbox"/> Asthma        | <input type="checkbox"/> Emotional Concerns     | <input type="checkbox"/> Migraines        |
| <input type="checkbox"/> Blood Disease | <input type="checkbox"/> Genetic/Congenital     | <input type="checkbox"/> Seizures         |
| <input type="checkbox"/> Bowel Bladder | <input type="checkbox"/> Glasses/Contacts       | <input type="checkbox"/> Sleep Disorder   |
| <input type="checkbox"/> Cancer        | <input type="checkbox"/> Head Injury/Concussion | <input type="checkbox"/> Other: _____     |

List any recent hospitalization or treatments and explain (please include dates):

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## Activity Restrictions

Does your child have any restrictions for physical activities? ☐ Yes ☐ No

If yes, a written note from your physician for the current school year, stating the restrictions is required and needs to be updated yearly.

## Emergency Care

***This information will be held in confidence and disclosed to school personnel to the extent necessary to protect the health and safety of the student. In case of an emergency, if the school is not able to contact me, I give permission to take the student to the nearest hospital or appropriate facility for medical attention. This medical information may be shared with school personnel, EMTs, and hospital personnel as needed. If it is necessary to contact an ambulance, it will be the responsibility of the parent/guardian to pay for this service. I understand a copy of this information will be sent with my child to the hospital. If I cannot be reached by telephone in the event of an emergency involving:\_\_\_\_\_***

***\_\_\_\_\_ (Student's Name), please send my child to \_\_\_\_\_ or any available medical service.***

***This information is current and correct; I understand that it is my responsibility as the parent/guardian to notify the school of new or existing health concerns or any changes in contact information. I understand that this health history form must be updated every school year.***

Parent / Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Parent / Legal Guardian Name: \_\_\_\_\_

# STUDENT EMERGENCY INFORMATION FORM

Parent Information: Please fill out completely and sign where indicated. In a major emergency, it is school district policy to retain students at school for their safety. This form will be used by the school staff when students are released to go home. Please complete electronically or print clearly and return completed form to school.

