___ **Kindergarten** enrollment
___ **Transitional Kindergarten** enrollment

TRANSITIONAL KINDER (TK) / KINDERGARTEN REGISTRATION 2019-2020

On March 1, 2019, Oak Grove School District will begin registration of children who will enter transitional kindergarten (TK) and kindergarten in August 2019. Children born on or before September 1, 2014 may enroll in our kindergarten program. **CHILDREN BORN BETWEEN SEPTEMBER 2, 2014 AND DECEMBER 2, 2014 MAY ENROLL IN OAK GROVE SCHOOL DISTRICT'S TRANSITIONAL KINDERGARTEN PROGRAM.**

PARENTS/GUARDIANS ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION AT THE TIME OF REGISTRATION. (Please use this letter as a checklist as you gather the information.)

___ 1. Verification of age (one of the following):
   a. Certified copy of a birth record
   b. Original county recorder's verification of birth (hospital forms will not be accepted)
   c. Passport

___ 2. Verification of address (one of the following):
   a. Utility bill (phone, electricity, water, etc.)
   b. Rental agreement/lease
   c. Affidavit of residence – if you do not rent or own the property, but live with someone, the homeowner must come with you to the office with verification of his/her address (either "a" or "b"). You and the homeowner must sign an affidavit of residence witnessed by the office staff.

___ 3. Doctor's verification of month, and year of the following immunizations:
   ___ a. **Polio (4 doses)** but 3 doses meet the requirement if one dose was given on or after the 4th birthday.
      - OPV or IPV
   ___ b. **DTaP (5 doses)** but 4 doses meet the requirement if at least one dose was given on or after the 4th birthday.
      - Diphtheria
      - Tetanus
      - Pertussis
   ___ c. **MMR (2 doses)** Both doses must be given on or after the 1st birthday.
      - Measles
      - Mumps
      - Rubella (Rubeola)
   ___ d. **Hepatitis B (3 doses)**
   ___ e. **Varicella** (chicken pox) **(2 doses)** on or after 1st birthday.
   ___ f. **Santa Clara County Public Health Department TB Risk Assessment for School Entry Form Completed by child's pediatrician within 12 months prior to school registration.**

____ 4. Full physical examination (**completed after March 1, 2019**).

____ 5. Dental examination (**completed after August 1, 2018**).

NOTE: STATE LAW REQUIRES that each child have a full health examination within 18 months prior to entering first grade. District guidelines require that your child receive a full physical examination no earlier than six months before starting kindergarten (after **March 1, 2019**). A doctor's report form has been included with the registration materials. Most physicians prefer to do the physical exam when updating the immunizations.

Kindergarten registration will begin on March 1, 2019. Parents of TK children will also need to fill out a TK application, and turn it in to the district office. For further information, contact the Oak Grove School District Office, 408-227-8300, Ext. 100208.

State of California—Health and Human Services Agency

Department of Health Care Services
Child Health and Disability Prevention (CHDP) Program

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

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

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year

ADDRESS—Number, Street	City	ZIP code	SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

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

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

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.
Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

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

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

RESULTS AND RECOMMENDATIONS

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

☐ Examination shows no condition of concern to school program activities.

☐ Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

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

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

Signature of parent or guardian _____ Date _____

Name, address, and telephone number of health examiner

Signature of health examiner _____ Date _____

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

PM 171 A (09/07) (Bilingual)

CHDP website: www.dhcs.ca.gov/services/chdp

OAK GROVE SCHOOL DISTRICT

School Year 2019-2020

6578 Santa Teresa Boulevard, San Jose, CA 95119, Phone: (408) 227-8300, Fax: (408) 629-7183

Dear Parent or Guardian:

To make sure your child is ready for school, California law now requires that your child have a dental check-up for kindergarten or first grade, whichever is his/her first year of public school. Oak Grove School District requires this examination ***prior*** to kindergarten entry. Check-ups that have happened within the 12 months before your child enters school 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 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 contact your school's health clerk.

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 ***(1-800-322-6384)*** or website ***(www.denti-cal.ca.gov)*** can help you find a dentist who takes Denti-Cal.

2. Healthy Families' toll-free number ***(1-800-880-5305)*** or website ***(http://www.benefitscal.com/)*** can help you find a dentist who takes Healthy Families insurance.

3. Healthy Kids is another low-cost insurance program your child may qualify for. To find out if your child can enroll in any of the above programs or Healthy Kids, call toll-free number ***1-800-821-5437.***

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 cause cavities and replace 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 any questions about this new dental requirement, please contact District Nurse Lindsey (408-227-8300 ext. 300267) or District Nurse Marailee (408-227-8300 ext. 300266).

