



**Rialto Unified School District
Parent/Guardian Registration Checklist
(Preschool – Special Education Only)**

- Immunization Record
- *TB Test – must include results
- Proof of Date of Birth (birth certificate, certified birth record, baptismal certificate, passport, or affidavit)
- Current address verification in parent/guardian name (Utility bill, official mail, rental/lease agreement or payment receipts, property tax receipt, pay stubs, voter registration, or affidavit **no more than 30 days old**)
- Identification of the enrolling parent/guardian
- Current/Signed** IEP – if available

** Applies to all students (TK – 12th Grade) who seek admission to a California school for the first time or have been away from the U.S. for more than 12 months*

After registering, parents must call Irma Lovato at 909-820-7700 x2350 to schedule a Hearing and Vision Screening

Registration Center

260 South Willow Avenue, Rialto, CA 92376

Phone: 909-873-4300 Fax: 909-873-4301

email: registrationcenter@rialtousd.org

RIALTO UNIFIED SCHOOL DISTRICT REGISTRATION FORM

STUDENT INFORMATION

Legal Last Name		Legal First Name		Legal Middle Name		OFFICE USE ONLY
Grade		Retained? If yes, what Grade?		Also Known As (other names used)		
Address		Apt./Space	<input type="checkbox"/> Rialto <input type="checkbox"/> San Bernardino <input type="checkbox"/> Colton <input type="checkbox"/> Fontana <input type="checkbox"/> Other:	Zip Code		
Mailing address, if different		Apt./Space	<input type="checkbox"/> Rialto <input type="checkbox"/> San Bernardino <input type="checkbox"/> Colton <input type="checkbox"/> Fontana <input type="checkbox"/> Other:	Zip Code		
Phone Number		Date of Birth		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		

Preferred Language of Correspondence _____

FAMILY INFORMATION (If there is a custody/restraining order for your child, please provide copy)

Name of Person Enrolling Student:		Relationship to student <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Caregiver	Home Phone
			Work Phone
Name of Legal Mother:		<input type="checkbox"/> Lives with <input type="checkbox"/> Not in the home	Home Phone:
			Work Phone:
Name of Legal Father:		<input type="checkbox"/> Lives with <input type="checkbox"/> Not in the home	Home Phone:
			Work Phone:

CHILDREN LIVING IN THE HOME

Name	Date of Birth	School
Name	Date of Birth	School
Name	Date of Birth	School
Name	Date of Birth	School

PREVIOUS SCHOOL INFORMATION (List last school first)

Name of School	City	State	Grade	Last Day of Attendance
Name of School	City	State	Grade	Last Day of Attendance

Has student attended a Rialto USD school? <input type="checkbox"/> Yes <input type="checkbox"/> No (ex: Pre-school)	If yes, name of school:	Grade	Last Day of Attendance
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Attendance Problems <input type="checkbox"/> Yes <input type="checkbox"/> No	Discipline Problems <input type="checkbox"/> Yes <input type="checkbox"/> No
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ETHNICITY Please select one: Is your child Hispanic or Latino? <input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, Not Hispanic or Latino
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RACE Please select your child's Race: <input type="checkbox"/> American Indian or Alaska Native (Origins in North, Central or South America) <input type="checkbox"/> African American or Black <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino/Filipino American <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <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 (Origins in Europe, North Africa or the Middle East)
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HOME LANGUAGE SURVEY (The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested.)

1. What language did your son/daughter learn to speak when he/she began to talk?	
2. What language does your son/daughter most frequently uses at home?	
3. What language do you use most frequently to speak to your son/daughter?	
4. What language is most often spoken by adults at home?	

