



John S. Malcom Elementary

32261 Charles Road, Laguna Niguel, CA92677

Phone: (949) 248-0542 – Fax: (949) 248-7697

Absence line: (949) 443-3847 or e-mail: malcomabsence@capousd.org

Dear Transitional Kindergarten Parents,

Welcome to John S. Malcom Elementary School! Transitional Kindergarten is an exciting time for students and their families. A completely new world opens up for students each day bringing new experiences and new friends. TK is a crucial foundation in the life of a child. Your child will develop new skills, make academic discoveries, and learn to interact cooperatively with others.

At Malcom, we believe in educating the whole child, embracing that responsibility with care and enthusiasm. Your child begins his/her educational journey with a support team comprised of family members and school staff. We encourage you to become involved at Malcom Elementary by volunteering in some capacity and to stay informed by reading all information that comes home.

In order to register your student for Transitional Kindergarten, you will need to complete the online registration as well as to complete the attached forms. Return these forms together with the online proof of registration to our front office. These forms will ultimately become part of your child's cumulative file. Please be as thorough as possible to ensure your child's first school records are accurate and complete.

Be sure to mark your calendars. **August 20** is a special day for Transitional Kindergarten parents and students. You and your student will have the opportunity to meet the teacher, visit the classroom, and participate in a few activities. More information regarding the schedule for that day will be provided prior to the start of the school year. The first full day of school for TK students will be Wednesday, August 21 from 7:45 am – 11:38 am (Early Bird) or 9:15 am – 1:08 pm (Late Owl).

We are so happy to have you join the Malcom Family, and we look forward to a wonderful year of learning and growing!

Sincerely,

Laurie Lowy
Principal



Escuela Elemental de John S. Malcom

32261 Charles Road, Laguna Niguel, CA92677

Tel: (949) 248-0542 – Fax: (949) 248-7697

Número para reportar las Ausencias: (949) 443-3847 o

vía e-mail: malcomabsence@capousd.org

Queridos Padres/Representantes:

¡Bienvenidos a nuestra escuela elemental de John S. Malcom! El Kindergarten de Transición (TK, por sus siglas en inglés) representa un período emocionante para los estudiantes y sus familias. Un mundo completamente nuevo se abre para los estudiantes cada día, trayendo nuevas experiencias y nuevos amigos. El TK es una base fundamental en la vida de su hijo/a. Su niño/a desarrollará nuevas habilidades, hará nuevos descubrimientos académicos y aprenderá a interactuar efectiva y cooperativamente con sus compañeros.

En Malcom, creemos en la educación integral del estudiante, adoptando dicha responsabilidad con esmero y entusiasmo. Su estudiante inicia su jornada educativa con todo un equipo de apoyo conformado tanto por personal de la escuela como miembros de la familia y la comunidad. Le invitamos a que usted también forme parte de nuestra comunidad participando como voluntario en cualquier capacidad y manteniéndose al día con la información que enviamos a la casa.

Para inscribir a su estudiante en Kindergarten, como primer paso deberá completar la inscripción en línea, así como también llenar las planillas que se adjuntan; y luego deberá devolver estas planillas junto con el comprobante de inscripción en línea a nuestra oficina. Estos documentos finalmente formarán parte del archivo acumulativo de su hijo/a. Por favor sea lo más exhaustivo posible para asegurarse de que los archivos escolares de su estudiante sean precisos y completos.

Asegúrese de marcar sus calendarios, el 20 de agosto será un día bien especial tanto para los padres como para los estudiantes del TK. Usted y su estudiante tendrán la oportunidad de conocer al maestro, visitar el aula y participar en algunas actividades. Se proporcionará información más detallada sobre el horario para ese día, antes del comienzo del año escolar. El primer día completo de clases para los estudiantes del TK será el miércoles, 21 de agosto de 7:45 am – 11:38 am (Early Bird) o 9:15 am – 1:08 pm (Late Owl).

¡Estamos muy contentos de que se unan a nuestra familia de Malcom y esperamos tener un año maravilloso de aprendizaje y crecimiento!

Atentamente,

Laurie Lowy
Directora de Malcom ES



John S. Malcom Elementary

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Welcome to John S. Malcom Elementary School!

To register your new student the first step is to complete the online registration, which is part of the registration process. Please go to the Capistrano Unified School District website at: www.capousd.org (Home page – towards the end – right hand side corner)

You will need the following information to complete the online registration:

- A valid address in the cities served by Capistrano Unified School District
- A valid e-mail address
- General Information about your student
- Name, address and district of previous schools
- Parent/Guardian's home/work phone and address
- Name and contact information of emergency contacts
- Immunization dates
- Local physician name and phone number
- If the student was not born in the USA, you will need the date the student entered the USA.

