



BONITA UNIFIED SCHOOL DISTRICT

115 West Allen Avenue San Dimas, California 91773 (909) 971-8200 Fax (909) 971-8329

Re: Immunization Requirements for the 2019-2020 School Year

Dear Parent/Guardian:

Under a new law known as SB 277, beginning January 1, 2016 exemptions based on personal beliefs, including religious beliefs, will no longer be an option for the vaccines that are currently required for entry into school or child care in California.

Personal beliefs exemptions already on file for a child enrolled in child care or school in Bonita Unified will remain valid until, 1) the child is ready to enter Kindergarten or Transitional Kindergarten, or 2) the child is ready to enter 7th grade.

Children who have a medical exemption for missing immunizations signed by a licensed physician will continue to be accepted.

If you would like more information about SB 277, the California Department of Public Health has created a Frequently Asked Questions site at: <http://www.shotsforschool.org/laws/sb277faq/>

If you have questions about the new law and how it might impact your child, please contact the health office at your school.



**Bonita Unified School District
STUDENT REGISTRATION INFORMATION, GRADES TK-12**

FOR OFFICE USE:

Student ID#: _____ Grade: _____ Grid: _____ Enrollment Date: _____ Permit: _____
 BIRTHDATE VERIFICATION: Birth Cert. _____ Baptismal Cert. _____ Passport _____ Age Affidavit _____ IMMUNIZATIONS COMPLETE: _____

STUDENT NAME: Last: _____ First: _____ Middle: _____
 Date of Birth: _____ Gender: _____

RESIDENT ADDRESS: _____
 Number & Street Apt # City Zip

MAILING ADDRESS: _____
 Number & Street Apt # City Zip

<p>EDUCATIONAL PROGRAMS</p> <p>Does the student have an IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Does the student have a 504 Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Has the student been identified for GATE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>ETHNICITY AND PARENT EDUCATION LEVEL</p> <p>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"/> Graduate School <input type="checkbox"/> Decline to State</p> <p>Ethnicity (check one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race (check one or more): <input type="checkbox"/> Amer. Indian/Alaskan <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black/African American <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guanamanian <input type="checkbox"/> Hawaiiin <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Vietnamese <input type="checkbox"/> White</p>
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PARENT/GUARDIAN INFORMATION

Name _____ Relationship to Student _____
 Resident Address (if different from above) _____
 Home Phone _____ Cell Phone _____
 Work Phone _____ E-Mail _____

OTHER PARENT/GUARDIAN INFORMATION

Name _____ Relationship to Student _____
 Resident Address (if different from above) _____
 Home Phone _____ Cell Phone _____
 Work Phone _____ E-Mail _____

OTHER INFORMATION

Is there a court order or custody agreement that defines or limits access of a parent/guardian to the student? YES NO
If "YES", please provide a copy of the court order or custody agreement (attach to this form)

Is this student under the terms of an expulsion from another district? YES NO
If "YES", please provide a copy of all expulsion documentation provided by the other district (attach to this form)

PARENT SIGNATURE

I hereby verify that all of the information on this form is accurate to the best of my knowledge. I further agree to notify the school of any changes to address, phone numbers, and/or emergency information within 24 hours of the change.

 Parent/Guardian Signature Date

FOR OFFICE USE:

Withdrawal Date: _____ Cum Sent To: _____ Date Sent: _____
 School Name: _____ Address: _____
Name of District



BONITA UNIFIED SCHOOL DISTRICT

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ENGLISH LANGUAGE DEVELOPMENT PROGRAM

HOME LANGUAGE SURVEY

Name of Student: _____ Date of Birth: _____
(Last Name) (First Name) (Middle Name)

Grade Level: _____ School Name: _____ Start Date: _____

Directions to Parents and Guardians:

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 school 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 completing this home language survey, you may request correction **before** your student's English proficiency is assessed.

1. Which language did your child learn when he/she 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 sign and date this form in the spaces provided below, then return this form to your child's teacher. Thank you for your cooperation.

Signature of Parent or Guardian

Date

Form HLS, Revised December 2016
California Department of Education



BONITA UNIFIED SCHOOL DISTRICT
DEPARTMENT OF HEALTH SERVICES

HEALTH AND DEVELOPMENT QUESTIONNAIRE

Name of Student: _____ Birthdate: _____
Last First Middle

School: _____ Grade: _____ Age: _____

Parent Primary Phone: _____ Parent E-Mail: _____

1. Does your child have a regular source of medical care? YES NO

Name of Provider/Clinic: _____

Date of Most Recent Visit or Upcoming Visit: _____

Reason for Last or Upcoming Visit: _____

2. Does your child have any health problems? YES NO
If "yes", please describe below:

3. Does your child take any medications? YES NO
If "yes", please describe below:

4. Does your child have a potentially life-threatening health condition? YES NO
If "yes", please describe below:

5. **Additional Comments:**

Parent/Guardian Signature: _____

Date: _____



**BONITA UNIFIED SCHOOL DISTRICT
FOSTER YOUTH SUPPORT**

FOSTER YOUTH SCREENING QUESTIONS

Please complete the box below, then answer the six questions to the best of your ability.

