



GLENDALE UNIFIED SCHOOL DISTRICT

**REGISTRATION &
ENROLLMENT
PACKET**

2023-2024

If this is the first time your child is entering Glendale Unified School District, please pre-enroll your child online at preenroll.gusd.net before you turn in the registration packet at your local school. Please include a printed copy of the pre-enrollment with your registration packet.



REQUIREMENTS FOR SCHOOL REGISTRATION & INFORMATION PACKET

When enrolling a new student, parents/legal guardians must establish residency within the District's attendance boundaries, provide all required immunization and school documents and complete the District's enrollment form.

A. ACCEPTED VERIFICATION FOR RESIDENCY REQUIREMENTS. YOU MUST PROVIDE AT LEAST TWO OF THE FOLLOWING:

- A **current** and **original** utility bill which is no more than two months old. You may also provide two utility bills but they must be from two separate utility companies. We accept bills ONLY from water/power, sewer, trash, gas, cable, landline and internet companies.
- Escrow papers showing closing date
- Mortgage Statement
- Rental agreement
- Most current property tax payment receipt
- Most current pay stub
- Current voter registration receipt
- Communication from a government agency dated no more than three months back (i.e.: vehicle registration, letters from welfare department, social security, IRS, homeland security)

NOTE: *Letters of verification for services may be obtained from any of the providing utility companies, but must be followed-up with the actual bills within the month. Verification will be done by the school.*

PARENTS/ LEGAL GUARDIANS LIVING WITH ANOTHER PARTY: This form is needed *only* if the parents and student are living with another family and the parents/legal guardians do not have utility bills in their name. Required verification documents are:

1. Two current original utility bills in the name of the verified resident.
2. Photo identification *(driver's license or ID) with current address of both the parent/ legal guardians **AND** the verified resident.
3. Parent's closing utility bills from last address.
4. One proof of residency such as: welfare form/check, checkbook, credit card bill, magazine, or any type of mail.

B. ACCEPTED VERIFICATIONS FOR PROOF OF AGE: The student's legal name must be used on all school documents.

1. A certified copy of a birth certificate or a statement by the local registrar or county recorder certifying the date of the birth
2. Passport
3. A duly attested Baptism certificate
4. When none of the forgoing is obtainable, an affidavit from the parent/guardian
5. School Records (only if transferring from another Glendale school)

C. HEALTH REQUIREMENTS: The state of California requires specific health requirements for school Entry. With respect to immunizations, before children under the age of 18 years may be admitted to any public or private California child-care facility or (elementary or secondary) school, California law requires that an immunization record be presented to staff by the parent/legal guardian (Health and Safety Code Sections 120325-120375 and California Code of Regulations Sections 6000-6075). This is usually the child's personal immunization record

given to parents by the doctor or clinic but a California School Immunization Record (CSIR Card) can be accepted.

The personal immunization record must:

- Identify the student by name and date of birth.
- Show the date each required vaccine dose was received.
- Have the type of vaccine received.
- Include the name of the physician or agency who gave the vaccine.

➤ **ALL STUDENTS ENTERING TK-12 MUST PROVIDE PROOF OF THE FOLLOWING VACCINES:**

1. **Polio (OPV or IPV)** – 4 doses at any age but 3 doses meets the requirement if one is given on or after the 4th birthday,
 2. **Diphtheria, Tetanus, Pertussis (DPT/DT)** – 5 doses at any age but 4 doses meets the requirement if one is given on or after the 4th birthday.
 3. **Measles, Mumps and Rubella (MMR)** – 2 doses given on or after the 1st birthday.
 4. **Hepatitis B** – 3 doses at any age
 5. **Varicella/Chickenpox** – 2 doses at any age
- STUDENTS ENTERING GRADE 7 & HIGHER MUST ALSO PROVIDE PROOF OF:**
6. **Tetanus, Diphtheria, and Pertussis (Tdap)** —1 dose at 7th grade or out-of-state transfer admission at 8th–12th grades (1 dose on or after the 7th birthday)

Elementary Only:

- **Health Examination (CHDPP):** A health examination is required, by State Law (Health and Safety Code 124085) for First Grade. This health check-up is recommended at the Kindergarten level but not earlier than 18 months prior to admission to First Grade.
- **Dental Examination:** State law (Education Code 49452.8) requires students in their first year in public school to submit proof of an oral health assessments. The assessments must be performed by a licensed or registered dental health professional, and proof of assessment is due by May 31 the following school year. This assessment may be done within 12 months prior to admission to kindergarten.

