

EVERGREEN SCHOOL DISTRICT
3188 Quimby Road
San Jose, CA 95148

2020-2021 TRANSITIONAL KINDERGARTEN REGISTRATION REQUIREMENTS

- Children who turn 5 years old between **September 2** through **December 2**.
- Parents and child reside in the Evergreen School District attendance area. **NOTE: Registration packets must include proofs of residence (see D-90G Residency Verification Declaration)**
- An original birth certificate with seal or other legal document showing date of birth must be presented to school personnel (i.e. Passport).
- Record of **UP-TO-DATE IMMUNIZATIONS** must be presented to school personnel. If immunizations are not up to date, the registration will not be considered complete.

Schools in California enforce a “no shots, no school” policy. The child WILL NOT be allowed to attend school if the immunization verification has not been received before the first day of school.

- Record of having had, within the 12 months prior to registration, one of the following: a signed Santa Clara County TB Risk Assessment Form OR a Mantoux (PPD) skin test for Tuberculosis or IGRA blood test.
- Students are required to have a dental check-up by May 31st of their kindergarten year. Oral evaluations completed within 12 months prior to school entry also meet this requirement.
- Each child should receive a physical examination 18 months prior to entrance into the first grade or within 90 days after first grade entrance. Physicals must be given after March 1 (of the current year).

REQUIRED IMMUNIZATIONS

Polio	4 doses	Three doses of polio vaccine meet the requirement if one dose was given on or after the 4 th birthday.
DTaP	5 doses	Four doses of DTaP meet the requirement if at least one dose was given on or after the 4 th birthday.
MMR (Measles, Mumps, Rubella)	2 doses	Must be given on or after the first birthday. Child who has just received first dose of MMR may enter kindergarten if they receive a 2 nd dose 1 to 3 mos. after first dose.
TB Risk Assessment		All students entering school for the first time (TK or Kindergarten) or transferring into Santa Clara County MUST present written evidence of having had a TB Skin Test TST/Mantoux/PPD completed in the United States within 12 months of registration OR a Santa Clara County Risk Assessment form signed by a physician or clinic . The TST must include the date given, the date read, and results of the test with signature of the physician or clinic; OR an IGRA blood test with results.
Hepatitis B	3 doses	
Varicella (Chickenpox)	2 doses	2 doses of Varicella vaccination OR physician signed documentation of permanent medical immunity.

REGISTRATION – PLACEMENT AND FORMS

Every attempt will be made to place new students at a school near their school of residence as space allows. However, the district cannot guarantee such placement and reserves the right to place new students at other schools within the Evergreen School District when a grade-level enrollment capacity is reached. Any student overflowed to a school other than their school of residence, with the exception of Transitional Kindergarten students, may be provided transportation from their school of residence and back pending availability. If your child will be attending another school for Transitional Kindergarten, they will return to their home school for Kindergarten. Please return your child’s registration forms to the school in your attendance area. If you need assistance in locating the school site for the area in which you live, please visit the district web-site at www.eesd.org or call 408-270-6800.



Evergreen School District

ATTENTION:
Important information regarding your child's
placement...

The first two weeks of school are always a bit hectic as enrollment numbers are worked out and classroom formations are solidified. It is possible that classes will be added, dropped, or that combination classes will need to be formed. Should this happen, some students will be required to change classrooms or possibly be overflowed to another site within the Evergreen School District. ***For the first two weeks of school, parents should consider their student's placement to be provisional.*** Should it be necessary to change your student's placement, you will be notified. Thank you for your patience and understanding as we work to make this process as smooth as possible for our students.

Please sign here that you have read the above statement:

Student's Name

DOB

Parent/Guardian Signature

PUPIL REGISTRATION QUESTIONNAIRE

GRADE: _____

Evergreen School District
3188 Quimby Road, San Jose, CA 95148 (408) 270-6800

Note: Parents and child must reside in the Evergreen School District attendance area. Registration packets must include copies of birth certificate, immunization, and proof of residence. In the event of overcrowding, your child may be overflowed to another school.

FOR SCHOOL USE ONLY:

Teacher: _____ Room Number _____ Student No. _____

Received: Date _____ Time _____ Verification: BC _____ PP _____ OTHER _____ (Specify) _____

PLEASE PRINT OR TYPE:

School Enrolled _____

Student Name _____ Preferred Name (optional) _____

Home Address _____ Apt. # _____ Birth Date _____

City _____ State _____ Zip Code _____ Birth City (required) _____ Birth Country (required) _____

Home Phone () _____ Sex _____ Preferred Gender (optional) _____ Date of Entry (if other than U.S.) _____

Student lives with: Mother Father Other Relative or Guardian (Please attach custodial papers)

MOTHER OR LEGAL GUARDIAN

_____ First Middle Last
Address (if different) _____ Apt. # _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Receive Mail? _____ Receive Grades? _____ Email Address _____

Employer Name _____ Address: _____

Employer Phone () _____ ext. _____ Work Hours _____ to _____

FATHER OR LEGAL GUARDIAN

_____ First Middle Last
Address (if different) _____ Apt. # _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Receive Mail? _____ Receive Grades? _____ Email Address _____

Employer Name _____ Address: _____

Employer Phone () _____ ext. _____ Work Hours _____ to _____

Parent Information. (Please check parent educational level)

Code	Mother	Father	Education Level	Code	Mother	Father	Education Level
14	<input type="checkbox"/>	<input type="checkbox"/>	Not a high school graduate	11	<input type="checkbox"/>	<input type="checkbox"/>	College graduate (includes BA, BS degrees)
13	<input type="checkbox"/>	<input type="checkbox"/>	High school graduate	10	<input type="checkbox"/>	<input type="checkbox"/>	Graduate school/Post graduate training (includes MA, PhD degrees)
12	<input type="checkbox"/>	<input type="checkbox"/>	Some college (includes AA degree)				

Other children in family living at home with the student:

Name	Birthdate	Name	Birthdate
_____	_____	_____	_____
_____	_____	_____	_____

Student Ethnicity (please check one)

Is the student's ethnicity Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
 Not Hispanic or Latino

Student Race (please check up to five racial categories)

The US Department of Education **REQUIRES** the following information. This question is about race, **not ethnicity**. No matter what you selected for ethnicity above, please check **one or more boxes (up to five boxes)** below to indicate what you consider to be your race.

