Crete Academy
2019/20 Enrollment Checklist

Student's Name: _____ **Grade:** _____

Enrollment Checklist

- ☐ **Enrollment Packet** (includes Home Language and Parent Survey)
- ☐ **Child's Birth Certificate** (Original and Copy)
- ☐ **Immunization Records -** provided by physician (Original and Copy)
- ☐ **Parent Identification** (Original and Copy)
- ☐ **Proof of Residence i.e. utility bill, lease, etc.** (Original and Copy)
- ☐ **Copy of Individualized Education Program or 504 Plan** (If Applicable)
- ☐ **Parent/Guardian Authorization for Videotape Recording and Still Photos**
- ☐ **Acceptable Use Policy (Internet)**
- ☐ **Previous School Information Form** (Grades 1-5)
- ☐ **Report of Health Examination for School Entry** (Children entering their first year of public school) OR **Waiver of Health Examination for School Entry**
- ☐ **Oral Health Assessment/Waiver Request Form** (Children entering their first year of public school)
- ☐ **Emergency Card**
- ☐ **Application for Free and Reduced Lunch**
- ☐ **Parent/Student Handbook** - Parent-Student Acknowledgement and Agreement Form
- ☐ **Request for Medication To Be Taken During School Hours**
- ☐ **Lunch Application**

Lista de Artículos para Inscripción

- ☐ **Registro y Acuerdo de Matriculación** (incluye encuesta de Idioma y encuesta de Padres)
- ☐ **Acta de nacimiento del estudiante** (Original y Copia)
- ☐ **Registro de vacunas/provisto por medico** (Original and Copia)
- ☐ **Identificación de Padres** (Original y Copia)
- ☐ **Comprobante de residencia –** factura de agua, electricidad, contrato de renta, etc. (Original y copia)
- ☐ **Copia de IEP o Plan 504** (Si aplica al estudiante)
- ☐ **Autorización Para Grabación de Videos y Fotografías**
- ☐ **Poliza de Uso Aceptable (Internet)**
- ☐ **Forma de Baja de Alta e Información de Escuela Previa** (Grados 1-5)
- ☐ **Informe del Examen de Salud para Entrar a la Escuela** (Niños que entran en su primer año de escuela pública) O **Renuncia de Examen de Salud para Entrar a la Escuela**
- ☐ **Formulario de Solicitud de Evaluación/Renuncia Salud Oral –** Dental (Los niños que entran en su primer año de la escuela pública)
- ☐ **Tarjeta de Emergencia**
- ☐ **Aplicación para Almuerzo Gratis y ReducidoManual de Padres/Alumnos -** Formulario de Reconocimiento y Acuerdo de Padres y Alumnos
- ☐ **Solicitud de medicación que se tomará durante el horario escolar**
- ☐ **Solicitud de almuerzo**

Student Registration and Enrollment Agreement
Registro y Acuerdo de Matriculación
2019-2020 School Year/*Año Escolar*

Student's Legal Name
Nombre legal del estudiante:

_____ Last/*Apellido*

_____ First/*Primer Nombre*

_____ Middle/*Segundo Nombre*

STUDENT INFORMATION/Información del estudiante

2018-2019
Entering Grade/*Grado Entrante*: _____ DOB/*Fecha de nacimiento:* ____ / ____ / ____ Birth City/*Cd. de nacimiento:* _____

Date of Entry into USA (if foreign-born)
Entrada a EE.UU. (si nació en el extranjero): ____ / ____ / ____

Birthplace State, Country
Estado/País de nacimiento: : _____

US School Entry Date: ____ / ____ / ____
Ingreso a la Escuela de EE.UU. Fecha

Does your child require transportation to school? Yes ___ No___
¿Su hijo requiere transporte a la escuela? Si___ NO___