NOTE: If you do not have insurance, immunizations may be obtained at no cost for children 17 and under at the Glendale Health Center, 501 North Glendale Avenue, Glendale, CA 91206, (818) 291-8900 or at Comprehensive Community Health Centers, 801 S. Chevy Chase Dr., #250, Glendale, CA, (818) 265-2264.

D. SCHOOL RECORDS & GRADE PLACEMENT:

1. **(All Grade Levels):** The student will be placed in the grade, age appropriate. Should parent request grade adjustment based on school records, a “Grade Placement Request” form must be filled out and approved by the school and the district. No student will be placed more than one year ahead or one year behind. If no records are available, student will be placed according to age.
2. **(Elementary & Middle School Only):** Last report card for all students. Once enrolled, the school will request official records from previous school.
3. **(High School Only):** An unofficial copy of previous school transcript for students who have completed at least one semester of 9th grade or are in grades 10-12, or last report card for students starting 9th grade. Once enrolled, the school will request official copies.
4. **(High School Only):** If enrolling from outside the United States, an official sealed transcript may be hand delivered. A notarized translation of the transcripts will be accepted. If the

transcript is in the original language, school will forward the official transcript to Student Support Services for translation

5. **(High School Only):** Test scores, if available.

E. SCHOOL ENROLLMENT PACKET (*May vary by school*)

F. HOME LANGUAGE SURVEY - Must be completed by all new enrollees. If previously enrolled in a CA public school, the same information must be provided as when initially enrolled in California.

G. EMERGENCY INFORMATION: - Emergency information is required by law (Education Code, §49408). Please provide all applicable court documents.

- Parents/legal guardians are required to furnish the school with at least TWO additional local adults' daytime phone numbers to be called if parent/guardian cannot be reached.

H. CAREGIVER PERMIT: This form is needed *only* if the student is living with a relative. Report to Student Support Services at the Administration Center for processing.

I. SPECIAL EDUCATION PARTICIPATION: Please provide an Individualized Education Plan (IEP), if applicable, for enrollment.

INFORMATION REGARDING VACCINES & EXEMPTIONS

The Glendale Unified School District must comply with all State laws regarding immunizations and student enrollment. All schools and school districts must report to the California Department of Public Health the immunization status of all students enrolled in child care, transitional kindergarten, kindergarten, and 7th grade.

Senate Bill 277 became law in the State of California on January 1, 2016, and resulted in the following:

- As of January 1, 2016, personal belief exemptions are no longer permitted for children to enroll in child care and public and private schools.
- Personal belief exemptions submitted for child care and public and private school enrollment before January 1, 2016 will remain valid until a student matriculates in transitional kindergarten, kindergarten or 7th grade.
- Students with medical exemptions, authorized by an authorized physician, will continue to be exempted from the requirement to have immunizations.
- The only school programs that do not require immunizations are home-based private schools and independent study programs that do not include classroom-based instruction. However, students enrolled in Verdugo Academy, GUSD's Independent Study program, must be appropriately vaccinated as it has a classroom-based requirement for all students.
- Students enrolled in home-based private schools and independent study programs will continue to have access to any special education and related services specified in the children's individualized educational program.

Under Senate Bills (SB) 276 and SB 714 (Pan, 2019), all new medical exemptions for school and child care entry must be issued through CAIR-ME beginning January 1, 2021. Glendale Unified School District will only accept from parent new medical exemptions that are issued using CAIR-ME. For more information please visit <https://cair.cdph.ca.gov/exemptions/home>.