<input type="checkbox"/> American Indian or Alaska Native (100) (Persons having origins in any of the original people of North, Central, or South America)	<input type="checkbox"/> African American or Black (600)	<input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)
<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Laotian (206)	<input type="checkbox"/> Guanmanian (302)
<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Samoan (303)
<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Hmong (208)	<input type="checkbox"/> Tahitian (304)
<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Hawaiian (301)	<input type="checkbox"/> Filipino/Filipino American (400)

Date and Grade first enrolled in a school in the United States	Date _____	Grade _____	U.S./Calif. School(s) Attended: School(s) _____ Grade(s) _____
Date and Grade first enrolled in a California School	Date _____	Grade _____	
Date and Grade first enrolled in Evergreen School District	Date _____	Grade _____	
Last School Attended _____		Address _____	
City _____	State _____	Zip _____	Phone _____

Student has been retained or recommended for retention Yes No If Yes, which Grade? _____

Student is currently enrolled in Special Education/504: RSP SDC Speech 504 Other

Residence – where is your child/family currently living? (Federally mandated by NCLB) (please check one)

<input type="checkbox"/> In a single family permanent resident (house, apartment, condo, mobile home)	<input type="checkbox"/> In a motel/hotel
<input type="checkbox"/> Temporarily doubled-up (sharing housing with other families/individuals due to economic hardship or loss)	<input type="checkbox"/> Unsheltered (car/campsite)
<input type="checkbox"/> In a shelter or transitional housing program	<input type="checkbox"/> Other (please specify)

Every attempt will be made to place new students at their school of residence. However, the district cannot guarantee such placement and reserves the right to overflow new students to other schools within the Evergreen School District as necessary when a grade-level enrollment capacity is reached. Any student overflowed to a school other than their school of residence, with the exception of Transitional Kindergarten students, will be provided transportation from their school of residence and back. Overflowed students and Transitional Kindergarten students will return to their school of residence the following school year.

I have been advised that my child's record will be requested from his former school and that I have the right to review and receive copies of the record and I have the right to a hearing to challenge the contents of the record.

Parent/Guardian Signature _____ Date _____

EVERGREEN SCHOOL DISTRICT

Emergency Information
(Información de Emergencia)
(Thông tin khẩn cấp)

Student ID # _____
Entered _____
Transferred _____

Check (Checar)

- If New Information (Si Nueva Información) (Đánh dấu nếu là thông tin mới)
 Male (Masculino) (Nam) Female (Femenino) (Nữ)

Student's Name _____ Birthdate _____ Grade _____
(Nombre del Niño[a]) (Tên Học Sinh) (Fecha de Nacimiento) (Ngày Sinh) (Grado) (Lớp)

Home Room _____ Teacher _____
(Número del Salón) (Phòng Số) (Maestro) (Giáo viên)

Parent/Guardian _____
(Padres/Guardián) (Phụ huynh/Người giám hộ)

Residence Address _____ Apt. # _____ Zip Code _____ Home Phone _____
(Domicilio) (Địa Chỉ Nhà) (Căn hộ) (Zona Postal) (Teléfono de casa) (Điện Thoại Nhà)

Mailing Address _____ Apt. # _____ Zip Code _____ Is phone number blocked? Y N
(Dirección de Correo) (Địa chỉ gửi thư) (Căn hộ) (Zona Postal) (Número de teléfono está bloqueado?) (Số điện thoại có bị chặn không?)

Father's Name _____ Work Phone _____ Cell Phone _____ Email Address _____
(Padre o tutor legal Nombre) (Cha hoặc người giám hộ hợp pháp) (Teléfono del Trabajo) (Điện Thoại Chỗ Làm) (Teléfono del Celular) (Điện Thoại Di Động) Correo (Electrónico) (Địa Chỉ Email)

Mother's Name _____ Work Phone _____ Cell Phone _____ Email Address _____
(Madre o tutor legal Nombre) (Mẹ hoặc người giám hộ hợp pháp) (Teléfono del Trabajo) (Điện Thoại Chỗ Làm) (Teléfono del Celular) (Điện Thoại Di Động) Correo (Electrónico) (Địa Chỉ Email)

IF YOU CANNOT BE REACHED, LIST FOUR PERSONS WHO WILL BE AVAILABLE IN CASE OF EMERGENCY
SI USTED NO PUEDE SER ALCANZADO, LISTA CUATRO PERSONAS QUE ESTARÁN DISPONIBLES EN CASO DE EMERGENCIA
NẾU KHÔNG LIỆN LẠC ĐƯỢC VỚI QUÝ VỊ, GHI TÊN BỐN NGƯỜI SẼ CÓ THỂ SẴN SÀNG TRONG TRƯỜNG HỢP KHẨN CẤP

Name (Nombre) (Tên)	Relationship (Relación) (mối quan hệ)	First Phone Number (Primier Numero de Telefono) (Số Điện Thoại Đầu Tiên)	Second Phone Number (Segundo Numero de Telefono) (Số Điện Thoại Thứ Hai)
1.			
2.			
3.			
4.			

Doctor _____ Phone _____ Dentist _____ Phone _____
(Nombre del Doctor) (Tên Bác Sĩ) (Teléfono) (Điện Thoại) (Nombre del Dentista) (Tên Nha Sĩ) (Teléfono) (Điện Thoại)

Health Problems/Allergies (Problemas de Salud/Condiciones especiales o preocupaciones) (Vấn đề sức khỏe/Dị ứng)

Please list other children living in your home who attend this school
(Otro niños en la familia que viven en el hogar del estudiante) (Trẻ em khác trong gia đình sống cùng nhà với học sinh)

I also authorize the school to administer first aid to my child if necessary.
(También autorizo a la escuela a administrar primeros auxilios a mi hijo si es necesario.) (Tôi cũng ủy quyền cho nhà trường quản lý sơ cứu cho con tôi nếu cần thiết.)