Name of student: _____ Last First Middle	Birthdate: _____
School: _____	Grade: _____

1. Does the youth you are enrolling live in a group home?

Yes No Not Sure

2. Is the youth you are enrolling in foster care or on probation?

Yes No Not Sure

3. Does the youth you are enrolling receive visits from the social worker or a probation officer?

Yes No Not Sure

4. Does the youth you are enrolling regularly attend court to discuss where they live?

Yes No Not Sure

5. Does the youth you are enrolling have an attorney or other court representative who helps determine where they live?

Yes No Not Sure

6. Does the youth you are enrolling live with someone other than his/her parents?

Yes No Not Sure

Parent/Guardian Signature: _____

Date: _____

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.

What you'll need to enroll

The following is needed for every household member who will be covered:

- Proof of current household income*
- California ID or driver's license for adults
- Proof of citizenship or satisfactory immigration status (e.g., U.S. passport, legal resident card, certificate of citizenship or naturalization document)**
- Birth date
- Social Security number or Individual Taxpayer Identification number, if you have one
- Home ZIP Code

Sign up

Oct. 15, 2018

— Jan. 15, 2019

Sign up by Dec. 15 to be covered by Jan. 1

Medi-Cal enrollment is year round.

Even if you only need coverage for a just few months, look to Covered California throughout the year for your health insurance needs.

*Proof of current income of all members in the tax household such as a recent tax return, W-2, or pay stub. A dependent's income should only be included if their income level requires them to file a tax return. A household is defined as the person who files taxes as primary tax filer and all the dependents claimed on that person's taxes. If you don't file taxes, you can still qualify for free or low-cost insurance through Medi-Cal.

**You can apply for your child even if you are not eligible. Households that include members who are not lawfully present can also apply.

You have options

Covered California offers four levels of coverage: Bronze, Silver, Gold and Platinum. Insurance companies pay a portion of covered services, and the benefits offered within each level are the same no matter which insurance company you choose.

COVERAGE LEVEL	ANNUAL DEDUCTIBLE	AVERAGE PAID BY	
		INSURANCE COMPANY	YOU
Bronze	YES	60%	40%
Silver	YES	70%	30%
Gold	NO	80%	20%
Platinum	NO	90%	10%

- Choose **Platinum or Gold** and you'll pay a higher monthly premium, but you'll pay less for medical services.
- Choose **Silver or Bronze** and you'll pay a lower monthly premium, but you'll pay more for medical services.
- A **minimum coverage plan** is available to those under 30 or those 30 and over who have received a hardship exemption from U.S. Department of Health and Human Services.

*Silver is the only level where your deductible and other costs may be lower based on your household income

For more information or to find free, local, in-person help, please contact:

Kathy Lindenmayer

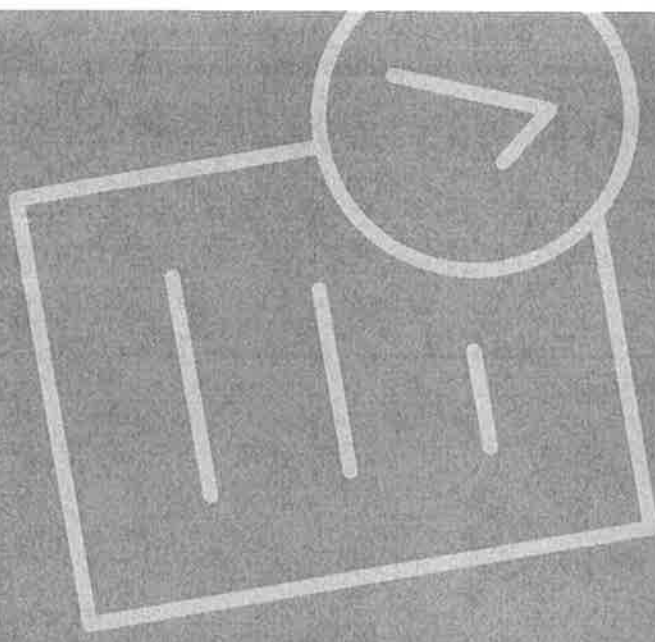
do.bonita.k12.ca.us

lindenmayer@bonita.k12.ca.us

CoveredCA.com | 800.300.1506

Covered California Can Help You Get Affordable Health Coverage

What you need to know



Welcome to Covered California



We've got you covered.

Covered California is where Californians can shop for and compare quality health plans among a variety of brand-name insurance companies. You may even get help paying for it.

We're here to help.

Covered California offers free, local, in-person enrollment help, online chat, and telephone assistance in thirteen languages as well as for the hearing-impaired.



To get started, visit
CoveredCA.com
 or call **800.300.1506**.

See if you can get help paying for your health insurance.

Are you eligible? Find out here.



Maximum Annual Household Income to Qualify for Financial Help

FAMILY SIZE	MEDI-CAL	COVERED CALIFORNIA
1	\$16,754	\$48,560
2	\$22,715	\$65,840
3	\$28,677	\$83,120
4	\$34,638	\$100,400
5	\$40,600	\$117,680
6	\$46,652	\$134,960

You may be eligible for low or no-cost Medi-Cal.

You may be eligible for financial help through Covered California.

All numbers listed above are estimates. For larger households, please visit the Shop and Compare tool at CoveredCA.com to find out if your family qualifies.

Shop and Compare

Visit CoveredCA.com and choose "Shop and Compare" to see which brand-name health plans are right for you.



More questions?

Watch our "Welcome to Answers" videos at CoveredCA.com/find-help/FAQs

Covered California complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCION: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.300.0213 (TTY, 1.888.889.4500). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.300.0213 (TTY: 1.888.889.4500)