INITIAL ELPAC PARENT NOTIFICATION

Your child may be eligible for the Initial English Language Proficiency Assessment for California (ELPAC). Upon first enrollment in a California school, when you complete the Home Language Survey (HLS), if you respond with a language other than English to any of the questions, your child will be administered the computer-based Initial English Language Proficiency Assessment for California (ELPAC). If your child has previously attended a California public school, we will request those records and are obligated to provide services based on your student's language proficiency that was determined in the previous school and/or district.

State and federal laws require all school districts in California to assess students' English language proficiency upon initial enrollment in a California school. If you feel you have completed the Home Language Survey in error, please contact your school immediately, prior to the administration of the Initial ELPAC. Once the student takes the Initial ELPAC, the Home Language Survey may **not** be revised. The Initial ELPAC is a required test that will identify students who need support in learning English by determining whether the student is an English learner or is fluent in English. In addition, please note that we are obligated by law to assess and provide services to students who demonstrate the need for support in English language acquisition, regardless of the Home Language Survey results.

Your child will be scheduled to take the Initial ELPAC assessment and you will be notified of the results and their instructional placement within the first 30 days of enrollment.

Many of our students speak multiple languages fluently. If your student scores at the proficient level, the classification will be "Initially Fluent English Proficient (IFEP)" and they will not require additional language services. Students who score at the Intermediate English Learner or the Novice English Learner levels will be provided with English Language Development (ELD) services. Per California Education Code, all English Learners must receive Designated and Integrated English Language Development instruction and will be assessed annually with the computer-based Summative ELPAC test until they meet the district's reclassification criteria. Additional information about the ELPAC may be found at <https://www.elpac.org/resources/parent-resources/>.

You are encouraged to participate in your child's school activities. We invite you to participate on the school's English Learner Advisory Committee (ELAC) to learn more about the services for language learners. If you have any questions regarding ELPAC or your child's instructional placement and services, please contact the Teacher Specialist at your child's school.

transcript is in the original language, school will forward the official transcript to Student Support Services for translation

5. **(High School Only):** Test scores, if available.

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- Students with medical exemptions, authorized by an authorized physician, will continue to be exempted from the requirement to have immunizations.
- The only school programs that do not require immunizations are home-based private schools and independent study programs that do not include classroom-based instruction. However, students enrolled in Verdugo Academy, GUSD's Independent Study program, must be appropriately vaccinated as it has a classroom-based requirement for all students.
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You are encouraged to participate in your child's school activities. We invite you to participate on the school's English Learner Advisory Committee (ELAC) to learn more about the services for language learners. If you have any questions regarding ELPAC or your child's instructional placement and services, please contact the Teacher Specialist at your child's school.

PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY



Starting July 1, 2019

Students Admitted at TK/K-12 Need:

- **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap, or Td) — 5 doses**
(4 doses OK if one was given on or after 4th birthday.
3 doses OK if one was given on or after 7th birthday.)
For 7th-12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
- **Polio (OPV or IPV) — 4 doses**
(3 doses OK if one was given on or after 4th birthday)
- **Hepatitis B — 3 doses**
(Not required for 7th grade entry)
- **Measles, Mumps, and Rubella (MMR) — 2 doses**
(Both given on or after 1st birthday)
- **Varicella (Chickenpox) — 2 doses**

These immunization requirements apply to new admissions and transfers for all grades, including transitional kindergarten.

Students Starting 7th Grade Need:

- **Tetanus, Diphtheria, Pertussis (Tdap) — 1 dose**
(Whooping cough booster usually given at 11 years and up)
- **Varicella (Chickenpox) — 2 doses**
(Usually given at ages 12 months and 4-6 years)

In addition, the TK/K-12 immunization requirements apply to 7th graders who:

- previously had a valid personal beliefs exemption filed before 2016 upon entry between TK/Kindergarten and 6th grade
- are new admissions

Records:

California schools are required to check immunization records for all new student admissions at TK/Kindergarten through 12th grade and all students advancing to 7th grade before entry. Parents must show their child's Immunization Record as proof of immunization.