04-2151 Dental Letter (ENG) – Revised 2-2018

Oral Health Assessment Form

California law now requires that your child have a dental check-up in kindergarten or first grade, whichever is his or her first year of public school. Oak Grove School District requires this examination prior to kindergarten entry. Check-ups that have happened within the 12 months before your child enters school meet this requirement. The law specifies that the assessment must be done by a licensed dentist or other licensed or registered dental health professional.

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: □ Male □ Female
Parent/Guardian Name:	Child's race/ethnicity: □ White □ Black/African American □ Hispanic/Latino □ Asian □ Native American □ Multi-racial □ Other_____ □ Native Hawaiian/Pacific Islander □ 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) □ Yes □ No	Visible Decay Present: □ Yes □ No	Treatment Urgency: □ No obvious problem found □ Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) □ Urgent care needed (pain, infection, swelling or soft tissue lesions)

_____ _____ _____

Licensed Dental Professional Signature ***CA License Number*** ***Date***

Return this form to the school *prior* to kindergarten entry.
Original to be kept in child's school record.

Child's Name: _____ **Birthdate:** _____ **Male/Female** **School:** _____
Last, First month/day/year

Address_____ **Phone:** _____ **Grade:** _____
Street City Zip

Santa Clara County Public Health Department
TB Risk Assessment for School Entry

This form must be completed by a licensed health professional and returned to the child's school.

1. Was your child born in Africa, Asia, Latin America, or Eastern Europe?	❑ **Yes** ❑ **No**
2. Has your child traveled to a country with a high TB rate* (for more than a week)?	❑ **Yes** ❑ **No**
3. Has your child been exposed to anyone with tuberculosis (TB) disease?	❑ **Yes** ❑ **No**
4. Has a family member or someone your child has been in contact with had a positive TB test or received medications for TB?	❑ **Yes** ❑ **No**
5. Was a parent, household member or someone your child has been in close contact with, born in or traveled to a country with a high TB rate?*	❑ **Yes** ❑ **No**
6. Has another risk factor for TB (i.e. one of those listed on the back of this page)?	❑ **Yes** ❑ **No**

* This includes countries in Africa, Asia, Latin America or Eastern Europe. For travel, the risk of TB exposure is higher if a child stayed with friends or family members for a cumulative total of 1 week or more.

If YES, to any of the above, the child has an increased risk of TB infection and should have a TST/ IGRA.

All children with a positive TST/IGRA result must have a medical evaluation, including a chest X-ray. Treatment for latent TB infection should be initiated if the chest X-ray is normal and there are no signs of active TB. If testing was done, please attach or enter results below.

Tuberculin Skin Test (TST/Mantoux/PPD) Date given: Date read:	Induration _____ mm Impression: ❑ Negative ❑ Positive
Interferon Gamma Release Assay (IGRA) Date:	Impression: ❑ Negative ❑ Positive ❑ Indeterminate
Chest X-Ray (**required with positive TST or IGRA**) Date:	Impression: ❑ Normal ❑ Abnormal finding
☐ LTBI treatment (Rx & start date): ☐ Contraindications to INH or rifampin for LTBI	☐ Prior TB/LTBI treatment (Rx & duration): ☐ Offered but refused LTBI treatment

Providers, please check one of the boxes below and sign:

☐ Child has no TB symptoms, none of the above or other risk factors for TB and does not require a TB test.

☐ Child has a risk factor, has been evaluated for TB and is free of active TB disease.

_____ _____
Health Provider Signature, Title **Date**

Name/Title of Health Provider:

Facility/Address:

Phone number: **Fax number:**

Tuberculosis (TB) and Latent TB Infection FACT SHEET

Santa Clara County PUBLIC HEALTH

What is TB?

Tuberculosis (TB) is a disease caused by a bacteria that is spread through the air from person to person. Although TB most often affects the lungs, it can affect any part of the body including lymph nodes, bones, kidneys, and the brain. TB can cause very severe illness and it can be fatal. Fortunately TB can be prevented, treated, and cured!

What Are the Symptoms of TB?

Symptoms of TB can include fever, weight loss, night sweats, and fatigue. When TB affects the lungs, symptoms can also include a cough that lasts more than 2-3 weeks, coughing up blood, and chest pain. If you have any of these symptoms you need to see a doctor!

Is TB a problem in Santa Clara County (SCC)?