PARENT INFORMATION/Información de Padres

Parent or Guardian/*Padres o Tutor*		Parent or Guardian/*Padres o Tutor*	
Last Name/*Apellido*	_____	Last Name/*Apellido*	_____
First Name *Primer Nombre*	_____	First Name *Primer Nombre*	_____
Relationship/Relación	_____	Relationship/Relación	_____
Address/*Domicilio*	_____	Address/*Domicilio*	_____
	_____		_____
Home Phone *Tel. de Casa*	_____	Home Phone *Tel. de Casa*	_____
Cell Phone/*Tel. Celular*	_____	Cell Phone/*Tel. Celular*	_____
Employer/*Empleador*	_____	Employer/*Empleador*	_____
Work Phone *Tel. de Trabajo*	_____	Work Phone *Tel. de Trabajo*	_____
Email *Correo Electrónico*:	_____	Email *Correo Electrónico*:	_____

Lives With/*Vive con*: Father/*Padre* ☐ Mother/*Madre* ☐ Guardian/*Tutor* ☐ Stepmother/*Madrastra* ☐ Stepfather/*Padrastro* ☐

EMERGENCY CONTACT/*Contacto de emergencia*

Emergency Contact 1/*Contacto de emergencia 1*		Emergency Contact 2/*Contacto de emergencia 2*	
Name/*Nombre*:	_____	Name:	_____
Relationship/*Relación*:	_____	Relationship/*Relación*:	_____
Home Phone/*Tel. de Casa*:	_____	Home Phone/*Tel. de Casa*	_____
Work Phone/*Tel. de Trabajo*	_____	Work Phone/*Tel. de Trabajo*	_____
Cell Phone/*Tel. de Celular*	_____	Cell Phone/*Tel. de Celular*	_____
Email/Correo Electrónico:	_____	Email/Correo Electrónico:	_____

Crete Academy

Previous School Information
Información de escuela prvious evia

School Name
Nombre de escuela _____

Street Address
Domicilio: _____

_____

Phone/*Teléfono*: _____

Fax: _____

Entry Date
Fecha de entrada: _____

Exit Date/*Fecha dado de baja*: _____

Last grade attended/*Ultimo grado* _____

School District/*Distrito escolar* _____

School Type/*Tipo de escuela*: _____

IMPORTANT – Please read and answer/IMPORTANTE – Por favor lea y responda

ee

1. Did the student receive special education services at the last school attended?/*Recibió su estudiante servicios de educación especial en la ultima escuela que asistió?* _____
   If yes, please mark an "X" by the program he/she was enrolled in/*Si la respuesta es si, por favor marque una "X" junto al programa en el cual el estudiante estaba inscribido*:
   - ☐ RSP (Resource Special Program)
   - ☐ SDC (Special Day Program)
   - ☐ TMR
   - ☐ SED (Severely Emotionally Disturbed)
   - ☐ EH/LDG
   - ☐ Physical Handicap
   - ☐ EMR

2. Did the student have an IEP at the last school attended/*Tuvo el estudiante un IEP en la ultima escuela que asistió*? _____

3. Does the student have an active IEP?/*Tiene el estudiante un IEP activo*? _____ If so, do you have a copy of the student's IEP with you?/*Si la respuesta es si, tiene una copia del IEP del estudiante?* _____

4. Did this student have a Section 504 Plan at his/her previous school?/*Tuvo el estudiante un Plan de la Sección 504?* _____ If so, do you have a copy?/*Si la respuesta es si, tiene una copia?* _____

5. Has this student been identified for GATE?/*Ha sido el estudiante identificado para el programa GATE?* _____

Expulsion/Expulsión:

1. Has your child ever been expelled from this school district?/*Ha sido expulsado el estudiante de este distrito escolar?* _____ If yes, has your child been reinstated? /*Si la respuesta es si, ha sido reinstituido el estudiante?* _____
2. Has your child been expelled from any school district?/*Ha sido el estudiante expulsado de algún otro distrito escolar?* ____ If yes, when and where?/*Si la respuesta es si, cuando y donde?* _____

Enrollment Agreement/*Acuerdo de Matriculacion*

Crete Academy is a school of choice. When you sign this agreement you are affirming the fact that you chose this school over all others that you are entitled to attend or have your child attend.