SCHOOL RECORDS VERIFICATION LIST

Dear Parent/Legal Guardian of (Name of Child): _____

OFFICE USE ONLY

All New Students:

Completed

Needed

1. Enrollment Form

2. Home Language Survey

Welcome Center Appointment Scheduled (if applicable)

3. Student Nighttime Residency Questionnaire

Sent to Student Wellness Services (if applicable)

4. Custody Law Notification

5. Student Health History

6. Copy of Parent Photo I.D.

7. Verification of Age (check one)

A certified copy of a birth certificate or a statement by the local registrar or county recorder certifying the date of the birth

Passport

A duly attested baptism certificate

When none of the foregoing is obtainable, an affidavit from the parent/legal guardian

8. Verification of Residency (any two)

Water/Power/Sewer/Trash

Phone Company (Landline Only. No Cell Phone Bills)

Gas Company

Cable Bill

Internet Bill

Escrow Papers with closing date

Mortgage Statement

Rental Agreement

Current property tax payment

Most recent pay stub

Current voter registration receipt

Communication from a government agency

9. Proof of Immunizations

Elementary Only:

1. Capping Letter

2. Report of a Physical Exam (**K & 1ST ONLY**)

3. Report of an Oral Health Assessment (**TK, K & 1ST ONLY**)

Middle School Only:

1. Copy of most recent report card

High School Only:

1. Transcripts from previous high school

Only if Applicable:

1. Copy of IEP/504

2. Any applicable court documents (i.e.: guardianship, custody)

3. PLWAP/SLWAP Form

4. Proof of approved permit



Glendale Unified School District

TK – 12 Enrollment Form

2023-2024 School Year

(Office Use Only):		Grade:	Student ID:	School:
STUDENT'S INFORMATION				
PLEASE PRINT BELOW – STUDENT'S LEGAL NAME (name as it appears on the birth certificate)				
Legal Last Name	Legal First Name	Legal Middle Name	Nickname	
Birth Place (City, State, Country):		Birthdate:	Gender:	Student Contact #: <input type="checkbox"/> Student Cell <input type="checkbox"/> Parent Cell <input type="checkbox"/> Home Phone
Student's Home Address:			City:	Zip Code:
PARENT/GUARDIAN/CAREGIVER INFORMATION				
Last Name:		First Name:		Relationship to Student: <input type="checkbox"/> Home <input type="checkbox"/> Cell Primary Phone:
Home Address:		Apt. #:	City:	State: Zip:
Parent Email Address:		Employer:		Work Phone:
PARENT EDUCATION LEVEL: <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Decline to State				Does student live day to day with this parent/guardian? <input type="checkbox"/> YES <input type="checkbox"/> NO
Last Name:		First Name:		Relationship to Student: <input type="checkbox"/> Home <input type="checkbox"/> Cell Primary Phone:
Home Address:		Apt. #:	City:	State: Zip:
Parent Email Address:		Employer:		Work Phone:
Mailing Address: (If different from home address)		Apt. #:	City:	State: Zip:
PARENT EDUCATION LEVEL: <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Decline to State				Does student live day to day with this parent/guardian? <input type="checkbox"/> YES <input type="checkbox"/> NO
Is there a legal custody agreement or court order regarding this student, please check one.				
<input type="checkbox"/> Joint Custody <input type="checkbox"/> Sole Custody <input type="checkbox"/> Guardian <input type="checkbox"/> Court Order Who has legal/physical custody?				
Note: Please provide court documents during time of enrollment to enforce custody orders, copies will remain in student's file, any modifications by the court thereafter are also required. In absence of said documents, the parents/legal guardians listed will be presumed to have full and equal custodial/educational rights.				
What is your child's ethnicity? Check one only: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino				
WHAT IS YOUR CHILD'S RACE? You must choose at least one from the following: (Check all that apply)				
<input type="checkbox"/> 100 American Indian or Alaskan Native <i>American Indian includes those who maintain Tribal affiliation in North, South, or Central America.</i>	<input type="checkbox"/> 200 Asian <input type="checkbox"/> 201 Chinese <input type="checkbox"/> 202 Japanese <input type="checkbox"/> 203 Korean <input type="checkbox"/> 204 Vietnamese <input type="checkbox"/> 205 Asian Indian	<input type="checkbox"/> 206 Laotian <input type="checkbox"/> 207 Cambodian <input type="checkbox"/> 208 Hmong <input type="checkbox"/> 299 Other Asian	<input type="checkbox"/> 300 Native Hawaiian or Pacific Islander <input type="checkbox"/> 301 Hawaiian <input type="checkbox"/> 302 Guamanian <input type="checkbox"/> 303 Samoan <input type="checkbox"/> 304 Tahitian <input type="checkbox"/> 399 Other Pacific Islander	
<input type="checkbox"/> 400 Filipino	<input type="checkbox"/> 600 Black or African American	<input type="checkbox"/> 700 White		
WHAT IS YOUR CHILD'S ORIGIN? Please check only those that apply:				
<input type="checkbox"/> Armenian	<input type="checkbox"/> North African	<input type="checkbox"/> Cuban		
<input type="checkbox"/> European	<input type="checkbox"/> South American	<input type="checkbox"/> Mexican		
<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Central American	<input type="checkbox"/> Puerto Rican		