Yes. SCC has the third highest number of TB cases among all counties in California, after Los Angeles and San Diego counties. The rate of TB in SCC is over 3 times as high as the national rate. It is estimated that 8.5% of SCC residents have latent TB infection, though most do not know they are infected.

Who Does TB Affect in Santa Clara County?

TB can infect anyone who lives, works, or breathes in close proximity to someone with active, infectious TB, regardless of their age, race, sex, or socioeconomic status. Over 90% of patients with TB in SCC are born outside of the United States, though most have lived in the United States for more than 5 years. In SCC, the majority of cases occur among persons born in Vietnam, the Philippines, and India.

How Do You Get TB Infection?

The bacteria that causes TB is spread through the air from person to person when an individual with TB disease involving the lungs or throat coughs, sneezes, or speaks. When people nearby breathe in the bacteria they may become infected, particularly if they are in close or prolonged contact. When someone has been infected, but they do not yet have symptoms or evidence of active TB disease, this is called latent tuberculosis infection (LTBI).

What is the Difference Between Latent TB Infection (LTBI) and Active TB Disease?

When someone has been infected with the bacteria that causes TB, as long as their body is able to prevent the bacteria from growing, they will have no symptoms or evidence of active TB disease. This is called latent tuberculosis infection (LTBI), which is not contagious to other people.

When the body can no longer prevent the bacteria from growing, the bacteria multiply and cause disease. People with LTBI may develop active TB disease within weeks to many years after becoming infected. People with active TB disease are sick and may be able to spread the bacteria to others if TB affects their lungs or throat. The risk of developing active TB disease is highest among persons with weakened immune systems.

You Should Get Tested for Latent TB Infection (LTBI) if You...

- Were in close or prolonged contact with someone with TB of the lungs or throat
- Were born in a country with an elevated TB rate (i.e. countries other than the United States, Canada, Australia, New Zealand, or Western and Northern European countries).
- Have a condition that is associated with a higher risk of TB including HIV; diabetes; end stage renal disease; head, neck, or lung cancer; leukemia; lymphoma; silicosis; have a history of gastrectomy or jejunoileal bypass; or are significantly underweight.
- Take drugs that weaken your immune system (e.g. chemotherapy, anti-rejection drugs after organ transplant, TNF-alpha inhibitors, oral steroids equal to 15 mg of prednisone or more for at least one month).
- Have injected illegal drugs
- Smoke
- Have worked or stayed in a nursing home, homeless shelter, correctional facility (e.g. prison or jail) or other group setting, or have worked in another type of healthcare facility.

How Can I Tell if I Have Latent TB Infection (LTBI)?

A TB skin test (TST or PPD) or TB blood test (e.g. Quantiferon or T-spot) can be performed to find out if you have TB bacteria in your body.

A "positive" test result means you probably have TB bacteria in your body. Most people with a positive TB skin test or TB blood test have latent TB infection. To be sure that you do not have active TB disease, your doctor will examine you and perform a chest x-ray. You may need other tests to see if you have latent TB infection or active TB disease.

What if I've Had the BCG vaccine?

The BCG vaccine (TB vaccine) may help protect young children from getting very sick with TB. This protection goes away as people get older. People who have had BCG vaccine still can get latent TB infection and active TB disease. If you had the BCG vaccine and you have a choice of having a TB blood test or a TB skin test, although either test can be used, it is best for you to have the TB blood test. This is because the TB blood test is not affected by the BCG vaccine. This means that your TB blood test will be "positive" only if you have TB bacteria in your body.

What is the Treatment for Latent TB Infection (LTBI)?

LTBI can be treated with medicine to prevent developing active TB disease. Most often treatment includes a medication called Isoniazid (INH) taken daily for 9 months. A newer regimen, includes two medications, isoniazid and rifapentine, which are taken weekly for 3 months.

Why Should I Take Medicine if I Don't Feel Sick?

If you have latent TB infection (LTBI), this means that you have TB bacteria living in your body, even though you are not sick. You may develop active TB disease if you do not take medicine to treat LTBI. It is important that you finish your medicine so that the treatment is effective and so that you do not develop drug resistance. Among patients who take medications as prescribed by their doctor, treatment can decrease the risk of developing active TB disease by over 90%.

For more information on TB, visit http://www.cdc.gov/tb/topic/basics/default.htm or contact Santa Clara County Public Health Department.

