



# ICEF PUBLIC SCHOOLS

## 2020-2021 NEW STUDENT REGISTRATION CHECKLIST

School: \_\_\_\_\_

Thank you for your decision to join the ICEF Public Schools family. We are excited to welcome you, your student and your entire family to our school community. This Enrollment Packet is designed to be as easy as possible for you to complete. You must complete and return this packet to the school to guarantee your child's place in the school. Please do not hesitate to ask our staff members any questions or concerns you may have. **The first day of school is Monday, August 17, 2020.**

### DOCUMENTS REQUIRED TO ENROLL STUDENTS IN GRADES TK-12th

To enroll your student in Kindergarten, he/she needs to be 5 years old on or before September 1, 2020. For children whose birthdate falls on or between September 2nd and December 2nd, 2020, ICEF offers a Transitional Kindergarten Program.

1. **General Information & Consent Form -**
  - New Student Registration Form
  - Parent-Student-School Compact
  - Acceptable Computer Use Policy and Agreement
  - Release and Consent for Student Information Publication
  - Student Emergency Card
  - Student Textbook Policy and Agreement
  - Student Attendance Acceptance Form
  
2. **Verification of Parent/Guardian Identity - Any one of the following documents is accepted:**
  - ✓ Current driver's license or CA ID card
  - ✓ Passport
  - ✓ Company/work ID
  - ✓ Government issued ID with photo
  
3. **Verification of Student Date of Birth - Any one of the following documents are accepted:**
  - ✓ Birth certificate
  - ✓ Baptismal record
  - ✓ Hospital record
  - ✓ Adoption papers/Court documents
  - ✓ Passport
  - ✓ Foster placement papers (if applicable)
  
4. **Student Health & Wellness**
  - Physical Examinations for -**
    - Kindergarten/TK – examination needs to be less than 6 months prior to entering school
    - First grade – examination 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 the time of enrollment. The following immunizations are required for school entry:**
    - ✓ Polio vaccine
    - ✓ DTP: Diphtheria, Tetanus, Pertussis Vaccine
    - ✓ Varicella (Doctor documented disease history)
    - ✓ Hepatitis B vaccine
    - ✓ Tdap Booster Pertussis (whooping cough) All 7<sup>th</sup> through 12<sup>th</sup> grade
    - ✓ MMR: Measles, Mumps, Rubella Vaccine
  - Oral Health Information Form for Kindergarten/TK only
  - Health Examination for School Entry (Student Health Registry) Form
  
5. **Additional Documentation – if applicable**
  - Most recent report card
  - LAUSD Pupil Accounting Report or District/School Exit Report
  - Official Transcripts (Middle and High School Only)
  - Student Individualized Education Plan (IEP) or Student's Section 504 Plan
  - Medical Statement to Request Special Meals and/or Accommodations Form
  - Medical Authorization
  - Court papers, Foster Placement, Restraining Orders, if applicable.

\* Parents/guardians who do not submit a completed enrollment packet by the designated deadline will be moved to the end of the Wait List.  
 \*\* Unless the school has been notified in advance, students who are not in attendance on the first day of school will forfeit their enrollment.  
 \*\*\* Per CA Code of Regulations, Title 17, Division 1, Chapter 4, students who do not meet all immunization requirements will be excluded from school until these requirements are met unless they present valid medical exemption. In addition, in accordance with SB 277, Personal Belief Immunization Exemptions will not be allowed.

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Received by: \_\_\_\_\_  
 Entered by: \_\_\_\_\_

Date: \_\_\_\_\_  
 Date: \_\_\_\_\_



# STUDENT EMERGENCY CARD

**Parent/Guardian Information:** Please fill out completely and sign where indicated. In a major emergency, it is school district policy to retain students at the 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. This form must be updated annually or when there are any changes to the information.