Parent/Guardian Signature _____ Date _____
(Firma del Padre/Tutor) (Chữ Ký Phụ Huynh/Người Giám Hộ) (Fecha) (Ngày)

THE EMERGENCY INFORMATION ABOVE MUST BE COMPLETED
UNLESS YOUR STUDENT'S PARENT PORTAL INFORMATION HAS BEEN COMPLETED
(LA INFORMACIÓN DE EMERGENCIA DEBE SER COMPLETADO
POR ENCIMA A MENOS QUE LOS PADRES del ESTUDIANTE INFORMACIÓN DEL PORTAL SE HA COMPLETADO)
(CÁC THÔNG TIN KHẨN CẤP TRÊN PHẢI ĐƯỢC HOÀN THÀNH
TRỪ KHI NHỮNG THÔNG TIN CỦA CHA MẸ HỌC SINH ĐÃ ĐƯỢC HOÀN THÀNH)



EVERGREEN ELEMENTARY SCHOOL DISTRICT

Residency Verification Declaration

School of Residence		
Child's Name	Current Grade	Birth Date

Student(s) resides with: (Please Circle) **Both Parents** **Mother** **Father** **Guardian** **Caregiver**

Father/Stepfather/Guardian/Caregiver (Please Circle)	Mother/Stepmother/Guardian/Caregiver (Please Circle)
Name	Name
Address	Address
City, State, Zip	City, State, Zip

Please read and initial each statement:

Initial	
	Students whose primary residence is within the district boundaries will be provided services within the Evergreen School District. Designated school of attendance is based on a student's primary residence. If a student's school of attendance is unable to accommodate the student at the time of enrollment, the student may be overflowed within ten school days to another school in the district for the remainder of the school year.
	The Evergreen School District will actively investigate all cases where it has reason to believe false information has been provided on District forms and may verify with home visits.
	The District may refer cases in which false information has been intentionally provided to the Santa Clara County District Attorney for further action and/or file civil action to recover damages incurred as a result of providing false information.
	Persons who provide false information on a District form are subject to criminal prosecution for perjury, which is punishable by a fine and/or a prison term of up to four years in state prison. (Fam. Code Sec. 6552; Pen. Code Sec. 118 & 126)
	Persons providing false information on an affidavit are also subject to civil liability for fraud, negligent misrepresentation, and negligence. Parties found civilly liable may be required to pay all damages caused to the District as a result of providing false information, as well as punitive damages. (Civ. Code Sec. 1709)
	Persons who induce, obtain or otherwise solicit another person to provide false information on an affidavit are subject to the same criminal prosecution, fines, and imprisonment as the person directly committing perjury. (Pen. Code Sec. 127)
	Investigations that reveal students were enrolled on the basis of providing false information will lead to immediate initiation of action by the District to remove the student from the school/District.

I declare that the foregoing is true and correct. In accordance with the District requirements, I have attached the required documentation as proof of residence for enrollment.

Signature of Parent/Guardian

Date

Evergreen School District Proof of Residence Requirements

<p>Acceptable Proof of Residence Documents THREE (TO FOUR – Carolyn Clark and Matsumoto) Original documents must contain name and address for proof of residence.</p>	<ul style="list-style-type: none"> • California Driver's License • California Identification Card • DMV Boat or Car Registration • Escrow Papers • Property Tax Bill • Home Owner/Renter Insurance Policy • Lease/Rental Agreement • Utility Bills – PG&E, Water, Garbage • Home Phone Bill or Cable Bill (Cell Phone Bills are not acceptable) 	<ul style="list-style-type: none"> • Government Agency Identification/ Correspondence: <ul style="list-style-type: none"> • Income Tax Return • W-2 • Registrar of Voters – Proof of Residency • Jury Summons • Unemployment • Other • Evergreen School District/Federal Funded Program Confirmation (i.e. Migrant Program) 	<ul style="list-style-type: none"> • Monthly Payments: <ul style="list-style-type: none"> • Loan • Mortgage • Credit Card • Insurance • Rental Payment – Cancelled Check • Payroll Check • Bank Statement • Physician/Dental Bill
	<p>*Current proof of residence documents are the most recently issued documents (i.e. monthly statements are received within the last 45 days.) Institution-issued statements must be provided.</p>		
	<p>The District has the right to accept alternative forms of proof of residence on a case by case basis.</p>		

Requirements	
Homeowner	Parents/Guardians/Caregivers must submit at least three (3) items of current* documentation to prove residence. See Acceptable Proof of Residence Documents above.
Renter	Parents/Guardians/Caregivers must submit at least three (3) items of current* documentation to prove residence. See Acceptable Proof of Residence Documents above.
<p>Co-Residency</p> <p>Families co-residing with the owner/landlord of a residence may meet their proof of residence requirement by completing the Owner/Landlord AND the Co-Resider requirements to the right.</p>	<p>Owner/Landlord (2 requirements)</p> <p>Owner/Landlord of residence where the registering family lives must provide the following two (2) items:</p> <ol style="list-style-type: none"> 1. Complete Co-Residency Verification Affidavit (D-90I) and have it NOTARIZED <p style="text-align: center;">AND</p> <ol style="list-style-type: none"> 2. Provide at least one (1) item of current* documentation to prove residence showing the name and address of the owner/landlord. See Acceptable Proof of Residence Documents above.
	<p>Co-Resider (1 requirement)</p> <p>Parents/Guardians/Caregiver and child(ren) residing with another family in the Evergreen School District attendance area must submit at least one (1) item of current* documentation to prove residence. See Acceptable Proof of Residence Documents above</p>



Evergreen School District

STUDENT ACCEPTABLE USE OF TECHNOLOGY Board Policy and Regulations – BP/AR 6163.4

Parents/Guardians,

Please read and discuss Board Policy BP 6163.4 and Administrative Regulations AR 6163.4 Student Use of Technology with your child regarding the proper use of technology in the Evergreen School District. The attached Board policy and regulations should be kept at home for your own reference.

Your child is expected to adhere to the Use of Technology Board Policy and Administrative Regulations as long as your child is a student in the Evergreen School District. The Board Policy and Administrative Regulations include expectations regarding network etiquette, personal responsibility, acceptable uses, and unacceptable uses. Consequences for violations of these rules may result in disciplinary action, including the loss of a student’s privileges to use the school’s information technology resources.

While supervision and monitoring systems are in place while your child is on their school’s network, we cannot implement these resources while your child is on the Internet at home. It is the responsibility of parents/guardians to be aware and supervise their child’s activity while on the Internet at home. For more resources and information to help you with this, *A Parent’s Guide to Internet Safety*, published by the U.S. Department of Justice, is available at

<http://www.fbi.gov/publications/pguide/pguidee.htm>.

This page must be signed by both parent/guardian and child and returned with your completed registration packet

My child and I acknowledge and understand our obligations and consequences.

Student Signature*

Date

Parent/Guardian Signature*

Date

**Parent and student signature indicates awareness of District expectation of technology usage.*

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Print Student Name in the Box

School/Room Number

STUDENT USE OF TECHNOLOGY

The Board of Trustees intends that technological resources provided by the district be used in a safe, responsible, and proper manner in support of the instructional program and for the advancement of student learning.