Crete Academy is a public charter school authorized under the provisions of California Education Code section 48600, et seq. In accordance with the provisions of Education Code section 48605(d)(1) its programs are non-sectarian. Furthermore, the school program shall be open to any eligible resident of California.

Crete Academy es una escuela de opncion. Al firmar este acuerdo, usted esta afirmando que a elegido esta escuela como prioridad sobre otras escuelas a las cuales usted tiene el derecho para que su hijo/a asistan.

Crete Academy es una escuela chárter publica autorizada bajo las provisiones de el Código Educacional de California sección 48600, et seq. De acuerdo con las provisiones del Condigo Educacional sección 48605(d)(1) sus programas no son sectarias. Además, el programa escolar será abierto a cualquier residente elegible de California.

Student/*Estudiante*: _____ **Enrollment Date/Fecha de Matriculación:**_____ / _____ / _____

Parent Signature/*Firma del Padre:* _____ **Date/*Fecha:*** _____ / _____ / _____

Revised 30 April 2013

Crete Academy

Parental Education Level
Encuesta de nivel de educación parental

Parent Education – Check the response that describes the education level of the **most educated parent/***Educación de Padre – Marque la respuesta que mejor describe el nivel de educación* ***del padre con nivel mas alto de educación.***

☐ Graduate Degree or Higher/*Titulo de posgrado*
☐ College Graduate/*Graduado de universidad*
☐ Some College or Associate's Degree/*Clases universitarias o Grado Asociado*
☐ High School Graduate
☐ Not a high school graduate/Graduado de Preparatoria o no graduado

Ethnicity/Etnicidad: Is this student Hispanic or Latino?/*Es el estudiante Hispano o Latino?* (*Select only one/Marque uno*)
☐ No, Not Hispanic or Latino/*No, no es Hispano o Latino*
☐ Yes, Hispanic or Latino/*Si, es Hispano o Latino*

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your race to be.

La porción anterior es referente a etnicidad no raza. Sin tener de cuenta su respuesta en la porción anterior, ***por favor continúe y responde lo siguiente*** *y marque la/s cajilla/s cuales indican su identificación de raza.*

Race/*Raza*: What is the race of this student?/*Cual es la raza del estudiante* (*Select one or more/Seleccione una o mas*)

☐ American Indian or Alaska Native
☐ Asian Indian
☐ Black or African American
☐ Cambodian
☐ Chinese
☐ Filipino
☐ Guamanian
☐ Hawaiian
☐ Hmong
☐ Japanese
☐ Korean
☐ Laotian
☐ Other Asian
☐ Other Pacific Islander
☐ Samoan
☐ Tahitian
☐ Vietnamese
☐ White

Residence/*Residencia* – where is your child/family currently living?/*Donde esta viviendo su familia corrientemente* (federally mandated by NCLB/mandato federalpor medio del NCLB) – Please check appropriate box/*Por favor marque una cajilla*:

☐ In a single family permanent residence/*Residencia familiar singular* (house/casa, apt, condo, mobile home/casa móvil)
☐ Doubled-up (sharing housing with other families/individuals due to economic hardship or loss/*compartiendo residencia con otras familias*
☐ In a shelter or transitional housing program/*en un casa hogar*
☐ In a motel/hotel/*en un motel o hotel*
☐ Unsheltered (car/campsite)/*Sin hogar*
☐ Other, please specify/*Otra, especifique*: _____

What is the Primary Language Spoken in the home/Cual es el lenguaje primario hablado en casa _____

For Office Use Only

Student: ☐ New ☐ Re-Entry	District Entry Date: _____	School Entry Date _____	District Code: _____
Homeless: _____	District Mobility: _____	School Mobility: _____	Exp Grad Date: _____
Entry Code:	Entry Comment:		

Name/Address Verification Date: ____ / ____ / ____	Immunization Record	Yes ☐	No ☐
Verification Type: _____	TB Test	☐	☐
	Birth Certificate	☐	☐

Revised 30 April 2013

Crete Academy

Home Language Survey/*Encuesta de Idioma en el hogar*

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. Thank you for your help.