(If answers to questions 1-3 indicate a language other than English, State law requires testing for English Proficiency. You will be notified of the results)

PARENT EDUCATIONAL LEVEL The California State Department of Education Requests information regarding the highest level of education completed by the enrolling parent/guardian. Please check for both parents Mother <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"/> College degree from a 4 year university with additional coursework in graduate school Father <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"/> College degree from a 4 year university with additional coursework in graduate school	PRIOR SPECIAL EDUCATION PROGRAMS Please provide the following information for student placement in school: <input type="checkbox"/> My child has NOT participated in any special program <input type="checkbox"/> My child has had special testing <input type="checkbox"/> My child has participated or is participating in the following programs checked below: <input type="checkbox"/> Adaptive Physical Education <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Learning Disabled (LD) <input type="checkbox"/> Severely Handicapped <input type="checkbox"/> Emotionally Disabled (ED) <input type="checkbox"/> Special Day Class (SDC) <input type="checkbox"/> Resource Specialist (RSP) <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Visually Impaired
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My signature certifies that all information provided is accurate. I understand that changes in address, telephone numbers, and/or emergency information must be reported to the school within 24 hours for the safety of my student.

Student Services 4/2019 Parent/Guardian Signature: _____ Date: _____



EMERGENCY INFORMATION CARD



School: _____

STUDENT NAME: LAST FIRST STUDENT # SEX

BIRTHDATE GRADE

ADDRESS CITY ZIP CODE

PARENT/LEGAL GUARDIAN NAME HOME PHONE NUMBER

Father's name	Place of Work	Work phone	Cell phone
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Mother's name	Place of Work	Work phone	Cell phone
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Significant Health Needs (Allergies, Medical Problems)	Father's E-mail	Mother's E-mail
	Siblings: _____	School: _____
Medications: _____	General Release for Newspapers, TV., Radio and Internet: Please check one only:	
	Yes <input type="checkbox"/> No <input type="checkbox"/> My child has permission to be photographed or audio/videtaped for school purposes. Yes <input type="checkbox"/> No <input type="checkbox"/> My child has permission to have his/her picture/work used in or posted on District Internet Website/Publications.	

I do I do not give Rialto Unified School District permission to give health information to necessary personnel.

HEALTH PLAN/INSURANCE: MOLINA KAISER INLAND EMPIRE HEALTH

Medi_CAL OTHER (SPECIFY) _____
PLAN ID#: _____ PHYSICIAN _____ PHONE _____

PREFERRED HOSPITAL _____ PHONE _____

I GIVE THE SCHOOL PERMISSION TO BILL MY INSURANCE FOR MEDICAL SERVICES RENDERED AT SCHOOL YES NO

THE FOLLOWING PEOPLE ARE AUTHORIZED TO BE CALLED AND TO PICK UP MY CHILDREN IN CASE OF EMERGENCY OR ILLNESS:

<input type="checkbox"/> RELATIVE	<input type="checkbox"/> NEIGHBOR	<input type="checkbox"/> FRIEND	TELEPHONE
<input type="checkbox"/> RELATIVE	<input type="checkbox"/> NEIGHBOR	<input type="checkbox"/> FRIEND	TELEPHONE
<input type="checkbox"/> RELATIVE	<input type="checkbox"/> NEIGHBOR	<input type="checkbox"/> FRIEND	TELEPHONE

PLEASE CHECK WHICH OF THE FOLLOWING APPLIES TO THE STUDENT(MUST MARK ONE):

- Living in a single family home/apartment/duplex, etc(200).
- Living in a shelter(100).
- Licensed Childrens Institution/Group Home(220).
- Living in a campground, park or car(130).
- Living in a hotel or motel(110).
- Kinship or Foster care placement(210).
- Unaccompanied Youth(20). **Federal law requirement.*
- Due to economic hardship, loss of housing, or similar reason, living with friends or relatives(120):

Please explain: _____
(For example: Rent a room)

IN CASE OF AN EMERGENCY AND I CANNOT BE REACHED:

I DO I DO NOT AUTHORIZE SUCH ATTENTION AS MAY BE THOUGHT NECESSARY BY THE PHYSICIAN/MEDICAL ADVISOR IN CHARGE, PURSUANT TO THE PROVISIONS OF SECTION 49407 OF THE EDUCATION CODE OF CALIFORNIA AND SECTION 25.8 OF THE CIVIL CODE OF CALIFORNIA. I ALSO REALIZE THAT IN CERTAIN CIRCUMSTANCES, THE LOCAL POLICE OR AMBULANCE TRANSPORTATION MAY BE NECESSARY TO ENSURE EMERGENCY TREATMENTS.