The Superintendent or designee shall notify students and parents/guardians about authorized uses of district computers, user obligations and responsibilities, and consequences for unauthorized use and/or unlawful activities in accordance with district regulations and the district's Acceptable Use Agreement.

Before a student is authorized to use the district's technological resources, the student and his/her parent/guardian shall sign and return the Acceptable Use Agreement specifying user obligations and responsibilities. In that agreement, the student and his/her parent/guardian shall agree not to hold the district or any district staff responsible for the failure of any technology protection measures, violations of copyright restrictions, or user mistakes or negligence. They shall also agree to indemnify and hold harmless the district and district personnel for any damages or costs incurred.

The Superintendent or designee shall regularly review and update this policy, the accompanying administrative regulation, and other relevant procedures to enhance the safety and security of students using the district's technological resources and to help ensure that the district adapts to changing technologies and circumstances.

Use of District Computers for Online Services/Internet Access

The Superintendent or designee shall ensure that all district computers with Internet access have a technology protection measure that blocks or filters Internet access to visual depictions that are obscene, child pornography, or harmful to minors and that the operation of such measures is enforced. (20 USC 6777, 47 USC 254)

To reinforce these measures, the Superintendent or designee shall implement rules and procedures designed to restrict students' access to harmful or inappropriate matter on the Internet and to ensure that students do not engage in unauthorized or unlawful online activities. Staff shall supervise students while they are using online services and may have teacher aides, student aides, and volunteers assist in this supervision.

The Superintendent or designee also shall establish regulations to address the safety and security of students and student information when using email, chat rooms, and other forms of direct electronic communication.

STUDENT USE OF TECHNOLOGY (continued)

The Superintendent or designee shall provide age-appropriate instruction regarding safe and appropriate behavior on social networking sites, chat rooms, and other Internet services. Such instruction shall include, but not be limited to, the dangers of posting personal information online, misrepresentation by online predators, how to report inappropriate or offensive content or threats, behaviors that constitute cyberbullying, and how to respond when subjected to cyberbullying.

Legal Reference:

EDUCATION CODE

51006 *Computer education and resources*

51007 *Programs to strengthen technological skills*

51870-51874 *Education technology*

60044 *Prohibited instructional materials*

PENAL CODE

313 *Harmful matter*

502 *Computer crimes, remedies*

632 *Eavesdropping on or recording confidential communications*

653.2 *Electronic communication devices, threats to safety*

UNITED STATES CODE, TITLE 15

6501-6506 *Children's Online Privacy Protection Act*

UNITED STATES CODE, TITLE 20

6751-6777 *Enhancing Education Through Technology Act, Title II, Part D, especially:*

6777 *Internet safety*

UNITED STATES CODE, TITLE 47

254 *Universal service discounts (E-rate)*

CODE OF FEDERAL REGULATIONS, TITLE 16

312.1-312.12 *Children's Online Privacy Protection Act*

CODE OF FEDERAL REGULATIONS, TITLE 47

54.520 *Internet safety policy and technology protection measures, E-rate discounts*

STUDENT USE OF TECHNOLOGY

The principal or designee shall oversee the maintenance of each school's technological resources and may establish guidelines and limits on their use. All instructional staff shall receive a copy of this administrative regulation, the accompanying Board policy, and the district's Acceptable Use Agreement describing expectations for appropriate use of the system and shall also be provided with information about the role of staff in supervising student use of technological resources. All students using these resources shall receive instruction in their proper and appropriate use.

Teachers, administrators, and/or library media specialists shall prescreen technological resources and online sites that will be used for instructional purposes to ensure that they are appropriate for the intended purpose and the age of the students.

Online/Internet Services: User Obligations and Responsibilities

Students are authorized to use district equipment to access the Internet or other online services in accordance with Board policy, the user obligations and responsibilities specified below, and the district's Acceptable Use Agreement.

1. The student in whose name an online services account is issued is responsible for its proper use at all times. Students shall keep personal account numbers and passwords private and shall only use the account to which they have been assigned.
2. Students shall use the district's system safely, responsibly, and primarily for educational purposes.
3. Students shall not access, post, submit, publish, or display harmful or inappropriate matter that is threatening, obscene, disruptive, or sexually explicit, or that could be construed as harassment or disparagement of others based on their race/ethnicity, national origin, sex, gender, sexual orientation, age, disability, religion, or political beliefs.

Harmful matter includes matter, taken as a whole, which to the average person, applying contemporary statewide standards, appeals to the prurient interest and is matter which depicts or describes, in a patently offensive way, sexual conduct and which lacks serious literary, artistic, political, or scientific value for minors. (Penal Code 313)

4. Unless otherwise instructed by school personnel, students shall not disclose, use, or disseminate personal identification information about themselves or others when using email, chat rooms, or other forms of direct electronic communication. Students also shall be cautioned not to disclose such information by other means to individuals contacted through the Internet without the permission of their parents/guardians.

Personal information includes the student's name, address, telephone number, Social Security number, or other personally identifiable information.

STUDENT USE OF TECHNOLOGY (continued)

5. Students shall not use the system to encourage the use of drugs, alcohol, or tobacco, nor shall they promote unethical practices or any activity prohibited by law, Board policy, or administrative regulations.
6. Students shall not use the system to engage in commercial or other for-profit activities.
7. Students shall not use the system to threaten, intimidate, harass, or ridicule other students or staff.
8. Copyrighted material shall be posted online only in accordance with applicable copyright laws. Any materials utilized for research projects should be given proper credit as with any other printed source of information.
9. Students shall not intentionally upload, download, or create computer viruses and/or maliciously attempt to harm or destroy district equipment or materials or manipulate the data of any other user, including so-called "hacking."
10. Students shall not attempt to interfere with other users' ability to send or receive email, nor shall they attempt to read, delete, copy, modify, or use another individual's identity.
11. Students shall report any security problem or misuse of the services to the teacher or principal.

The district reserves the right to monitor use of the district's systems for improper use without advance notice or consent. Students shall be informed that computer files and electronic communications, including email, are not private and may be accessed by the district for the purpose of ensuring proper use.

Whenever a student is found to have violated Board policy, administrative regulation, or the district's Acceptable Use Agreement, the principal or designee may cancel or limit a student's user privileges or increase supervision of the student's use of the district's technological resources, as appropriate. Inappropriate use also may result in disciplinary action and/or legal action in accordance with law and Board policy.

Cyberbullying - Includes the posting of harassing messages, direct threats, social cruelty, or other harmful text or images on the Internet, social networking sites, or other digital technologies, as well as breaking into another person's account and assuming that person's identity in order to damage that person's reputation or friendships.