El código de Educación de California requiere que las escuelas determinen cual(es) idioma(s) se habla en el hogar de cada estudiante. Esta información es esencial para que todas las escuelas proporcionen una educación adecuada. Por favor ayúdenos a cumplir este requisito llenando esta forma. Gracias por su ayuda.

Student's Legal Name/*Nombre legal del estudiante:* _____

Grade/*Grado:* _____ Age/*Edad:* _____ yrs/*años* _____ mos/*meses*

1. Which language did your son/daughter learn when he or she first began to speak?
   Cuando empezó a hablar su hijo/a, cual idioma hablo primero? _____
2. What language does your son or daughter most frequently use at home?
   Cual idioma usa su hijo/a con mas frecuencia en casa? _____
3. What language do you use most frequently to speak to your son or daughter?
   Que idioma usa usted con mas frecuencia cuando habla con su hijo/a? _____
4. Name the language most often spoken **by the adults** at home.
   Que idioma hablan con mas frecuencia ***los adultos*** *en casa?* _____
5. Is your child fluent in the English language (speaking, reading, writing)?
   Su hijo/a domina el ingles (oral, escritura, lectura)? ☐ **Yes/*Si*** ☐ **No** ☐ **Maybe/*Quizás***
6. Has your child been enrolled in a Bilingual Program?
   Alguna vez ha estado su hijo/a inscrito/a en un programa bilingüe? ☐ **Yes/*Si*** ☐ **No** ☐ **Maybe/*Quizás***

Home Address/ Domicilio: _____

_____

Home Phone/Tel. de casa _____

Cell Phone/Tel. Celular _____

Email/Correo Electrónico _____

This student has been identified as: ☐ Fluent ☐ Limited ☐ English Speaking ☐ _____
State of California, Department of Education **Registrar's Initials _____ Bilingual Staff: _____**

_____

Signature of Parent or Guardian
Firma del Padre o el Tutor

Parent/Guardian Authorization for Videotape Recording and Still Photos 2019-2020

I, the undersigned parent/legal guardian of _____, hereby consent to:

1. To use the name, photograph, picture, portrait, voice, appearance, likeness, performance (hereinafter collectively known as "image") of the above minor in connection with its educational, promotional, fund-raising activities, or for any other legitimate purpose;

2. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of my minor individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio and television), audio or video tape, recordings, still photography, CD-Rom and any other manner of media now known or later developed;

3. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of my minor individually or in conjunction with other images or printed matter on the school's Internet web site. No personal information such as home address or phone numbers will be published;

4. The right to record, reproduce, amplify, edit, and simulate my minor's image and all sound effects produced; and

5. The right to copyright, in its own name, works that contain the image of minor; and

6. The right to assign the above-mentioned rights to third parties.

I understand that the videotape, still photos, or other media incorporating the image of minor will become the property of the school. I hereby waive the right to inspect or approve my minor's image or any finished materials that incorporate said image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of minor's image, and nothing herein will create any obligation on the part of school to make use of the rights or materials set forth herein.

I hereby release and forever discharge Crete Academy, their agents, employees and assigns from any and all claims demand, rights, and causes of action of whatever kind that may arise from the use of minor's image, including all claims for libel and invasion of privacy.

I hereby certify that I am the parent/legal guardian of the above referenced minor, and I give my consent, without reservation, to the above agreement on behalf of said minor.

_____ _____ _____

Parent/Guardian's Signature Date Phone

_____ _____

Address Email Address

Autorización Para Grabación de Video y Fotografías
2019-2020

Yo, el padre/tutor legal firmante de _____ , doy mi consentimiento a:

1. Usar el nombre, fotografía, retrato, voz, aparición, semejanza, rendimiento (en lo sucesivo colectivamente conocido como una "imagen") del menor mencionado en conexión con el propósito educacional, promocional, recaudación de fondos o cualquier propósito legitimo;

2. El derecho de usar, reproducir, publicar, distribuir y transmitir la imagen de mi hijo/a menor de edad individualmente o en conjunto con otras imágenes imprimidas en la producción de folletos, diapositivas, películas, emisiones (radio y televisión), audio o video, grabaciones, fotografía fija, discos y otros medios conocidos o desarrollados en el futuro;