X
SIGNATURE OF PARENT /LEGAL GUARDIAN _____ DATE _____



CHILD WELFARE AND ATTENDANCE

260 S. WILLOW AVE • RIALTO • CA • 92376 • PHONE (909)873-4336 • FAX (909) 873-4337

MCKINNEY VENTO QUESTIONNAIRE

Name of Student: _____ Date of Birth: _____ Age: _____

Name of previous school of attendance: _____ Last grade attended: _____

Name of previous school District: _____ Date: _____

School student is assigned at: _____ Start Date: _____

Other children living in the home:

Full Name and Date of Birth: _____	Full Name and Date of Birth: _____
Full Name and Date of Birth: _____	Full Name and Date of Birth: _____
Full Name and Date of Birth: _____	Full Name and Date of Birth: _____
Full Name and Date of Birth: _____	Full Name and Date of Birth: _____
Full Name and Date of Birth: _____	Full Name and Date of Birth: _____

The answers to the following questions can help determine the services your student may be eligible to receive under the McKinney Vento Act:

1. Is your student living with more than one family in a house due to economic hardship? (nowhere else to go) Yes No
2. Is your student's living situation temporary with friends or family due to a family crisis? Yes No
3. Is your student living with someone other than his/her parent(s) or legal guardian(s)? (parents not in the home) Yes No
4. Is your student temporarily living in a motel/hotel? Yes No
5. How many schools has your student attended in the past 2 years? _____ Reason _____

If you answered **YES** to ANY of the above questions, **please complete the remainder of this form.**

If you answered **NO** to ALL of the above questions, you may stop here.

Where is the student currently living? (Check the box that best applies)

With more than one family in a house or apartment, If so, how many people live in this house: _____

Please explain: _____

In a shelter

Transitional housing (through a community agency) Name of the Agency: _____

Moving from place to place

In a location not designated for sleeping accommodations such as a car, park, campsite, abandoned buildings, etc.

In a motel

If you are living with more than one family, can you be asked to leave at any time? Yes No

If you are living with more than one family, do you and your students have a bed to sleep on? Yes No

If you are living with more than one family, is this a mutual agreement? (to help each other out, saving to have own place, etc.) Yes No

If you are living with more than one family, is your name on the mortgage or rental agreement? Yes No

Address of current residence: _____

Name of motel/shelter of current residence: _____

Name and/or address of "general area" of current residence: _____

Name of Parent(s) and best contact phone number: _____

Signature of Parent or Guardian: _____



Rialto Unified School District

Custody Issues

Parent Disputes over Custody in School Setting

Parents may try to use the school as a forum for disputing custody matters. If needed, the school district may consider including the following form in their annual notification to parent and legal guardians.

Custody disputes must be handled by the courts. The school has no legal jurisdiction to refuse a biological parent access to their child. The only exception is when a signed restraining order or proper divorce papers, specifically stating visitation limitations, are on file in the school office. Any student release situation which leaves the student's welfare in question will be handled at the discretion of the site administrator or designee. Should any such situation become a disruption to the school, law enforcement will be contacted and an officer requested to intervene. Unless Educational rights have been revoked, both parents have access to student records.

Parents are asked to make every attempt not to involve school sites in custody matters.

The school will make every attempt to reach the custodial parent when a parent or any other person not listed on the emergency card attempts to pick up a child.

I have read and understand the above statement.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Office use only:	
Date Received: _____	Home School: _____
Notification placed on Synergy _____	Document(s) uploaded to Synergy _____



RIALTO UNIFIED SCHOOL DISTRICT HEALTH SERVICES

815 S. Willow Ave., Rialto, CA 92376 • Tel (909) 820-8150 • Fax (909) 820-8151

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 to any checked conditions under the "comments" section.