We have also enclosed additional forms that need to be completed along with the online registration. Once these forms and the online registration are complete, please bring the following documents to your residency school site:

- Print out and bring the online registration completion verification document
- Legal birth certificate or passport (age 5 on or before September 01, 2024)
- Official immunization records
- Two proofs of residency (current utility bill –water, gas or electric AND a mortgage statement or rental agreement)
- Completed health exam form (Kindergarten)
- Completed home language survey

Please note that enrollment is not complete until the online registration has been reviewed by the school, other forms are completed, your residency has been verified and the school deems the entire enrollment process to be complete and acceptable. **Please return these documents as soon as possible so we may adequately prepare for the new school year.**



DISTRITO ESCOLAR UNIFICADO DE CAPISTRANO
Escuela Elemental de John S. Malcom

32261 Charles Road, Laguna Niguel, CA92677

Tlf: (949) 248-0542 – Fax: (949) 248-7697

¡Bienvenidos a la Escuela Elemental de John S. Malcom!

Para inscribir a su nuevo estudiante en la escuela, el primer paso a seguir es completar la inscripción en línea, la cual es parte del proceso de inscripción. Por favor entre a la página del Distrito Escolar Unificado de Capistrano: www.capousd.org (la pestaña para inscribir a estudiantes nuevos está a la derecha y al final, asegúrese de que está inscribiendo a su estudiante en el año escolar correcto)

Usted necesitará la siguiente información para completar la inscripción en línea:

- Una dirección de domicilio válida de las ciudades que sirve el Distrito Escolar de Capistrano.
- Una dirección válida de correo electrónico
- Información general acerca de su estudiante
- Nombre, dirección y teléfono de los distritos de escuelas previas
- Nombre, dirección y teléfono de los padres/representantes
- Nombre y teléfono de las personas listadas como contactos de emergencia
- Fechas de la aplicación de las vacunas
- Nombre, dirección y teléfono de su pediatra
- Si el estudiante no nació en los Estados Unidos, usted tendrá que proporcionar la fecha en la que el estudiante ingresó al país.

Hemos adjuntado algunas planillas adicionales que también necesitará llenar. Una vez que complete estos formularios y que haya llenado la aplicación en línea, por favor lleve los siguientes documentos a su escuela de residencia:

- Imprima y traiga el documento de verificación de la inscripción en línea
- Partida de Nacimiento original o Pasaporte (debe tener 5 años antes del 01 de septiembre del 2024)
- Constancia oficial de vacunas
- Dos pruebas de residencia (un recibo de luz, agua o gas y además el contrato de alquiler o pago de la hipoteca). Ambos documentos deben tener la dirección del padre/representante y deben estar vigentes.
- Reporte de Examen de Salud – (jardín de la infancia)
- Encuesta del Idioma que se habla en casa (se requiere)

Por favor tenga en cuenta que la inscripción no se completa hasta que la escuela haya revisado la inscripción en línea, se hayan completado otros formularios, se haya verificado su residencia y la escuela considere que todo el proceso de inscripción esté completo y sea aceptable. **Por favor devuelva estos documentos lo antes posible para que podamos prepararnos adecuadamente para el nuevo año escolar.**



Capistrano Unified School District
John S. Malcom Elementary School
32261 Charles Rd. Laguna Niguel, CA 92677 - (949) 248-0542

List of Requirements for New Student Registration

- **Verification that you have completed the on-line registration.**
*Be sure to include parents/guardians in the emergency contacts section, as well as any other adult who are authorized to pick up your student at school. **The link for the online registration can be found on John S. Malcom website or in CUSD website.***
- **Please fill out forms that are provided with the registration package, because these forms are also part of the registration process:**
 1. **Survey of Home Language** *(required)*
 2. **Informational Forms** *(required)*
 3. **Report of Health Examination for School Entry** – Should be completed by a physician before the student enters 1st grade. *(required)*
 4. **Oral Health Form** *(Only for Kindergarten or 1st grade)*
 5. **McKinney-Vento Form** *(required)*
 6. Form for Indigenous Families *(only if applies)*
- **Student's Original Birth Certificate or Passport**
Provided in person by the parent/guardian (s)
- **Proof of Residency –**
ONE** utility bill (gas, water or electricity) **and** Rental Contract or Mortgage Payment. Both documents must be in the name and address of a parent, and must be current. **BP 5111.1(b)
Provided in person by the parent/guardian (s)
- **Immunization Records**
Provided in person by the parent/guardian (s)
- **Survey for the Developmental and Social History of the Student**
This form will be provided during the registration process and it will help us know your student better.