3. El derecho de usar, reproducir, publicar, distribuir y transmitir la imagen de mi hijo/a menor de edad individualmente o en conjunto con otras imágenes impresas en la pagina de internet de la escuela. Información personal como domicilio o números telefónicos no serán publicados;

4. El derecho de grabar, reproducir, amplificar, editar, y simular la imagen de mi hijo/a menor y todo sonido reproducido; y

5. El derecho de autor, en su propio nombre, las obras que contiene la imagen de un menor de edad; y

6. El derecho de asignar dichos derechos a terceros.

Entiendo y acepto que la cinta de vídeo, imágenes fijas o en otros medios que incorporan la imagen del menor de edad se convertirá en la propiedad de la escuela. Por la presente renuncio al derecho de inspeccionar o aprobar la imagen de mi menor o materiales acabados que incorporan dicha imagen.

Entiendo y acepto que no se proporcionará ninguna compensación, ni ahora ni en el futuro, en relación con el uso de la imagen del menor, y nada creara ninguna obligación de parte de la escuela para hacer uso de los derechos o materiales establecidos de aquí en adelante.

Por la presente libero y descargo para siempre a Crete Academy, sus agentes, empleados y cesionarios, de cualquier y toda demanda de reclamos, los derechos, y las causas de acción de cualquier tipo que pueda surgir del uso de la imagen del menor, incluyendo todas las demandas por difamación y la invasión de privacidad.

Por la presente certifico que soy el padre/tutor legal de el menor de edad mencionado y doy mi consentimiento sin reservas, con el acuerdo anterior, en nombre de dicho menor de edad.

_____ _____ _____

Firma de padre/tutor Fecha Teléfono

_____ _____

Domicilio Correo Electrónico

CRETE ACADEMY
Authorized by the Los Angeles Unified School District

Acceptable Use Policy (AUP) for Crete Academy Computer Systems
Information for Students and Families
2019-2020

The CRETE ACADEMY Acceptable Use Policy ("AUP") is to prevent unauthorized access and other unlawful activities by users online, prevent unauthorized disclosure of or access to sensitive information, and to comply with the Children's Internet Protection Act ("CIPA"). As used in this policy, "user" includes anyone using the computers, Internet, email, chat rooms and other forms of direct electronic communications or equipment provided by the Crete Academy(the "network.") regardless of the physical location of the user. The AUP applies even when Crete Academy provided equipment (laptops used off of Crete Academy property.

Crete Academy will use technology protection measures to block or filter, to the extent practicable, access of visual depictions that are obscene, pornographic, and harmful to minors over the network. Crete Academy reserves the right to monitor users' online activities and to access, review, copy, and store or delete any electronic communication or files and disclose them to others as it deems necessary. Users should have no expectation of privacy regarding their use of Crete Academy property, network and/or Internet access or files, including email.

Crete Academy will take all necessary measures to fortify the network against potential cyber security threats. This may include blocking access to Crete Academy applications—including but not limited to email, data management and reporting tools, and other web applications—outside the United States and Canada.

Acceptable Uses of the Crete Academy Computer Network or the Internet

Schools must verify each year students using the computer network and Internet access for that school year have a signed page acknowledging this policy. Students who are under 18 must have their parents or guardians sign this page and schools must keep it on file. Once signed that permission/acknowledgement page remains in effect until revoked by the parent, or the student loses the privilege of using the Crete Academy's network due to violation of this policy or is no longer an Crete Academy student.

Employees and other users are required to follow this policy. Even without signature, all users must follow this policy and report any misuse of the network or Internet to a teacher, supervisor or other appropriate Crete Academy personnel. Access is provided primarily for education and Crete Academy business. Staff may use the Internet, for incidental personal use during duty-free time. By using the network, users have agreed to this policy. If a user is uncertain about whether a particular use is acceptable or appropriate, he or she should consult a teacher, supervisor or other appropriate Crete Academy personnel.