- No Known Health Problems**
- Serious Accidents or Hospitalizations
- Allergies requiring treatment: _____
Treatment Required: _____
- Diabetes: Insulin Dependent: Yes No
- Epilepsy/Seizures
Date of Last Seizure: _____ Type of Seizure: _____
- Hearing Loss: Right Left Hearing Aids: Yes No
- Psychological Problems Diagnosis: _____
- Asthma
- ADHD / ADD
- Autism
- Birth Defects / Genetic Disorders
- Blood / Bleeding Disorders
- Cerebral Palsy
- Cancer / Leukemia
- Heart Problems / Heart Surgery
- Kidney Disorder / Bladder Problems
- Vision Impairment
- Positive PPD/TB Skin Test: Chest X-Ray Date & Results: _____
Treatment Required: Yes No If YES, Explain: _____
- Requires "Specialized Health Procedure." **Explain under "Comments."**

Comments / Other Conditions / Medications: _____

Parent/Guardian Signature: _____

Date: _____

CALIFORNIA IMMUNIZATION REQUIREMENTS FOR PRE-KINDERGARTEN



(any private or public child care center, day nursery, nursery school, family day care home, or development center)

Doses required by age when admitted and at each age checkpoint after entry¹:

AGE WHEN ADMITTED	TOTAL NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION ^{2,3}			
2 through 3 months	1 Polio	1 DTaP	1 Hep B	1 Hib
4 through 5 months	2 Polio	2 DTaP	2 Hep B	2 Hib
6 through 14 months	2 Polio	3 DTaP	2 Hep B	2 Hib
15 through 17 months	3 Polio	3 DTaP	2 Hep B	1 Varicella
	On or after the 1st birthday:			1 Hib ⁴
18 months through 5 years	3 Polio	4 DTaP	3 Hep B	1 Varicella
	On or after the 1st birthday:			1 Hib ⁴

1. A pupil's parent or guardian must provide documentation of a pupil's proof of immunization to the governing authority no more than 30 days after a pupil becomes subject to any additional requirement(s) based on age, as indicated in the table above (Table A).
2. Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
3. Any vaccine administered four or fewer days prior to the minimum required age is valid.
4. One Hib dose must be given on or after the first birthday regardless of previous doses. Required only for children who have not reached the age of five years.

DTaP = [diphtheria toxoid](#), [tetanus toxoid](#), and acellular [pertussis](#) vaccine
Hib = [Haemophilus influenzae, type B](#) vaccine
Hep B = [hepatitis B](#) vaccine
MMR = [measles](#), [mumps](#), and [rubella](#) vaccine
Varicella = [chickenpox](#) vaccine

INSTRUCTIONS:

California pre-kindergarten (child care or preschool) facilities are required to check immunizations for all new admissions and at each age checkpoint.

UNCONDITIONALLY ADMIT a pupil age 18 months or older whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age as defined in table above:

- Receipt of immunization.
- A permanent medical exemption in accordance with 17 CCR section 6051.
- A personal beliefs exemption (filed prior to 2016) in accordance with Health and Safety Code section 120335.



Type content for your school or local enrollment assistance

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.

! Undocumented Families visit: www.allinforhealth.org/resources#Undocumented
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.

You and your family may qualify for financial help:

Household Size	If 2016 household income is less than...		If 2016 household income is between...
	\$16,394	\$31,600	\$16,395 – \$47,080
1	\$16,394	\$31,600	\$16,395 – \$47,080
2	\$22,107	\$42,613	\$22,108 – \$63,720
3	\$27,820	\$53,625	\$27,821 – \$80,360
4	\$33,534	\$64,638	\$33,535 – \$97,000
5	\$39,247	\$75,650	\$39,248 – \$113,640
6	\$44,960	\$86,662	\$44,961 – \$130,280
▶	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

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. Medi-Cal will mail renewal packet. Complete and return. For help, contact your local Medi-Cal office or call 211.
- ▶ 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.