Glendale Unified School District

TK – 12 Enrollment Form

2023-2024 School Year

SCHOOL HISTORY:

Has your child ever attended a school in the United States (TK-12)? YES NO If YES, please provide first START date: _____

Has your child ever attended a school in California (TK-12)? YES NO If YES, please provide first START date: _____

Has your child ever attended **any Glendale Unified School?** (including summer school) YES NO

If yes, please provide the name of the last GUSD school attended: _____

Last school attended: _____ GUSD OTHER Last grade attended _____

Phone #: _____ Dates attended: Enter Date: _____ Exit Date: _____

HAS YOUR CHILD ATTENDED PRESCHOOL IN THE PAST? YES NO Public Private

Name of Preschool: _____ Preschool Address: _____

ADDITIONAL EDUCATIONAL INFORMATION:

Is your child eligible for Special Education? YES NO

Does your child have a current Individualized Education Program (IEP)? YES NO

Is your child on a 504 Plan? YES NO If Yes, do you have a copy of the IEP or 504? YES NO

What type of service does your child receive, if any? _____

Is your child on a current **Expulsion** order from another school district (**Education Code Section 48915.1b**)? YES NO

Is your child enrolled in subsidized child care? YES NO

Has your child ever been identified as an English Learner at any previous school? YES NO

Has your child ever been retained? YES NO If YES, what grade? _____

Does your child have a college savings plan? YES NO

EMERGENCY CONTACTS

In case the school is unable to reach parent/legal guardian/caregiver the following responsible adults may be contacted by the school and/or district in case of an emergency or disaster. Person must be 18 years or older with a valid contact number.

Emergency Contact 1:

First/Last Name: _____ Contact #: _____ Relationship: _____

Emergency Contact 2:

First/Last Name: _____ Contact #: _____ Relationship: _____

NAME OF SIBLINGS IN DISTRICT AND/OR IN THE HOME UNDER THE AGE OF 18:

Name:	School:	Birth Date:
Name:	School:	Birth Date:
Name:	School:	Birth Date:

PREFERRED LANGUAGE FOR SCHOOL-TO-HOME COMMUNICATION: _____

Preferred language for school/district phone calls: _____

PARENT SIGNATURE: The information provided is true to the best of my knowledge.