STUDENT'S LAST NAME				FIRST NAME				M.I.		STUDENT'S LAST NAME		
BIRTH DATE		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		GRADE		HOME LANGUAGE						
STUDENT'S HOME ADDRESS -- NUMBER		STREET				APT #		CITY			ZIP CODE	
MAILING ADDRESS -- NUMBER (IF DIFFERENT FROM ABOVE)		STREET				APT #		CITY			ZIP CODE	
PARENT'S / LEGAL GUARDIAN'S LAST NAME			FIRST NAME			RELATIONSHIP TO STUDENT			LIVES WITH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
WORK ADDRESS -- NUMBER		STREET				CITY			ZIP CODE			
CONTACT NUMBERS			Indicate which phone to call for each message type:*			EMAIL ADDRESS:						
HOME			EMERGENCY			<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work						
CELL			ATTENDANCE			<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work						
WORK			GENERAL INFO			<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work						
TEXT			<input type="checkbox"/>			I authorize receiving text messages and understand that I am responsible for all text related charges.						
PARENT'S / LEGAL GUARDIAN'S LAST NAME			FIRST NAME			RELATIONSHIP TO STUDENT			LIVES WITH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
WORK ADDRESS -- NUMBER		STREET				CITY			ZIP CODE			
CONTACT NUMBERS			Indicate which phone to call for each message type:*			EMAIL ADDRESS:						
HOME			EMERGENCY			<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work						
CELL			ATTENDANCE			<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work						
WORK			GENERAL INFO			<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work						
TEXT			<input type="checkbox"/>			I authorize receiving text messages and understand that I am responsible for all text related charges.						
To the principal: In case you are unable to reach me during any emergency, you are authorized to contact and, if necessary, release my child to any of the following:												
NAME			RELATIONSHIP			HOME PHONE		CELL PHONE		WORK PHONE		
NAME			RELATIONSHIP			HOME PHONE		CELL PHONE		WORK PHONE		FIRST NAME
NAME			RELATIONSHIP			HOME PHONE		CELL PHONE		WORK PHONE		
List any other family members attending this school:												
LAST NAME			FIRST NAME			HOME ROOM		GRADE		RELATIONSHIP		
LAST NAME			FIRST NAME			HOME ROOM		GRADE		RELATIONSHIP		
MILITARY CONNECTED FAMILY: In efforts to provide resources and support to military connected students and their families, please respond to the following:			Immediate family member in the military (Active Duty, Guard, Reserve, or Veteran): <input type="checkbox"/> YES <input type="checkbox"/> NO Relationship to Student: _____			Currently Deployed: <input type="checkbox"/> YES <input type="checkbox"/> NO Military Branch: _____ Status: <input checked="" type="checkbox"/> Active Duty; <input type="checkbox"/> Guard; <input type="checkbox"/> Reserve; <input type="checkbox"/> Veteran; <input type="checkbox"/> Deceased						
<b>AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT</b> The undersigned, as parent/legal guardian of, _____ a minor, (Print name of the student here) hereby authorizes the principal or designee, into whose care the student has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to the student upon the advice of any licensed physician and/or dentist. It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the Los Angeles Unified School District ("District") to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization is given in accordance with Section 49407 of the California Education Code, and shall remain effective until revoked in writing and delivered to the District. I understand that the District, its officers and its employees assume no liability of any nature in relation to the transportation of the student. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's parent/guardian.												
<b>HEALTH ALERTS -- List any medical condition which restricts physical activity or requires special attention. Include conditions such as asthma and allergies such as peanut and bee stings. If none, please indicate "none".</b> 												
<b>DOES THE STUDENT HAVE HEALTH INSURANCE? (Check One)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO* If "Yes": <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families <b>MEDI-CAL / HEALTHY FAMILIES ID Number:</b> _____												
1. PRIVATE HEALTH INSURANCE NAME			GROUP NO.		2. PRIVATE HEALTH INSURANCE NAME (If covered under more than one plan)			GROUP NO.			MIDDLE INITIAL	
NAME OF DOCTOR / MEDICAL OFFICE					PHONE NUMBER OF DOCTOR / MEDICAL OFFICE							
*If the student currently does not have health insurance, information on free or low-cost health care programs is available by calling the District's toll-free HELPLINE 1(866)742-2273.												
<b>MY CHILD IS ALLERGIC TO THE FOLLOWING MEDICATIONS:</b> _____ <b>MY CHILD CURRENTLY TAKES THE FOLLOWING MEDICATIONS:</b> _____												
I CERTIFY THAT I HAVE READ AND UNDERSTOOD THIS FORM AND DO HEREBY GIVE MY AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, AND THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT. X												
SIGNATURE OF: _____ (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> CAREGIVER (AFFIDAVIT)												
DATE _____												

\* Selected telephone number must be a direct dial number (no extensions).

Revised January 2014



2021 - 2022

## Parent / Legal Guardian Publicity Authorization and Release

Dear Parent/Guardian:

Learning By Design Charter School requests your permission to reproduce through printed, audio, visual, or electronic means activities in which your pupil has participated in his/her education program. Your authorization will enable us to use specially prepared materials to (1) train teachers and/or (2) increase public awareness and promote continuation and improvement of education programs through the use of mass media, displays, brochures, websites, etc.

