

2021-2022 OAK PARK UNIFIED SCHOOL DISTRICT
 ENROLLMENT COVER SHEET
DISTRICT OF CHOICE

Date: _____ Enrolling for Grade: _____
2021-2022

Student: Last Name _____ First Name _____ Middle Name _____

Gender: _____ Date of Birth: _____

Address _____ Street _____ City _____ Zip Code _____

District of Residence _____ School of Residence _____

Mother's Name _____ Father's Name _____

Mother's Phone _____ Father's Phone _____

Mother's Email _____ Father's Email _____

Student lives with: () Both Parents () Mother () Father

Names of brothers, sisters living at home	Relation to Student	School attending (if applicable)	Grade

Services received at previous school (check all that apply): () ELL () GATE () 504
 () Special Education: Specify program: _____

FOR OFFICE USE ONLY: ID# _____ Start Date _____

_____ Proof of Birth [] Birth Certificate [] Passport [] Baptismal Certificate

_____ All Immunizations Complete _____ Exemption

_____ First Grade Health Exam Date Completed: _____

_____ Kindergarten Dental Exam Date Completed: _____

_____ Language Survey _____ Pre-Enrollment Form

Oak Park Unified School District

NOTICE OF POSSIBLE REASSIGNMENT

The Oak Park Unified School District is committed to providing a quality educational program for all students. An important consideration in achieving this goal is maintaining reasonable class sizes in our schools. Because student enrollment may vary from school to school and from grade level to grade level, we must, on occasion, assign elementary students to schools outside their neighborhood attendance boundaries in order to balance enrollment and class sizes.

- o Reassignments will be based on the date of enrollment. Last (most recent) enrolled will be the first to be moved.
- o Siblings will be kept together at a single school whenever possible. If we are not able to transfer all of the children in the family to a single school, then the child will be passed over to the next child on the list.
- o Students will be invited back to their home school if space becomes available. A wait-list is established for this purpose when students are moved.

I have read and understand the Oak Park Unified School District Reassignment Policy.

Parent Signature: _____ Date: _____

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.

Date: _____ School: _____

Name of Student: _____
(First, Middle, Last)_

Grade: _____ Age: _____

Student's Place of Birth: _____
(City, State, Country)

Date Student entered U.S. Public School System: _____
(MM/DD/YY)

Date Student entered CA Public School System: _____
(MM/DD/YY)

1. Language first spoken by Student?

2. Language most often spoken by Parents in the home?

3. Language the Student speaks most frequently?

4. Language most frequently spoken to Student by Adults in the home?

***If your child's primary language is Chinese, please specify what dialect ie, Cantonese, Mandarin**

Oral Health Assessment Form

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

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

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

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

Section 3: Waiver of Oral Health Assessment Requirement

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

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

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

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

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

Return this form to school no later than the first day of school.
Original to be kept in child's school record.