For more information go to:
www.allinforhealth.org

April 2016



PROJECT OF THE CHILDREN'S PARTNERSHIP



RIALTO UNIFIED SCHOOL DISTRICT • HEALTH SERVICES • 815 S. WILLOW AVENUE, RIALTO, CA 92376 • TEL: (909) 820-8150

Possible Referrals: if you have a personal health care provider, please feel free to use them. *We do not endorse any specific health care provider.*
Posibles recomendaciones: Si usted tiene su propio dentista u optometrista por favor usarlos. *Nosotros no endosamos ningún médico específico.*

DENTAL CARE

DENTAL REFERRAL SERVICE
(800) 511-8663 or (800) 322-6384



FIRST 5 DENTAL
(5 years old and younger)
(800) 722-4597

DENTI-CAL
(800) 322-6384

LOMA LINDA SCHOOL OF DENTISTRY
(Pediatric Dental Clinic)
Loma Linda (909) 558-4689

INLAND FAMILY COMMUNITY HEALTH CENTER
(For Dental Office)
665 North 'D' Street
San Bernardino (909) 708-8168

GOLDEN WEST DENTISTRY
9922 Sierra Ave.
Fontana (909) 822-4800



BR DENTAL
Dr. Kwon, DDS
(Next to Clinica Medica Familiar)
436 S. Riverside Ave.
Rialto (909) 874-5200

DR. DAVID A. NEWSHAM, DDS
1735 N. Riverside Ave.
Rialto (909) 820-9081

MEDICAL CARE

SAC HEALTH SYSTEM
To schedule an appointment
(909) 693-2163

ONTARIO DEPT. OF PUBLIC HEALTH
(909) 458-9447

COUNTY OF SAN BERNARDINO DEPT. OF PUBLIC HEALTH
351 N Mt. View Ave.
San Bernardino (800) 722-4777

BLOOMINGTON COMMUNITY HEALTH CENTER
18601 Valley Blvd.
Bloomington (909) 546-7520



MOMMY AND ME
790 E. Foothill Blvd.
Rialto (909) 546-7135



GOLDEN SHORE MEDICAL
790 E. Foothill Blvd.
Rialto (909) 546-7135

190 E. Highland Ave.
San Bernardino (909) 882-4788

INLAND FAMILY COMMUNITY HEALTH CENTER
(For Medical Office)
665 North 'D' Street
San Bernardino (909) 708-8158

**ARROWHEAD REGIONAL MEDICAL CENTER -
MEDICAL MOBILE CLINIC**
For clinic location and/or appointment
(909) 520-1207

VISION EXAMS

FREESTONE OPTOMETRIC CENTER
Dr. Gary M. Freestone, OD
1850 N. Riverside Ave., Suite 220
Rialto (909) 875-1144



RIALTO OPTOMETRIC CENTER
Dr. Bernard Rubin, OD
1850 N. Riverside Ave., Suite 210
Rialto (909) 421-3030

COLTON OPTOMETRIC CENTER
Dr. Thomas B. Law, OD
190 W. H St., Suite 105
Colton (909) 825-9044



COUNSELING SERVICES



MESA COUNSELING SERVICES
850 E. Foothill Blvd.
Rialto (909) 421-9358

BILINGUAL FAMILY COUNSELING SERVICES
317 West 'F' Street
Ontario (909) 986-7111

**LOMA LINDA UNIVERSITY
MARITAL & FAMILY THERAPY CLINIC**
164 W. Hospitality Ln., Suite 15
San Bernardino (909) 722-4777

SOUTH COAST COMMUNITY SERVICES
San Bernardino County
(877) 527-7227



COVERED CALIFORNIA
(800) 300-1506
www.coveredca.com



IEHP
(800) 720-4347
www3.iehp.org



MEDI-CAL
(877) 410-8829
www.C4Yourself.com



**SAN BERNARDINO COUNTY
TRANSITIONAL ASSISTANCE DEPARTMENT**
1175 W. Foothill Blvd.
Rialto (877) 410-8829