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

OFFICE USE ONLY	School Entry Date:	Primary language of student on HLS:
	Immunization Approval? Y / N Date:	Documentation sent to Welcome Center? Y / N
	FLAG program? Y / N Language:	Welcome Center Appointment Date/Time:
	PRIMARY RESIDENCE OR BOUNDARY EXCEPTIONS: <input type="checkbox"/> Caregiver <input type="checkbox"/> Permit: Intra / Inter	<input type="checkbox"/> Permanent Housing <input type="checkbox"/> PLWAP <input type="checkbox"/> Capping <input type="checkbox"/> FLAG <input type="checkbox"/> Other



HOME LANGUAGE SURVEY

SCHOOL _____

Name of Student: _____
Last Name First Name Middle Initial

Date of Birth: _____ Check if your child has previously attended a California public school.

The California *Education Code* contains legal requirements, which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student’s proficiency in English should be tested. This information is essential in order for the schools to provide adequate instructional programs and services. As parents or guardians, your cooperation is requested in complying with these requirements.

Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made in completing this Home Language Survey, you may request to revise it **before** the student is administered the Initial English Language Proficiency Assessment of California (ELPAC). The Home Language Survey may not be changed after the Initial ELPAC is administered.

Please note, this survey is to be completed only **once** in a student’s K-12 education in California. Please **do not** complete this form if you have already done so in a previous school or district. The Home Language Survey that was originally completed when the child first enrolled in California schools is the one that must be used according state law.

1. Which language did your child learn when they first began to talk? _____
2. Which language does your child most frequently speak at home? _____
3. Which language do you (the parents or guardians) most frequently use when speaking with your child? _____
4. Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults) _____

Please read the Initial ELPAC Parent Notification on the back of this page.

Name of Parent or Guardian	Signature	Date
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SCHOOL OFFICE USE ONLY: *Please check CALPADS to complete the information below.*

GUSD ID Number _____ School Year Entering: _____

SSID Number _____ Grade Level Entering: _____

Was the student previously enrolled in another district in California?	
<input type="checkbox"/> YES. District _____ Previous EL Status in CALPADS (circle one): EO IFEP EL RFEP	<input type="checkbox"/> NO. EL Status (circle one): EO TBD Welcome Center Appointment: Date: _____ Time: _____ Request form sent on: _____ <input type="checkbox"/> HLS recorded and uploaded in Q.
<input type="checkbox"/> HLS recorded and uploaded in Q.	<input type="checkbox"/> HLS recorded and uploaded in Q.
Is the student enrolling in the FLAG program?	
<input type="checkbox"/> Yes. Language _____ <input type="checkbox"/> No	



GLENDALE UNIFIED SCHOOL DISTRICT

223 North Jackson St., Glendale, California 91206-4380

Telephone: 818-241-3111, Ext. 1283 • Fax: 818-547-0213

CUSTODY LAW NOTIFICATION

Under California law (Family Code section 3010), each parent is equally entitled to custody of his or her child. It is the policy of the Glendale Unified School District to obey Family Code section 3010 so that either parent, upon showing proper identification, may check the child out of school, or otherwise make decisions regarding the health, education and welfare of the child.

Family Code sections 3025 provides that a non-custodial parent shall not be denied access to school records pertaining to his or her child. The Glendale Unified School District shall allow either parent to access their child's school records, including medical records in the school's possession.

If a court has made order(s) restricting or limiting a parent's rights to visitation or custody of a child and/or access to information about the child, it is the obligation of both parents to immediately provide a legible copy of the court stamped order, signed by the judge, to each child's school site. Copies of court orders can be obtained in the clerk's office at the courthouse where the orders were made.

One parent's oral or written assertion, without confirmation by a signed court order, are insufficient reasons for the school to deny the other parent access to the child and/or the child's records.

Schools in the Glendale Unified School District will follow the most recent signed child custody court order that has been provided, or in the absence of any orders, California law as cited above, giving parents equal rights to custody of the child.

Parents are requested to avoid involving school personnel in child custody disputes. If a parent is uncertain as to whether the school has current information regarding child custody, he or she should contact their child's school site to verify the school has been provided with legible copies of the most recent court orders.