Student's Last Name		First Name			M.I.
Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female		Grade	Home Language	
Height	Weight	Hair Color	Eye Color	Blood Type	
Student's Home Address - Number		Street	APT #	City	Zip Code
Mailing Address - Number <small>(IF DIFFERENT FROM ABOVE)</small>		Street	APT #	City	Zip Code
<b>PARENT/GUARDIAN CONTACT INFORMATION</b>					
Mother's /Legal Guardian's: Last Name		First Name	Lives With? <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to Student
Home Number		Cell	Work Number	Email	
Work Address - Number		Street	City	Zip Code	
Father's /Legal Guardian's Last Name		First Name	Lives With? <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to Student
Home Number		Cell	Work Number	Email	
Work Address - Number		Street	City	Zip Code	
<b>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:</b>					
Name	Relationship	Home Phone		Cell Phone	Work Phone
Name	Relationship	Home Phone		Cell Phone	Work Phone
Name	Relationship	Home Phone		Cell Phone	Work Phone
<b>LIST ANY OTHER FAMILY MEMBERS ATTENDING THIS SCHOOL:</b>					
Last Name	First Name	Grade	Relationship to Student		
Last Name	First Name	Grade	Relationship to Student		
<b>AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT</b>					
<p>The undersigned, as parent/legal guardian of, (<b>PRINT NAME OF THE STUDENT HERE</b>) _____, a minor, 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 Inner City Education Foundation ("ICEF") 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 ICEF. I understand that ICEF, 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 transportations, 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.</p>					
<b>LIST ANY ALLERGIES THAT YOUR CHILD HAS:</b>					
Allergy 1	Allergy 2	Allergy 3	<input type="checkbox"/> My child does not have any allergies		
<b>Does the student have health insurance? (check one)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes": Private Health Insurance <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families					
Name of Doctor/Medical Office			Phone Number of Doctor/Medical Office		Group No.
<b>LIST ANY MEDICATIONS THAT YOUR CHILD IS TAKING (If taking medication during school hours complete Authorization Form(s) and attach)</b>					
Medication 1	Frequency	Medication 2	Frequency	Medication 3	Frequency
I CERTIFY THAT I HAVE READ AND UNDERSTOOD THIS FORM AND DO HERBY GIVE MY AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, AND THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT.					
<b>X</b> Signature of Parent/Legal Guardian			Date:		



# Parent-Student-School Compact

School Year: 2020-2021

### ICEF Public Schools will strive daily to:

- Provide high-quality curriculum and instruction in a positive, structured, and supportive learning environment that enables our students to meet and exceed expected achievement standards.
- Establish and maintain the highest academic standards.
- Encourage the best from our students, staff, faculty and administrators.
- Provide a safe environment for all.
- Show respect for students, parents and educational staff.
- Recruit and retain qualified, motivated, and committed educators to fulfill our mission at ICEF Public Schools.
- Provide current textbooks and/or educational technologies that will advance learning.
- Provide high-quality professional development opportunities for teachers, school staff, and administrators.
- Provide parents reasonable access to faculty, staff, and administrators.
- Provide parents the opportunities to volunteer, participate, and observe in classrooms.
- Use effective tools of communication to keep stakeholders informed with current information.

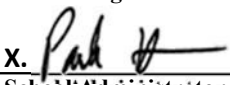
### As a Parent/Guardian in support of the learning process at ICEF Public Schools, I will strive daily to:

- Monitor my child's attendance and ensure that she/he attends school on time.
- Ensure that my child maintains an appropriate bedtime, enjoys proper nutrition, and practices good grooming.
- Ensure that all homework assignments are completed and reviewed, seeking assistance when necessary.
- Speak daily with my child about his/her school activities, assignments, goals, challenges, and successes.
- Speak regularly with my child's teacher and advocate for him/her in all aspects of education.
- Provide a home environment that encourages my child to learn and study.
- Encourage my child to read every day at home, and monitor the usage of TV, electronics, and social media.
- Show respect for my child's teachers and the school body in my speech, my behavior, and my appearance.
- Be an active participant in my child's school by volunteering when possible, visiting my child's classroom, attending Parent-Teacher Conferences, Parent Information Meetings (PIM), and other school events.