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

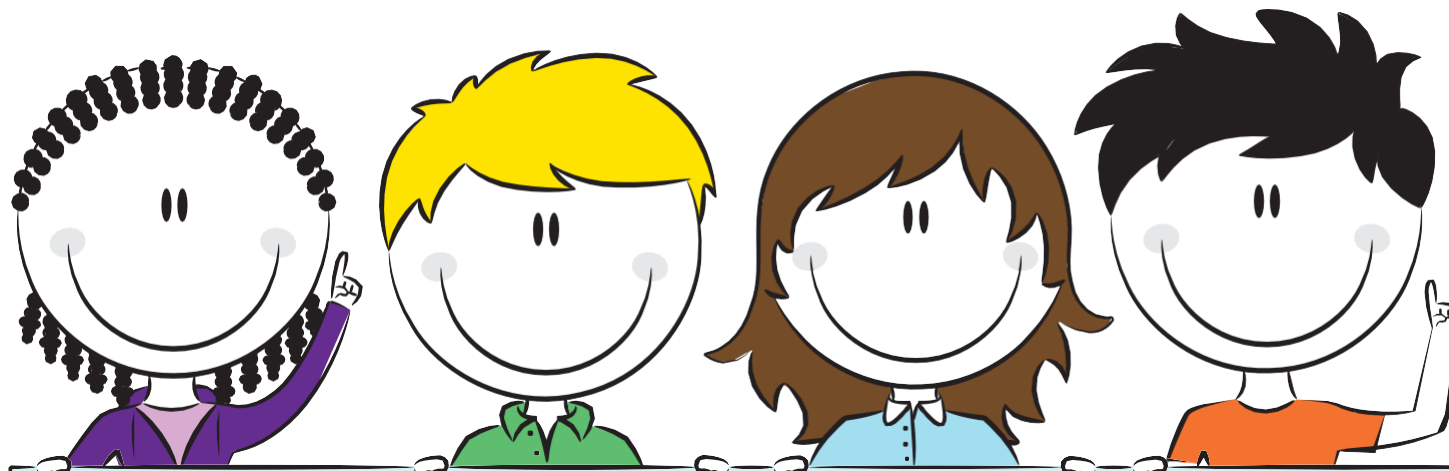
Name of Parent: \_\_\_\_\_

- a. I, as a parent or guardian of the above named student, fully authorize and grant Learning By Design Charter School and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the above named pupil on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as "Recordings"), for the purposes stated or related to the above.
- b. I understand and agree that use of such Recordings will be without any compensation to the pupil or the pupil's parent or guardian.
- c. I understand and agree that Learning By Design Charter School and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, of the Recordings.
- d. I understand and agree that Learning By Design Charter School and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above.
- e. I hereby release and hold harmless Learning By Design Charter School and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the pupil and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above.

My signature indicates that I have read and understand the release and I agree to accept its provisions. Signature

of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# No Shots? No Records? No School.



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

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

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







## Oral Health Notification Letter

Dear Parent or Guardian:

To make sure your child is ready for school, California law, Education Code Section 49452.8, now requires that your child have an oral health assessment (dental check-up) by May 31st 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 Website 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 Website 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, available at <http://www.denti-cal.ca.gov/WSI/Bene.jsp?fname=ProvReferral>.
2. Healthy Families' toll-free number or Website 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.benefitscal.com/>.
3. For additional resources that may be helpful, contact your local public health department: <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>.

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 your child's school and speak to the School Operations Manager.

Sincerely,

Charla Harris  
Executive Director

# Oral Health Assessment Form

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

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

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

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

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

Assessment Date:	Caries Experience (Visible decay and/or fillings present)  <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present:  <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%; border-top: 1px solid black; padding-top: 5px;"> <b><i>Licensed Dental Professional Signature</i></b> </div> <div style="width: 30%; border-top: 1px solid black; padding-top: 5px;"> <b><i>CA License Number</i></b> </div> <div style="width: 30%; border-top: 1px solid black; padding-top: 5px;"> <b><i>Date</i></b> </div> </div>			

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

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

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

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

Optional: other reasons my child could not get a dental check-up:

If asking to be excused from this requirement: ► \_\_\_\_\_

*Signature of parent or guardian*                      *Date*

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

**Return this form to the school as soon as possible.**

*Original to be kept in child's school record.*