STUDENT USE OF TECHNOLOGY (continued)

Filtering - District has the right, to the extent required by law, to place reasonable restrictions on the material accessed or posted through the system.

Media Publishing - All published media must follow district guidelines and is subject to review.

Plagiarism - Students will not plagiarize works. Plagiarism is taking the ideas or writings of others and presenting them as if they were their own.

Copyright Infringement - Students will respect the rights of copyright owners. Copyright infringement occurs when a work, software, music, video, etc. that is protected by a copyright is inappropriately reproduced. Students should ask their teacher and request permission from the copyright owner if they are unsure whether or not they can use a work.

Services - The district makes no guarantee that the functions of the services provided by or through the district system will be error-free or without defect. The district will not be responsible for any damage suffered, including but not limited to, loss of data or interruption of service.

Consequences - The use of technology in district is a privilege, not a right. In addition to any criminal and civil penalties, students are also subject to school discipline for technology-related offenses.

Board approved: September 12, 2013

Regulation
approved: March 21, 2013

EVERGREEN SCHOOL DISTRICT
San Jose, California



EVERGREEN ELEMENTARY SCHOOL DISTRICT

Health Information

Child's Name	Grade	Birth Date
School		

Dear Parent/Guardian,
Please complete this form. This will provide us with valuable information to update your child's health records.

Birth Information	
Length of pregnancy (in months):	
Baby's condition at birth:	
Any problems after birth?	
Has your child had any serious illnesses, accidents, or hospitalizations?	

Medical Information					
Does your child have any of the following (please check all that apply)?					
<input type="checkbox"/>	Drug Allergies (Please Specify)	<input type="checkbox"/>	Food Allergies (Please Specify)	EPIPEN <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	Environmental Allergies (Please Specify)	<input type="checkbox"/>	Insect Stings (Please Specify)		
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Frequent colds	<input type="checkbox"/>	Heart problems
<input type="checkbox"/>	Attention Deficit	<input type="checkbox"/>	Frequent ear infections	<input type="checkbox"/>	Hearing difficulties
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Frequent headaches	<input type="checkbox"/>	Vision problems
<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Frequent nosebleeds	<input type="checkbox"/>	Wears glasses
<input type="checkbox"/>	Fainting spells	<input type="checkbox"/>	Frequent sore throats	<input type="checkbox"/>	

Medication/Treatment Information (please check situation that applies)	
<input type="checkbox"/>	My child is not on a continuing medication or treatment regimen at home.
<input type="checkbox"/>	My child is on a continuing medication or treatment regimen (complete information below)
Name of Medication(s):	
Medical Condition:	
Dosage:	Time(s) Given:
Medication Required at School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medications administered during school hours must have a written medication form on file signed by parent and physician (must be renewed annually)

Health Insurance Provider:	<input type="checkbox"/> Check if no Health Insurance
Please specify any other health/emotional concerns of which we should be aware:	

Signature of Parent/Guardian

Date

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	SCHOOL
		ZIP code	

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)

RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

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

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

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)*

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.

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

INFORME DEL EXAMEN DE SALUD PARA EL INGRESO A LA ESCUELA

Para proteger la salud de los niños, la ley de California exige que antes de ingresar a la escuela todos los niños tengan un examen médico de salud. Por favor, pídale al examinador de salud que llene este informe y entregelo a la escuela—este informe será archivado por la escuela en forma confidencial.

PARTE I PARA SER LLENADO POR EL PADRE/LA MADRE O EL GUARDIÁN

NOMBRE DEL NIÑO/NIÑA—Apellido	Segundo Nombre	FECHA DE NACIMIENTO—Mes/Día/Año	
DOMICILIO—Número y Calle	Ciudad	Zona Postal	Escuela

PARTE II PARA SER LLENADO POR EL EXAMINADOR DE SALUD

EXAMEN DE SALUD

AVISO: Todas las pruebas y evaluaciones excepto el análisis de sangre para el plomo deben ser hechas después de la edad de 4 años y 3 meses.

PRUEBAS Y EVALUACIONES REQUERIDAS	FECHA(mm/dd/aa)
Historia de Salud	/ /
Examen Físico	/ /
Evaluación de Dientes	/ /
Evaluación de Nutrición	/ /
Evaluación del Desarrollo	/ /
Pruebas Visuales	/ /
Pruebas con Audiómetro (auditivas)	/ /
Evaluación de Riesgo y prueba Tuberculosis*	/ /
Análisis de Sangre (para anemia)	/ /
Análisis de Orina	/ /
Análisis de Sangre para el plomo	/ /
Otra	/ /

REGISTRO DE INMUNIZACIONES

Aviso al Examinador: Por favor dé a la familia, una vez completado, o a la fecha, el Registro de Inmunización de California en papel amarillo.

Aviso a la Escuela: Por favor apunte las fechas de inmunización sobre el Registro de Inmunización de la escuela de California en papel azul.

VACUNA	FECHA EN QUE CADA DOSIS FUE DADA			
	Primero	Segundo	Tercero	Quinto
POLIO (OPV o IPV)				
DTaP/DTP/DT/d (difteria, tétano y [acelular] pertusis [los ferina]) O (tétano y difteria solamente)				
MMR (sarampión, paperas, rubéola)				
HIB MENINGITIS (Hemófilo, Tipo B) (Requerida para centros de cuidado para niños y centros preescolares solamente)				
HEPATITIS B				
VARICELLA (Viruelas locas)				
OTRA (e.g. prueba TB, de ser indicado)				
OTRA				

PARTE III INFORMACIÓN ADICIONAL DEL EXAMINADOR DE SALUD (opcional)

RESULTADOS Y RECOMENDACIONES

Llene esta parte si el padre/la madre o el guardián ha firmado el consentimiento para divulgar (distribuir) la información de salud de su niño/niña.

- El examen reveló que no hay condiciones que conciernen las actividades de los programas escolares.
- Las condiciones encontradas en el examen o después de una evaluación posterior que son de importancia para la actividad escolar o física son: (por favor explique)

PERMISO PARA DIVULGAR (DISTRIBUIR) EL INFORME DE SALUD

Yo le doy permiso al examinador de salud para que comparta con la escuela la información adicional de este examen como es explicado en la Parte III.

Por favor marque esta caja si Ud. no desea que el examinador llene la Parte III.