### As a student at an ICEF Public School, I will strive daily to:

- Believe that I can and will accomplish my educational goals.
- Do my best in my schoolwork and in my behavior.
- Attend school every day, on time, with completed homework, well groomed and in full school uniform.
- Follow the student code of conduct, school rules, and instructions given to me by teachers and school staff.
- Be an eager learner, critical thinker, and active participant in classroom discussions.
- Ask for help from teachers and parents when I experience difficulties and challenges.
- Own my mistakes, assume responsibility for my actions, and take steps to exhibit appropriate behavior.
- Deal with conflict in a mature manner and never resort to violence or self-destructive activities.
- Spend time after school to complete homework, read, study, and limit my time with TV and social media.
- Talk to my parents every day about my school activities, assignments, goals, challenges, and successes.
- Show respect for my schoolmates, school staff, family, other parents, and self.

*It is my honor to assume the responsibilities identified in the Parent-Student-School Compact.*

_____	X	_____	_____
Parent Name (PRINT)	Parent Signature		Date
_____	X	_____	_____
Student Name (PRINT)	Student Signature		Date
Parker Hudnut	X. 	_____	January 31, 2020
School Administrator or ICEF CEO	School Administrator or ICEF CEO Signature		Date



# Computer and Internet Usage Policy Acknowledgement and Acceptance Form

School Year: 2020-2021

## Computer (Laptop/Netbook/Tablet) Usage Policy

ICEF Public Schools will provide students access to a computer (laptop/netbook/tablet) which must be used strictly for the school-related purpose only. All computers, equipment, and/or accessories provided to students are the property of ICEF Public Schools and must not be removed from the classrooms. Computers and equipment must be returned in the same condition as issued. Students and parents will be personally responsible for any damages to or loss of any computer (laptop/netbook/tablet) and/or related equipment. In the case of damage or loss, parents will pay for the full cost of the replacement of the damaged or lost equipment. Parents and student must take every precaution to prevent damages by adhering to the following guidelines:

1. No food or drinks next to laptop at any time.
2. Laptops should never be left unsupervised.
3. Do not place computer near extreme heat or cold.
4. Do not carry the laptop when the screen is open.
5. Cords, cables, and removable storage must be inserted and ejected carefully.
6. Laptops should be shut down or placed in "sleep mode" at the end of class.
7. Do not write, draw, etch, or place stickers on computers. Do not remove school labels from the computer.
8. Do not place anything on the laptop that will press against the screen.
9. Do not attempt to clean or fix any computers.
10. If you are experiencing an issue with a computer let your teacher know immediately.

## Internet Policy

ICEF Public Schools understands the importance of providing computer and Internet access for its students. This service allows students to research information and learn new concepts. It is important that students and parents understand that ICEF's Public School's network is available to students for educational purposes only. To protect student safety and school equipment, students must follow the following guidelines:

### Students May:

- Request permission to use a computer and/or the internet.
- Use the internet to research assigned classroom projects, using appropriate websites.
- Use the internet to send e-mail related to classroom projects.
- Use the internet to perform online based tests.

### Students May Not:

- Use the internet for any illegal purposes
- Use impolite, profane, or abusive language in any form of electronic communication.
- Access websites inappropriate for school or sites containing illicit, obscene or offensive material.
- Change or delete computer files that do not belong to the user.
- Send or receive copyrighted material without permission.
- Download any items or programs into any computer (i.e., software, music, pictures)
- Use the school computers or Internet to log into Facebook, Twitter, or any social media sites.
- Share their login or user information with another student.
- Purchase goods or services via the Internet.

.....  
I have read this policy with my child and understand that I will be responsible for any loss or damage to any computer and / or equipment used by my child. I also understand that violation of the terms of this policy may result in the restriction and / or termination of the use of computers and disciplinary measures.

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_  
Student Name (PRINT)

X  
\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent /Legal Guardian Name (PRINT)

X  
\_\_\_\_\_  
Parent /Legal Guardian Signature

\_\_\_\_\_  
Date



# Parent/Guardian Publicity Authorization and Release

School Year: 2020-2021

ICEF Public Schools 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.