OAK GROVE SCHOOL DISTRICT
6578 Santa Teresa Boulevard, San Jose, CA 95119 408-227-8300 Fax 408-227-2719

CONFIDENTIAL HEALTH HISTORY FORM

School_____

Student Name _____ ☐ **Male** ☐**Female** **Birthdate** _____**Age**____ **Grade**_____

☐ *My child **does not** have any health issues at this time.*

If your child has health issues, please answer the following questions:

Does your child take medication on a routine basis? ☐ Yes ☐ No ☐ During school hours? ☐Yes ☐ No If yes,

Name of medication _____ Name of medication _____

Name of medication _____ Name of medication_____

If your child must take prescriptions or over the counter medications during the school day, complete the Medication Administration parent/physician authorization form and return to the school office. (One form for each medication).

Check ☑ the box and explain if your child has a history of or now has the following conditions or concerns.

☐ **Asthma** ☐ Mild ☐ Moderate ☐ Severe
☐ Inhaler at home ☐ Inhaler at school office

☐ **Seizures** ☐ As an infant only
☐ Currently takes medication
_____

☐ **Physical Limitations** _____
☐ Special Equipment needed at home
☐ Special Equipment needed at school

☐ **Allergies** ☐Mild ☐ Moderate ☐ Severe
☐ Bees/insects
☐ Foods _____
☐ Seasonal Hay fever
☐ Allergic to Medication _____
☐ Other _____
☐ EpiPen at home ☐ EpiPen at school

☐ **Heart Murmur/Disease** _____

☐ **Other Conditions** _____

☐ **Diabetes** ☐ **Type I** ☐ **Type II**

- Has your child been hospitalized for diabetes? ☐ Yes ☐ No
  If yes, give date and explain hospital course: _____
- Can your child monitor his/her blood glucose level independently? ☐ Yes ☐ No
- Can your child tell if he/she is having symptoms of high or low blood glucose levels? ☐ Yes ☐ No
  If yes, what are his/her symptoms? _____
- Has Glucagon ever been given to your child? ☐ Yes ☐ No Last given: _____

Is your child *currently* under a doctor's care for any of the above? ☐ **Yes** ☐ **No**
If yes: Doctor's name _____**Phone** _____**Fax**_____

Address_____

☐ **I hereby give permission to share information pertaining to the health of my child with school staff who need to know.**

Parent/Guardian Signature _____ ***Date*** _____

For Office Use Only:
☐ Doctor's orders completed including parent and physician signatures.
☐ Diabetic Supplies
☐ Snacks
☐ Signed *Diabetic Orders for School* indicating parent review

☐ Original to Cum ☐Faxed to District Nurse 408-225-3752 ☐ *Health Assistant* ☐ Teacher

OAK GROVE
SCHOOL DISTRICT
6578 Santa Teresa Boulevard, San Jose, CA 95119 408 227-8300 Fax 408-227-2719

Student's Name _____ Teacher _____

EMERGENCY INFORMATION (*This will be used if the Emergency Card is not available*)
If I cannot be reached, I authorize the school to contact the person listed below. I further authorize the school to release the student to the person listed below.

Name: _____ Phone: _____

I also give my consent for emergency medical or dental treatment, including transportation to the nearest emergency aid facility, if I or the person listed above cannot be reached.

Signature of Parent/Legal Guardian _____ Date _____

INFORMACIÓN DE EMERGENCIA (*Esta información será usada si la Tarjeta de Emergencia no está disponible*)
Si no pueden comunicarse conmigo, autorizo que la escuela se comunique con la persona cuyo nombre aparece abajo. Además, autorizo a la escuela a entregar al/a estudiante a la persona anotada abajo.

Nombre: _____ Teléfono: _____

También doy mi permiso para que mi hijo(a) reciba tratamiento médico o dental includyendo transportación al lugar médico más cercano si no se pueden poner en contacto conmigo o con la persona cuyo nombre aparece anotado arriba..

Firma del Padre/Tutor Legal _____ Fecha _____

CHI TIẾT VỀ SỰ KHẨN CẤP LIÊN QUAN ĐẾN HỌC SINH (*Chi tiết này sẽ được dùng nếu không có Thẻ Khẩn Cấp*)
Trong trường hợp nhà trường không liên lạc được với chúng tôi, chúng tôi cho phép nhà trường liên lạc với người có tên dưới đây. Ngoài ra, chúng tôi cũng cho phép nhà trường được quyền giao con em tôi cho người có tên dưới đây.

Tên: _____ Điện thoại: _____

Chúng tôi cũng đồng ý cho nhà trường đưa con em tôi đến phòng cấp cứu gần nhất để chữa bệnh hay chữa răng nếu nhà trường không liên lạc được với người có tên nêu trên.

Chữ ký của Phụ Huynh/Giám Hộ _____ Ngày _____

Attachment to forms 2339, 2347, 2348