Name of Student: _____ Grade: _____

I HAVE READ AND UNDERSTAND THE ABOVE NOTICE.

Signature of Parent/Legal Guardian

Date



GLENDALE UNIFIED SCHOOL DISTRICT

223 North Jackson St., Glendale, California 91206-4380

Telephone: 818-241-3111, Ext. 1283 • Fax: 818-547-0213

Student Health History

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Please read this form and check any illnesses or conditions your child has. Write/list health conditions, medications, explanations of any checked condition under the "comments" section.

- | | |
|---|---|
| <input type="checkbox"/> No Known Health Problems | <input type="checkbox"/> Epilepsy/Seizures |
| <input type="checkbox"/> Serious accidents or hospitalizations
When/Why: _____ | Type of Seizures: _____ |
| <input type="checkbox"/> Allergies: _____ | Date of Last Seizure: _____ |
| <input type="checkbox"/> Asthma
Medications: _____ | Medications: _____ |
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Hearing Loss: Right / Left |
| <input type="checkbox"/> Autism | Hearing Aides: Yes / No |
| <input type="checkbox"/> Birth defects/Genetic disorders | <input type="checkbox"/> Kidney disorder/Bladder problems |
| <input type="checkbox"/> Mental Health Diagnosis(es):
Diagnosis(es): _____ | <input type="checkbox"/> Transplant: _____ |
| Medications: _____ | <input type="checkbox"/> Blood/Bleeding disorders |
| <input type="checkbox"/> Diabetes: Yes / No | <input type="checkbox"/> Cancer/Leukemia |
| Insulin dependent: Yes / No | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Requires "specialized health procedures".
Explain in 'comments' | <input type="checkbox"/> Heart problems/Heart surgery |
| | <input type="checkbox"/> Vision impairment |
| | Wears glasses: Yes / No |
| | <input type="checkbox"/> Dietary restrictions: _____ |
| | <input type="checkbox"/> Other (please explain below) |

Medications (Name and Dosage):

Comments/other Conditions:

Parent/Guardian Signature: _____ Date: _____



GLENDALE UNIFIED SCHOOL DISTRICT
 223 North Jackson St., Glendale, California 91206-4380
 Telephone: 818-241-3111, Ext. 1500 • Fax: 818-242-4213

STUDENT WELLNESS SERVICES
 Dr. Ilin Magran

STUDENT NIGHTTIME RESIDENCY QUESTIONNAIRE

This document is intended to address the requirements mandated within the McKinney-Vento Assistance Act, U.S.C.A. 42 Section 11302(a). Your answers will help determine documents necessary to enroll your child quickly.

Date: _____ School: _____ Student ID#: _____

Student Name (First, M.I., Last): _____ Gender _____

Date of Birth: _____ Grade: _____ Special Ed: No Yes, designation _____

Address: _____ City: _____ Zip: _____

Mailing Address (if different): _____

Parent/Guardian Name: _____ Contact Number: _____

The student(s) live(s) with: 1 parent 1 parent & another adult an adult that is not the parent/guardian
 2 parents a relative alone with no adults

Student's Living Situation (Check all that may apply):

<input type="checkbox"/> In a shelter _____ (name of shelter)
<input type="checkbox"/> In a motel or hotel _____ (name of motel/hotel)
<input type="checkbox"/> In a transitional housing program _____ (name of program)
<input type="checkbox"/> In a car, trailer or campsite, temporarily, due to inadequate housing
<input type="checkbox"/> In a rented trailer/motor home on private property
<input type="checkbox"/> In a Single Room Occupancy (SRO) building – a multiple tenant building consisting of individual rooms with shared restrooms and/or kitchens
<input type="checkbox"/> In a rented garage, due to loss of housing
<input type="checkbox"/> In another family's house or apartment, temporarily, due to loss of housing, stemming from financial problems (e.g. loss of job, eviction, or natural disaster)
<input type="checkbox"/> With an adult that is not the parent/ legal guardian, temporarily, due to loss of housing
<input type="checkbox"/> Awaiting foster placement
<input type="checkbox"/> Other places not designed for, or ordinarily used as a regular sleeping accommodation for human beings (please explain) _____
<input type="checkbox"/> Living alone, without any adult (unaccompanied youth)

None of the above apply- NO FURTHER INFORMATION REQUIRED AT THIS TIME. If your housing situation changes, please notify your child's school.