Student Name (First, Initial, Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Name: \_\_\_\_\_

\_\_\_\_\_  
Parent's Initial I, as a parent or guardian, of the above-named pupil, fully authorize and grant ICEF Public Schools and its authorized representative 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.

\_\_\_\_\_  
Parent's Initial I understand and agree that use of such Recordings will be without any compensation to the pupil or the pupil's parent or guardian.

\_\_\_\_\_  
Parent's Initial I understand and agree that the ICEF Public Schools and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.

\_\_\_\_\_  
Parent's Initial I understand and agree that ICEF Public Schools and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above.

\_\_\_\_\_  
Parent's Initial As a condition of voluntary participation, I hereby release and hold harmless ICEF Public Schools 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 shows that I have read and understand the release and I agree to accept its provisions. I understand permission is voluntary.***

\_\_\_\_\_  
Parent /Legal Guardian Name (PRINT) X  
Parent /Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_



# Student Textbook Accountability Form

School Year: 2020-2021

Textbooks are issued for students to use in class and keep at home for the course period. It is important to remember that these books must be used for the following school year. For this reason, it is important that textbooks lent to students are cared for and returned in the same condition as when assigned. Parent and students are responsible for all lost, stolen, or damaged textbooks. **A student withdrawing from school must return books to teachers before any withdrawal forms are given.**

**Students are expected to:**

- Be responsible for the school property loaned to them.
- Do not write, highlight, or draw in any school textbook.
- Keep your textbook(s) in your possession. Do not loan your book to anyone.
- Keep textbooks in a safe place, out of reach of pets, small children, foods, and liquids.
- Keep a book cover on your book.
- Return the textbooks in good condition before the last day of school.

**If a textbook is lost or stolen:**

1. Students should check the lost and found to see if a book was returned.
2. If not found, the main office will notify the student of the price of the book.
3. Replacement textbooks will be issued or ordered from the publisher (if needed).
4. The student will receive a book to use in class, however, the parent must pay for the lost book before the replacement book can be taken home. Payments must be made to the school and submitted to the School Operations Manager.
5. Students should then present the receipt to their teacher so that they can obtain a new book and fill out a new textbook card.

**If a textbook is damaged:**

Each teacher inspects the books upon their return, assesses the damage and informs the student of the amount of the fine in writing.

- 50-cents per page for writing
- \$1 for each torn page
- \$10 or the value of the book (whichever is less) for a broken binding/spine
- \$20 or the value of the book (whichever is less) for book(s) damaged by liquid

\*\*\*\*\*

I have read this policy with my child and understand that I will be financially responsible for any lost or damaged textbook used by my child. I pledge to monitor the textbooks my child brings home from school and return all textbooks at the end of the year, or if my child withdraws from the school. I also understand that a violation of the terms of this policy may result in the restriction of the use of textbooks and disciplinary action.

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_  
Student Name (PRINT)

  X    
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent /Legal Guardian Name (PRINT)

  X    
Parent /Legal Guardian Signature

\_\_\_\_\_  
Date



# Student Attendance Acceptance Form

School Year: 2020-2021

ICEF Public Schools believes that the foundation of scholar academic success is excellent attendance. ICEF Public Schools wants to partner with all parents to ensure scholars attend regularly and to address any issues that impact attendance. To achieve this, ICEF Public Schools expects all scholars to maintain a 97% or better attendance rate (missing 5 or fewer days in one school year) in order to achieve their highest educational growth.

Every scholar is expected to attend school on a daily basis unless there is a valid justification for his/her absence (per EC 48200). Do not allow your child to have parent permitted trancies. These trancies are best described as absences for reasons other than what the law allows. They may include the following: personal business, car problems, no clean clothes, rain, and walkouts and/or demonstrations.