Firma del padre/madre o guardián _____ Fecha _____

*de ser indicado

Firma del examinador de salud _____ Fecha _____

*Si su niño o niña no puede obtener el examen de salud llame al Programa de Salud para la Prevención de Incapacidades de Niños y Jóvenes (Child Health and Disability Prevention Program) en su departamento de salud local. Si Ud. no desea que su niño(a) tenga un examen de salud, puede firmar la orden (PM 171 B), formulario que se consigue en la escuela de su niño(a).
CHDP website: www.dhcs.ca.gov/services/chdp*

EVERGREEN SCHOOL DISTRICT

IMMUNIZATION RESOURCES

IMMUNIZATION SERVICES

LOW COST OR FREE CHILDHOOD IMMUNIZATIONS

MAR MONTE COMMUNITY CLINIC 2470 Alvin Ave., Suite 4 San Jose, CA 95121 (408) 274-7100 Hours: Monday, Tuesday, Thursday, Friday 8:40 a.m. - 5:00 p.m. Wednesday 8:40 a.m. – 7:00 p.m. NO PPD on Thursday Located in the eastside of the Professional Center. Corner of Alvin Ave. and Burnette.	SAN JOSE FOOTHILL FAMILY COMMUNITY CLINIC 2880 Story Rd. San Jose, CA 95127 (408) 729-9700 Hours: Monday - Friday, 8:00 a.m. – 10:00 p.m. Saturday, 8:00 a.m. – 5:00 p.m. Cross streets are E. Capitol Expressway and S. White Rd.
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- If possible, take your child to your regular doctor for shots.
- It is advised to call for an immunization appointment. Walk-in immunization services are based on space availability only.
- All children under 18 must have a parent or legal guardian with them for each immunization visit.
- Remember to bring your child's immunization record (yellow card) to the doctor/clinic.
- Immunizations and TB testing are based on a sliding scale if you do not have health insurance.

RECURSOS PARA INMUNIZACIONES (VACUNAS)

SERVICIOS PARA INMUNIZACIONES

INMUNIZACIONES PARA NIÑOS DE BAJO COSTO O GRATUITAS

CLINICA COMUNITARIA MAR MONTE 2470 Alvin Ave., Suite 4 San Jose, CA 95121 (408) 274-7100 Horario: Lunes, Martes, Jueves y Viernes 8:40 a.m. - 5:00 p.m. Miércoles 8:40 a.m. – 7:00 p.m. Los jueves no hay vacunas de la tuberculosis Se localiza en el lado este del Centro Profesional En la esquina de Alvin Ave. y Burnette.	CLÍNICA DE COMUNIDAD FAMILIAR SAN JOSE 2880 Story Rd. San Jose, CA 95127 (408) 729-9700 Horario: Lunes a Viernes de las 8:00 a.m. – 10:00 p.m. Sábados de 8:00 a.m. – 5:00 p.m. Cruzando la calle es E. Capitol Expressway y S. White Rd.
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- Si es posible, lleve a su niño(a) a vacunar con su doctor regular.
- Se aconseja llamar para una cita de vacunación, Venir el mismo día para los servicios de inmunización se basan en la disponibilidad de espacio sólo
- Todos los niños menores de 18 años tienen que ser acompañados por el padre o tutor cuando reciben las vacunas.
- Recuerde traer en cada visita al doctor /clinica el registro de las vacunas (tarjeta amarilla).
- La vacuna y la prueba del TB son gratuitas o a bajo costo, en una escala móvil, si usted no tiene seguro de salud.

EVERGREEN SCHOOL DISTRICT

Nguồn Cung Cấp Việc Chủng Ngừa

Dịch Vụ Chủng Ngừa

Chi Phí Thấp Hoặc Chủng Ngừa Miễn Phí Cho Trẻ Em

<p>MAR MONTE COMMUNITY CLINIC 2470 Alvin Ave., Phòng số 4 San Jose, CA 95121 (408) 274-7100</p> <p>Giờ làm việc: Thứ Hai, Thứ Ba, Thứ Năm, Thứ Sáu, 8:40 sáng - 5:00 chiều Thứ Tư, 8:40 sáng - 7:00 chiều</p> <p>Không có xét nghiệm lao (PPD) vào thứ Năm Nằm ở phía đông của Professional Center. Góc đường Alvin Ave. và Burnette.</p>	<p>SAN JOSE FOOTHILL FAMILY COMMUNITY CLINIC 2880 Story Rd. San Jose, CA 95127 (408) 729-9700</p> <p>Giờ làm việc: Thứ Hai đến Thứ Sáu, 8:00 sáng - 10:00 chiều Thứ bảy, 8:00 sáng - 5:00 chiều</p> <p>Bên kia đường là E. Capitol Expressway và S. White Rd.</p>
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- Nếu có thể, hãy đưa cháu đến bác sĩ của mình để chích ngừa.
- Nên gọi để làm một cuộc hẹn cho chích ngừa, đến mà không có hẹn sẽ tùy thuộc vào chỗ trống.
- Tất cả trẻ em dưới 18 tuổi phải đến cùng với phụ huynh hoặc người giám hộ cho mỗi lần chích ngừa.
- Nhớ mang theo hồ sơ chích ngừa (thẻ màu vàng) của con em tới bác sĩ/phòng khám.
- Chủng ngừa và thử nghiệm lao sẽ được dựa trên bản lợi tức nếu quý vị không có bảo hiểm.



HEALTH CARE FOR ALL FAMILIES

A PROJECT OF THE CHILDREN'S PARTNERSHIP

Enroll. Get Care. Renew. Health Coverage All Year Long

Health Coverage Options

Medi-Cal:

- ▶ Children—regardless of immigration status—foster youth, pregnant women, and legally present individuals—including those with DACA status—may be eligible for no- or low-cost Medi-Cal.
- ▶ Medi-Cal covers immunizations, checkups, specialists, vision and dental services, and more for children and youth at no or low cost.
- ▶ Medi-Cal enrollment is available year round.

Covered California:

- ▶ Covered California is where legal residents of California can compare quality health plans and choose the one that works best for them.
- ▶ Based on income and family size, many Californians may qualify for financial assistance.
- ▶ Enroll during Open Enrollment or any time you experience a life-changing event, like losing your job or having a baby. You have 60 days from the event to complete enrollment.

Immigrant Families visit: www.allinforhealth.org/immigrantfamilies
Immigration status information is kept private, protected, and secure. It will not be used by any immigration agency to enforce immigration laws, but only to determine eligibility for health programs.

Enroll.