Unacceptable Uses of the Computer Network or Internet

These are examples of inappropriate activity on the Crete Academy web site, but the Crete Academy reserves the right to take immediate action regarding activities (1) that create security and/or safety issues for Crete Academy students, employees, schools, network or computer resources, or (2) that expend Crete Academy resources on content Crete Academy in its sole discretion determines lacks legitimate educational content/purpose, or (3) other activities as determined by Crete Academy as inappropriate.

- ☐ Violating any state or federal law or municipal ordinance, such as: Accessing or transmitting
- ☐ pornography of any kind, obscene depictions, harmful materials, materials that encourage others to violate the law, confidential information or copyrighted materials;
- ☐ Criminal activities that can be punished under law;
- ☐ Selling or purchasing illegal items or substances;
- ☐ The unauthorized collection of email addresses ("harvesting") of e-mail addresses from the Global Address List and other Crete Academy directories;
- ☐ Obtaining and/or using anonymous email sites; spamming; spreading viruses;
- ☐ Causing harm to others or damage to their property, such as:
  1. Using profane, abusive, or impolite language; threatening, harassing, or making damaging or false statements about others or accessing, transmitting, or downloading offensive, harassing, or disparaging materials;
  2. Deleting, copying, modifying, or forging other users' names, emails, files, or data; disguising one's identity, impersonating other users, or sending anonymous email;
  3. Damaging computer equipment, files, data or the network in any way, including intentionally accessing, transmitting or downloading computer viruses or other harmful files or programs, or disrupting any computer system performance;
  4. Using any Crete Academy computer to pursue "hacking," internal or external to the Crete Academy, or attempting to access information protected by privacy laws; or
  5. Accessing, transmitting or downloading large files, including "chain letters" or any type of "pyramid schemes".
- ☐ Engaging in uses that jeopardize access or lead to unauthorized access into others' accounts or other computer networks, such as:
  1. Using another's account password(s) or identifier(s);
  2. Interfering with other users' ability to access their account(s); or
  3. Disclosing your own or anyone's password to others or allowing them to use your or another's account(s).
- ☐ Using the network or Internet for Commercial purposes:
  1. Using the Internet for personal financial gain;
  2. Using the Internet for personal advertising, promotion, or financial gain; or
  3. Conducting for-profit business activities and/or engaging in non-government related fundraising or public relations activities such as solicitation for religious purposes, lobbying for personal political purposes.

Student Internet Safety

- ☐ Students under the age of eighteen should only access creteacademy.org accounts outside of school if a parent or legal guardian supervises their usage at all times. The student's parent or guardian is responsible for monitoring the minor's use;
- ☐ Students shall not reveal on the Internet personal information about themselves or other persons. For example, students should not reveal their name, home address, telephone number, or display photographs of themselves or others;
- ☐ Students shall not meet in person anyone they have met only on the Internet; and
- ☐ Students must abide by all laws, this Acceptable Use Policy and all Crete Academy
- ☐ security policies.

Penalties for Improper Use

The use of a Crete Academy account is a privilege, not a right, and misuse will result in the restriction or cancellation of the account. Misuse may also lead to disciplinary and/or legal action for both students and employees, including suspension, expulsion, dismissal from Crete Academy employment, or criminal prosecution by government authorities. Crete Academy will attempt to tailor any disciplinary action to the specific issues related to each violation.

Disclaimer

Crete Academy makes no guarantees about the quality of the services provided and is not responsible for any claims, losses, damages, costs, or other obligations arising from use of the network or accounts. Any additional charges a user accrues due to the use of the Crete Academy's network are to be borne by the user. Crete Academy also denies any responsibility for the accuracy or quality of the information obtained through user access. Any statement, accessible on the computer network or the Internet, is understood to be the author's individual point of view and not that of the Crete Academy, its affiliates, or employees.

Acknowledgment

I have read, understand, and agree to abide by the provisions of the Acceptable Use Policy of the Los Angeles Unified School District.