### Excused absences are:

- Due the scholar's personal illness
- Due to quarantine under the direction of a county or city health officer
- For the purpose of having medical, dental, optometric or chiropractic services rendered.
- For the purpose of attending the funeral services of a member of his or her immediate family, so long as the scholar's absence is not more than one day if the service is conducted in California and not more than three days if the service is conducted outside of California.
- For the purpose of jury duty in the manner provided for by law.
- For justifiable personal reasons including, but not limited to, an appearance in court, attendance at a funeral service, observance of a holiday or ceremony of his or her religion, attendance at religious retreats or attendance at an employment conference when the pupil's absence has been requested in writing by the parent or guardian and approved by the principal or a designated representative.

### Please plan for:

- Family vacations on non-school days only.
- Schedule non-emergency medical and dental appointments after school hours.
- Make sure your child's school has your accurate daytime contact information, including mobile phone number and/or e-mail address.
- Communicate often with your child's teachers.
- Make your school aware of any problems that may be causing your child to miss school.

### Unexcused Absences

Any absence for reasons other than those listed as EXCUSED ABSENCES is deemed unexcused. ICEF Public Schools is required by law to seek an explanation (a written note or verbal justification) regarding all absences. Upon the third unexcused or uncleared absence for more than any 30-minute period from school in any school year, the scholar may be classified as a truant. This could be grounds for referral to the SART, Charter Authorizer, Law Enforcement and Department Children and Family Services, etc.

### All scholar absences and tardies need a written note upon the scholar's return to school.

#### ABSENCES FOR RELIGIOUS PURPOSES

Pupils who are members of religions that observe religious holidays that fall on school days may be excused from school by making prior arrangements, as specified by the school principal and with written parental/guardian request [Education Code Section 48205 (a)(7)]. Additionally, scholars may be absent to attend a religious retreat, not to exceed four hours per semester [Education Code Section 48205(c)]. Such absences are considered excused absences and pupils so absent are responsible for making up work missed.

**EVERY SCHOOL DAY COUNTS!**

**SCHOLAR ATTENDANCE = SCHOLAR SUCCESS**

**TRUANCY**

Any pupil subject to compulsory full-time education or to compulsory continuation education who is absent from school without valid excuse three full days in one school year or tardy or absent for more than any 30-minute period during the school day without a valid excuse on three occasions in one school year, or any combination thereof is a truant and shall be reported to the attendance supervisor or to the superintendent of the school district. (EC 48260) ICEF Public Schools' policy requires schools to notify parents by mail upon a scholar's initial classification as a truant.

**The first mandated truancy notification states:**

- That the parent or guardian is obligated to compel the attendance of the pupil at school.
- That parents or guardians who fail to meet this obligation may be guilty of an infraction and subject to prosecution.
- That the parent or guardian has the right to meet with appropriate school personnel to discuss solutions to the pupil's truancy.
- That the pupil may be subject to prosecution.
- That the pupil may be subject to suspension, restriction or delay of the pupil's driving privilege.
- That it is recommended that the parent or guardian accompany the pupil to school and attend classes with the pupil for one day

Any pupil is deemed a habitual truant who has been reported as a truant three or more times per school year after an appropriate ICEF officer or employee has made a conscientious effort to hold at least one conference with the parent or guardian of the pupil and the pupil.

Any pupil who is deemed a habitual truant or is irregular in attendance in school or is habitually insubordinate or disorderly during attendance at school may be referred to a School Attendance Review Team (SART). The notice shall indicate that the pupil and parents or guardians of the pupil will be required to meet with the School Attendance Review Team.

In the event that any parent, guardian, scholar or another person continually and willfully fails to respond to directives of the SART or services provided, the SART shall direct the school district to make and file in the proper court a criminal complaint against the parent, guardian, scholar, or other person charging the violation and shall see that the charge is prosecuted by the proper authority.

If you have any questions or concerns regarding ICEF's attendance, please contact the School Principal, School Operations Manager or School Counselor.

\*\*\*\*\*

I have read this policy with my scholar and understand the importance of my scholar's attendance. I will partner with my scholar's school to ensure they're on time and in attendance every day to the best of my ability.