Three ways to enroll in Medi-Cal and Covered California:

- www.coveredca.com
- 1(800) 300-1506
- Find in-person help: www.coveredca.com/get-help/local/

Get Care.

- ▶ Find a primary care doctor in your network.
- ▶ Schedule an annual checkup for you and your family.
- ▶ Make sure to take your child to the dentist.
- ▶ Pay your monthly premium if your plan requires it.

Renew.

- ▶ Medi-Cal must be renewed every year. If you receive a renewal notice, complete and return. You can also renew online or by phone. For help, contact your local Medi-Cal office.
- ▶ Health plans through Covered California must be renewed every year. Renewal information will be mailed at the end of the year, or contact Covered California at 1 (800) 300-1506.

You and your family may qualify for financial help:

Household Size	If 2019 household income is less than...		If 2019 household income is between...
	\$17,237	\$33,244	\$17,237 - \$48,560
1	\$17,237	\$33,244	\$17,237 - \$48,560
2	\$23,336	\$44,981	\$23,336 - \$65,840
3	\$29,439	\$56,738	\$29,439 - \$83,120
4	\$35,535	\$68,495	\$35,535 - \$100,400
5	\$41,635	\$80,253	\$41,635 - \$117,680
6	\$47,735	\$92,010	\$47,735 - \$134,960
	Adults may be eligible for Medi-Cal	Children may be eligible for Medi-Cal	May be eligible for financial help to purchase insurance through Covered California

For more information go to:
www.allinforhealth.org

March 2019





Asegúrate, para el bienestar de tu familia

UN PROYECTO DE "THE CHILDREN'S PARTNERSHIP"

Inscríbese. Cuide Su Salud. Renueve Su Cobertura.
Cobertura de salud durante todo el año

Sus Opciones de Cobertura de Salud

Medi-Cal:

- ▶ Los niños—sin importar su estatus migratorio—niños de crianza, mujeres embarazadas y personas que estén legalmente en el país—incluyendo aquellos que tengan DACA—pueden ser elegibles para Medi-Cal de bajo costo o sin costo alguno.
- ▶ Medi-Cal proporciona vacunas, visitas al doctor de prevención, especialista, oculista y servicios dentales para niños y jóvenes gratis o a bajo costo.
- ▶ Inscripción al programa de Medi-Cal está disponible todo el año.

Covered California:

- ▶ Covered California es donde los residentes legales de California pueden comparar planes de salud de alta calidad y elegir el que les conviene.
- ▶ Dependiendo de los ingresos y el tamaño de la familia, muchos Californianos también podrían calificarán para obtener ayuda financiera.
- ▶ Inscríbese durante la Inscripción Abierta o en cualquier momento durante el año que a tenido un evento calificado de vida, como si perdió su trabajo o tuvo un bebé. Tienen 60 días del evento para inscribirse.

! Para familias inmigrantes visten: www.allinforhealth.org/familiasinmigrantes
Su información de inmigración es confidencial, protegida, y segura. Su información no se usará para fines de control de inmigración. Solo se usará para determinar la elegibilidad para cobertura médica.

Usted y su familia podrían calificar para asistencia financiera:

Tamaño de la familia	Si el ingreso familiar en 2019 es menos de...		Si el ingreso familiar en 2019 es entre...
1	\$17,237	\$33,244	\$17,237 - \$48,560
2	\$23,336	\$44,981	\$23,336 - \$65,840
3	\$29,439	\$56,738	\$29,439 - \$83,120
4	\$35,535	\$68,495	\$35,535 - \$100,400
5	\$41,635	\$80,253	\$41,635 - \$117,680
6	\$47,735	\$92,010	\$47,735 - \$134,960
	Adultos podrían calificar para Medi-Cal	Niños podrían calificar para Medi-Cal	Podría calificar para asistencia financiera en la compra de un seguro a través de Covered California

Inscríbese.

Tres maneras para inscribirse con Medi-Cal y Covered California:

- www.coveredca.com/espanol/
- 1 (800) 300-0213
- Ayuda en persona: www.coveredca.com/espanol/get-help/local/

Cuide Su Salud.

- ▶ Elija su doctor de su red medica.
- ▶ Haga sus citas anuales con su doctor para usted y su familia.
- ▶ Asegúrese de llevar a su hijo(s) al dentista.
- ▶ Si su plan lo requiere, haga su pago mensual.

Renueve Su Cobertura.

- ▶ Medi-Cal tiene que ser renovada cada año. Si recibe un aviso de renovación, se debe completar y devolver. También puede renovar en línea o por teléfono. Para obtener ayuda, póngase en contacto con su oficina local de Medi-Cal.
- ▶ Los planes de salud a través de Covered California se deben renovar cada año. La información para renovar se le enviara a finales de año o contacte a Covered California al 1 (800) 300-0213.

Para más información visite:
www.allinforhealth.org
www.allinforhealth.org/parafamilias

marzo 2019



EVERGREEN SCHOOL DISTRICT
TB Risk Assessment Requirement
D-90TB Information Sheet

The Santa Clara County Public Health Department no longer requires TB testing for ALL children upon school entry. No Tuberculin Skin Test (TST) or blood test (IGRA) is required unless the student's healthcare provider (HCP) deems it appropriate based on their assessment of risk factors for TB.

All students must be evaluated for risk factors for TB as part of their routine medical "assessment." A TST or other TB test approved by the Centers for Disease Control and Prevention will be ordered by the HCP **if deemed necessary** based on the TB risk factor assessment. Attached is the

Risk Factor Assessment Form (D-90TB)

This form will be completed by the HCP.
This form will be returned to your student's school,
along with the registration packet.

The student's HCP will give parent/guardian documentation stating one of the following within 1 year of registration:

1. Student's risk assessment was negative. No TB testing is required.
2. Student's risk assessment was positive with attached TB screening test (TST/IGRA) and CXR result. Student is free of infectious tuberculosis.

Students with TST/IGRA test results within 1 year of registration may submit their results with their registration packets and do NOT need to obtain the Assessment of Risk Factors from their HCP.

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

Address _____ Phone: _____ Grade: _____
Street City Zip

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

This form must be completed by a U.S. licensed primary care provider and returned to the child's school.