Please list all siblings between the ages of birth and 22 years old.

NAME	BIRTHDATE	AGE	GRADE	SCHOOL

AFFIDAVIT

By signing this form, I declare under penalty of the laws in the State of California that the foregoing is true and correct. In addition, I understand that the District reserves the right to verify the above listed residence information.

 Signature of Parent/Legal Guardian/Caregiver

 Date

The following forms only pertain to student entering
Elementary school (grade TK – 6th).

- Elementary Capping Letter: Signature Required for all new enrollees.
- Report of Health Examination for School Entry: Grades K & 1st, must be completed by a licensed pediatrician.
- Oral Health Assessment Form: Grades TK, K, 1st, must be completed by a licensed dentist.



ELEMENTARY CAPPING LETTER (TK-6)

The Glendale Unified School District (GUSD) welcomes you and your student(s) to Elementary School. According to District and school enrollment projections, our school is expected to be at capacity for the 2023-2024 school year.

Schools may reach capacity at individual grade levels throughout the year -- this is referred to as, "capping." Per GUSD Board Policy 5115, when capping occurs at a grade level of a school and a new student attempts to enroll at that capped grade level, the new student will be placed in another GUSD school where space is available.

Students entering TK:

1. Transitional Kindergarten is offered at many but not all sites throughout the district. Your child will be enrolled at the closest available Transitional Kindergarten site to his/her school of residence. The ratio of students-to-teacher will mirror that of the Kindergarten classes. Schools may reach capacity in Transitional Kindergarten throughout the year -- this is referred to as, "capping." When capping occurs in Transitional Kindergarten and a new student attempts to enroll, the new student will be placed in another Transitional Kindergarten site where space is available.
2. Students who attend Transitional Kindergarten at one of the designated sites will return to their school of residence for Kindergarten.

Students entering Grade K-6:

1. Students will be reassigned by Student Support Services to the nearest school having an opening. All reassigned students will be given priority to return to their neighborhood school the following year.
2. Student Support Services will offer students who have been reassigned the opportunity to return to their neighborhood school as space becomes available, though such students may be encouraged to complete their school year in their assigned school to maintain continuity of instruction. After May 1, reassigned students will not return to their neighborhood school until the beginning of the following school year.
3. The principal and Student Support Services shall maintain a waiting list in priority order for students desiring entry into the neighborhood school and notify parent or guardian when an opening occurs during the school year.
4. Capped students may request to remain at capped site.

****Only students with special needs may be eligible for bus transportation. GUSD does not offer transportation to students who have been capped because their home school/grade is at capacity.****

Name of Student: _____ Grade: _____

I understand that enrollment procedures are complete for my child. I also understand that the school will notify me as soon as possible regarding my child's enrollment status for the current school year, since there is a possibility that my child will be unable to enroll at this school due to enrollment limits. My child will then be reassigned to the nearest school with an opening.

Signature of Parent/Legal Guardian

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

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

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street	City	ZIP code	SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

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

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

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.

Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

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

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

RESULTS AND RECOMMENDATIONS

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

- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

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

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

Signature of parent or guardian _____
Date

Name, address, and telephone number of health examiner

Signature of health examiner _____
Date

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

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:	
Parent/Guardian Name:			

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

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

Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ _____ _____ </div>			
<i>Licensed Dental Professional Signature</i>		<i>CA License Number</i>	<i>Date</i>

Section 3: Waiver of Oral Health Assessment Requirement

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

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

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

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

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

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