Date:
School:

Student Name:
Student Signature:

Parent/Legal Guardian Name:
Parent/Legal Guardian Signature:

Please return this form to the school where it will be kept on file. It is required for **all students** that will be using a computer network and/or Internet access.

Crete Academy

Dear Crete Family,

In an effort to ensure we provide our students with the greatest chance of academic success, we are constantly seeking out ways to improve our students learning. Recently, a Crete supporter shared a research article on the benefits of Omega-3 and DHA for students with ADHD. In the study, the researchers found that students who consumed between 8 to 16 grams per day of EPA and DHA (the long chain omega-3 fatty acids found in fish oil) showed significant improvement in their behavior including inattention, hyperactivity, oppositional/defiant behavior and conduct disorders, rated by both their parents and the psychiatrist working with them. The findings were true for children taking their optimal dosage of drugs to manage their ADHD as well for the children who had voluntarily stopping taking their drugs during the study.

I am proposing to distribute Smarty Pants vitamins, which contain Omega 3 Fish Oil, to all students which will support them with focusing, increasing brain activity and reaching their full academic potential.

Even if your child does not have ADHD there are many benefits to consuming Omega 3 Fish Oil and DHA. Therefore, if you are interested in allowing your child to consume Smarty Pants gummy vitamins while at school, please sign the bottom portion of this letter and return to the school office.

Student's Name _____ Grade Level _____

Parent's Name _____ Parent's Signature _____ Date _____

State of California—Health and Human Services Agency

Department of Health Care Services
Child Health and Disability Prevention (CHDP) Program

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.

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

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: □ Male □ Female
Parent/Guardian Name:	Child's race/ethnicity: □ White □ Black/African American □ Hispanic/Latino □ Asian □ Native American □ Multi-racial □ Other_____ □ Native Hawaiian/Pacific Islander □ 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) □ Yes □ No	Visible Decay Present: □ Yes □ No	Treatment Urgency: □ No obvious problem found □ Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) □ Urgent care needed (pain, infection, swelling or soft tissue lesions)

_____ _____ _____

Licensed Dental Professional Signature ***CA License Number*** ***Date***

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.

Crete Academy – After School Program
Family Information
2019-2020
STUDENT INFORMATION/Información del estudiante

Student's Name/ El nombre del estudiante_____

Student's Name/ El nombre del estudiante_____

Student's Name/ El nombre del estudiante_____

Student's Name/ El nombre del estudiante_____

Student's Name/ El nombre del estudiante_____

PARENT INFORMATION/Información de Padres

Parent or Guardian/*Padres o Tutor*		Parent or Guardian/*Padres o Tutor*	
Last Name/*Apellido*		Last Name/*Apellido*	
First Name *Primer Nombre*		First Name *Primer Nombre*	
Relationship/Relación		Relationship/Relación	
Address/*Domicilio*		Address/*Domicilio*	
Home Phone *Tel. de Casa*		Home Phone *Tel. de Casa*	
Cell Phone/*Tel. Celular*		Cell Phone/*Tel. Celular*	
Employer/*Empleador*		Employer/*Empleador*	
Work Phone *Tel. de Trabajo*		Work Phone *Tel. de Trabajo*	
Email *Correo Electrónico*:		Email *Correo Electrónico*:	

Lives With/*Vive con*: Father/*Padre* ☐ Mother/*Madre* ☐ Guardian/*Tutor* ☐ Stepmother/*Madrastra* ☐ Stepfather/*Padrastro* ☐

EMERGENCY CONTACT/*Contacto de emergencia*

Emergency Contact 1/*Contacto de emergencia 1*		Emergency Contact 2/*Contacto de emergencia 2*	
Name/*Nombre*:		Name:	
Relationship/*Relación*:		Relationship/*Relación*:	
Home Phone/*Tel. de Casa*:		Home Phone/*Tel. de Casa*	
Work Phone/*Tel. de Trabajo*		Work Phone/*Tel. de Trabajo*	
Cell Phone/*Tel. de Celular*		Cell Phone/*Tel. de Celular*	
Email/Correo Electrónico:		Email/Correo Electrónico:	