1. Was your child born in, or has your child resided in or traveled to (for more than one week) a country with an elevated TB rate?* Yes No
2. Has your child been exposed to anyone with TB disease? Yes No
3. Has a family member had a positive TB test or received medications for TB? Yes No
4. Was a parent, household member, or visitor who stayed in the child's home for >1 week, born in a country with an elevated TB rate?* Yes No
5. Is your child immunosuppressed [e.g. due to HIV infection, organ transplant, treatment with TNF-alpha inhibitor or high-dose systemic steroids (e.g. prednisone ≥ 15 mg/day for ≥ 2 weeks)]. Yes No

*Most countries other than the U.S., Canada, Australia, New Zealand, or a country in western or northern Europe. This does not include tourist travel for <1 month (i.e. travel that does not involve visiting family or friends, or involve significant contact with the local population).

If **YES**, to any of the above questions, the child has an increased risk of TB and should have a TB blood test (IGRA, i.e. QuantiFERON or T-SPOT.TB) or a tuberculin skin test (TST) unless there is either 1) a documented prior positive IGRA or TST performed in the U.S. or 2) no new risk factors since last documented negative IGRA (performed at age ≥2 years in the U.S.) or TST (performed at age ≥6 months in the U.S.).

All children with a current or prior positive IGRA/TST result must have a medical evaluation, including a chest x-ray (CXR; posterior-anterior and lateral for children <5 years old is recommended). CXR is not required for children with documented prior treatment for TB disease, documented prior treatment for latent TB infection, or BCG-vaccinated children who have a positive TST and negative IGRA. If there are no symptoms or signs of TB disease and the CXR is normal, the child should be treated for latent TB infection (LTBI) to prevent progression to TB disease.

Enter test results for all children with a positive risk assessment:

Interferon Gamma Release Assay (IGRA)	
Date: _____	Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate
Tuberculin Skin Test (TST/Mantoux/PPD)	Induration _____ mm
Date placed: _____ Date read: _____	Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive
Chest X-Ray Date: _____ Impression: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
LTBI Treatment Start Date: _____ <input type="checkbox"/> Rifampin daily - 4 months <input type="checkbox"/> Isoniazid/rifapentine - weekly X 12 weeks <input type="checkbox"/> Isoniazid daily - 9 months <input type="checkbox"/> Other: _____	<input type="checkbox"/> Prior TB/LTBI treatment (Rx & duration): _____ <input type="checkbox"/> Treatment medically contraindicated: _____ <input type="checkbox"/> Declined against medical advice
Please check one of the boxes below and sign:	
<input type="checkbox"/> Child has no TB symptoms, no risk factors for TB, and does not require a TB test. <input type="checkbox"/> Child has a risk factor, has been evaluated for TB and is free of active TB disease. <input type="checkbox"/> Child has no new risk factors since last negative IGRA/TST and no TB symptoms.	
<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border-top: 1px solid black; width: 60%;"></div> <div style="border-top: 1px solid black; width: 30%;"></div> </div>	
<div style="display: flex; justify-content: space-between; width: 100%;"> Health Care Provider Signature, Title Date </div>	

Name/Title of Health Provider:

Facility/Address:

Phone number:

County of Santa Clara

Public Health Department



Tuberculosis Prevention & Control Program
976 Lenzen Avenue, Suite 1700
San José, CA 95126
408.885.2440

Testing Methods

An Interferon Gamma Release Assay (IGRA, i.e. QuantiFERON or T-SPOT.TB) or Mantoux tuberculin skin test (TST) should be used to test those at increased risk. An IGRA can be used in all children ≥ 2 years old and is preferred in BCG-vaccinated children to avoid a false positive TST result. A TST of ≥ 10 mm induration is considered positive. If a child has had contact with someone with active TB disease (yes to question 2 on reverse), or the child is immunosuppressed, then TST ≥ 5 mm is considered positive. If a BCG-vaccinated child has a positive TST, and an IGRA is subsequently performed and is negative, testing is considered negative unless the child was exposed to someone with TB disease or is immunosuppressed. For immunosuppressed children, screening should be performed by CXR in addition to a TST/IGRA (consider doing both) and symptom review.

Evaluation of Children with Positive TB Tests

- All children with a positive IGRA/TST result must have a medical evaluation, including a CXR (posterior-anterior and lateral is recommended for children <5 years old). A CXR is not required for a positive TST with negative IGRA in a BCG-vaccinated child, or if the child has documentation of prior treatment for TB disease or treatment for latent TB infection.
- For children with TB symptoms (e.g. cough for $>2-3$ weeks, shortness of breath, hemoptysis, fever, weight loss, night sweats) or an abnormal CXR consistent with active TB disease, report to the County of Santa Clara Public Health Department TB Program within one day. The child will need to be evaluated for TB disease with sputum AFB smears/cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease in a patient with symptoms or signs of TB disease. The child cannot enter school unless active TB disease has been excluded or treatment has been initiated.
- If there are no symptoms or signs of TB disease and the CXR is normal, the child should be treated for latent TB infection (LTBI). Do not treat for LTBI until active TB disease has been excluded.
- Short-course regimens (rifampin daily for four months or 12-dose weekly isoniazid/rifapentine) are preferred (except in persons for whom there is a contraindication, such as a drug interaction or contact to a person with drug-resistant TB) due to similar efficacy and higher treatment completion rates as compared with 9 months of daily isoniazid

Treatment Regimens for Latent TB Infection

- Rifampin 15 - 20 mg/kg (max. 600 mg) daily for 4 months
- 12-dose Weekly Isoniazid/Rifapentine (3HP) Regimen:
 - Isoniazid
 - 2-11 years old: 25 mg/kg rounded up to nearest 50 or 100 mg (max. 900 mg)
 - ≥ 12 years old: 15 mg/kg rounded up to nearest 50 or 100 mg (max. 900 mg)
 - Rifapentine
 - 10.0-14.0 kg: 300 mg
 - 14.1-25.0 kg: 450 mg
 - 25.1-32.0 kg: 600 mg
 - 32.1-50.0 kg: 750 mg
 - >50 kg: 900 mg
 - Vitamin B6 50 mg weekly
- Isoniazid 10 mg/kg (range, 10-15 mg/kg; max. 300 mg) daily for 9 months. Recommended pyridoxine dosage is 25 mg for school-aged children (or 1-2 mg/kg/day).

For additional information: www.sccphd.org/tb or contact the TB Control Program at (408) 885-2440.

Oral Health Assessment Form

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within 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)
_____ <i>Licensed Dental Professional Signature</i>		_____ <i>CA License Number</i>	_____ <i>Date</i>

Section 3: Waiver of Oral Health Assessment Requirement

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

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

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

If asking to be excused from this requirement: ► _____
Signature of parent or guardian
Date

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

Return this form to the school *no later than May 31* of your child's first school year.
Original to be kept in child's school record.