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

_____	<b>X</b>	_____
<b>Student Name (PRINT)</b>	<b>Student Signature</b>	<b>Date</b>

_____	<b>X</b>	_____
<b>Parent /Legal Guardian Name (PRINT)</b>	<b>Parent /Legal Guardian Signature</b>	<b>Date</b>

**EVERY SCHOOL DAY COUNTS!**

**SCHOLAR ATTENDANCE = SCHOLAR SUCCESS**





## MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

<b>1. School or Agency</b> ICEF Public Schools	<b>2. Site Name</b>	<b>3. Site Phone Number</b>	
<b>4. Name of Child or Participant</b>		<b>5. Age or Date of Birth</b>	
<b>6. Name of Parent or Guardian</b>		<b>7. Phone Number</b>	
<b>8. Description of Child or Participant's Physical or Mental Impairment Affected:</b>  			
<b>9. Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:</b>  			
<b>10. Indicate Food Texture for Above Child or Participant:</b>  <input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed			
<b>11. Foods to be Omitted and Appropriate Substitutions:</b>			
<b>Foods To Be Omitted</b>		<b>Suggested Substitutions</b>	
<b>12. Adaptive Equipment to be Used:</b>  			
<b>13. Signature of State Licensed Healthcare Professional*</b>	<b>14. Printed Name</b>	<b>15. Phone Number</b>	<b>16. Date</b>

**\*For this purpose, a state licensed healthcare professional in California is a licensed physician, a physician assistant, or a nurse practitioner.**

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

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

## INSTRUCTIONS

1. **School or 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.
3. **Site Phone Number:** Print the phone number of site where meal will be served.
4. **Name of Child or Participant:** Print the name of the child or participant to whom the information pertains.
5. **Age of Child or Participant:** Print the age of the child or participant. For infants, please use date of birth.
6. **Name of Parent or Guardian:** Print the name of the person requesting the child or participant's medical statement.
7. **Phone Number:** Print the phone number of parent or guardian.
8. **Description of Child or Participant's Physical or Mental Impairment Affected:** Describe how the physical or mental impairment restricts the child or participant's diet.
9. **Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:** Describe a specific diet or accommodation that has been prescribed by the state healthcare professional.
10. **Indicate Texture:** If the child or participant does not need any modification, check "Regular".
11. **Foods to be Omitted:** List specific foods that must be omitted (e.g., exclude fluid milk).  
**Suggested Substitutions:** List specific foods to include in the diet (e.g., calcium-fortified juice).
12. **Adaptive Equipment to be Used:** Describe specific equipment required to assist the child or participant with dining (e.g., sippy cup, large handled spoon, wheel-chair accessible furniture, etc.).
13. **Signature of State Licensed Healthcare Professional:** Signature of state licensed healthcare professional requesting the special meal or accommodation.
14. **Printed Name:** Print name of state licensed healthcare professional.
15. **Phone Number:** Phone number of state licensed healthcare professional.
16. **Date:** Date state licensed healthcare professional signed form.

### **Citations are from Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act (ADA) of 1990, and ADA Amendment Act of 2008:**

**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; 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** include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

**Major bodily functions** have been added to major life activities and include the functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

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



## 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 31<sup>st</sup> 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.

If you have questions about the new oral health assessment requirement, please contact your child's school and speak to the School Operations Manager and/or School Information Coordinator.

Sincerely,

Parker Hudnut  
Chief Executive Officer



# ORAL HEALTH ASSESSMENT FORM

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31<sup>st</sup> 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)

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

Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
<i>Licensed Dental Professional Signature</i> _____			<i>CA License Number</i> _____
			<i>Date</i> _____

## Section 3: Waiver of Oral Health Assessment Requirement

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

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

- I am unable to find a dental office that will take my child's dental insurance plan. My child's dental insurance plan is:  
 *Medi-Cal/Denti-Cal*     *Healthy Families*     *Healthy Kids*     *None*     *Other* \_\_\_\_\_
- I cannot afford a dental check-up for my child.
- I do not want my child to receive a dental check-up.
- 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<sup>st</sup> of your child's first school year.**  
*Original to be kept in child's school record.*