**Please call the office for an appointment to complete the registration process
(949) 248-0542**



Distrito Escolar Unificado de Capistrano
Escuela Elemental de John S. Malcom
32261 Charles Rd. Laguna Niguel, CA 92677 - (949) 248-0542

Lista de Requisitos para la Inscripción del Alumno

- **Verificación que ha llenado los documentos vía internet.**
*Asegúrese de incluir a los padres/representantes en la sección de los contactos de emergencia, así como cualquier otro adulto que esté autorizado a recoger a sus hijos en caso de emergencia. **El enlace para la inscripción de alumnos nuevos está en la página de CUSD, así como en la de John S. Malcom.***
- **Por favor descargue y rellene las siguientes planillas que también son parte de la inscripción:**
 1. Encuesta de la lengua materna (obligatorio)
 2. Formularios informativos (obligatorios)
 3. Informe de examen de salud para ingresar a la escuela: debe ser completado por un médico en cualquier momento después el estudiante ingrese al 1er grado. (obligatorio)
 4. Formulario de Salud Bucal (Solo para Kindergarten o 1er grado)
 5. Formulario McKinney-Vento (obligatorio)
 6. Formulario para Familias Indígenas (solo si aplica)
- **Partida de Nacimiento original o el pasaporte original**
Proporcionada personalmente por el padre/representante
- **Verificación de Residencia – Se necesitan dos constancias:**
UN** recibo de (gas, electricidad o agua), **Y UN** – Contrato de Alquiler o Recibo de Pago de Hipoteca. Ambos documentos deben tener el nombre y la dirección del padre/representante y **deben estar vigentes.
BP 5111.1(b)
Proporcionada personalmente por el padre/representante
- **Constancia de Vacunas**
(Una constancia del doctor o la tarjeta amarilla)
Proporcionada personalmente por el padre/representante
- **Cuestionario para el Kindergarten**
Esta planilla se les proporcionará al momento de la inscripción en papel amarillo y se titula “Por favor, ayúdenos a conocer mejor a su niño/a”



**John S. Malcom Elementary School
Transitional Kindergarten
Enrollment 2024-2025**

Child's Full Name: _____

Nickname (Name to be used in school): _____

Address: _____

Phone Number(s): _____

Parent email address: _____

Birthdate: _____

Will your Child be attending after school care/where? _____

Does your child have any allergies or health concerns? _____

Has your child had speech or other special services? _____

Please List all children in the family with age and grade: _____

Does your child speak or understand another language? _____

If so, which language? _____

Preschool experience? _____

Total years attended Preschool _____

Would you *PREFER your student to be an early bird or late owl? _____

Is there anything else you would like the teacher to know about your child? _____

*We cannot guarantee placement in preference

Thank you for your time and welcome to John S. Malcom TK!



CAPISTRANO UNIFIED SCHOOL DISTRICT

33122 VALLE ROAD, SAN JUAN CAPISTRANO CA 92675
 TELEPHONE: (949) 234-9200/FAX: 496-7681 www.capousd.org

January 2024

Dear Parent and Guardians of Incoming Transitional Kindergarten (TK.), Kindergarten and First Grade Students:

The beginning of school is a very important milestone in your child's life. We all share in the excitement, enthusiasm, and even a little anxiety that accompanies the beginning of school. Good health is a vital component in the quest for school success.

IMMUNIZATIONS

The California School Immunization Law requires that children be up-to-date on their immunizations to attend school. Per 2016 legislation (SB277), all students must provide proof of immunization or a medical exemption when registering, and prior to attending school.

Beginning January 1, 2021, only Medical Exemptions issued from California Immunization Registry (CAIR ME) meet requirements. We cannot accept doctor's notes NOT issued through CAIR ME, blood work or titers, or other documentation to medically exempt the required immunizations. The CAIR ME web site is a secure site for physicians to issue and manage standardized medical exemptions for children in school or child care. Parents use the same site to request medical exemptions from vaccination for their children. Schools and child care facilities can monitor and get updates for medical exemptions issued for children in attendance at their facility. For more details or to request an exemption from your child's physician, please visit <https://cair.cdph.ca.gov/exemptions/home>

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Vaccine	4-6 Years Old Elementary School at Transitional-Kindergarten/Kindergarten and Above
Polio (OPV or IPV)	4 doses (3 doses OK if one was given on or after 4th birthday)
Diphtheria, Tetanus, and Pertussis {DTaP, DTP, DT, or Tdap}	5 doses of DTaP, DTP, or DT (4 doses OK if one was given on or after 4th birthday)
Measles, Mumps, and Rubella (MMR or MMR-V)	2 doses (Both doses given on or after 1st birthday. Only one dose of mumps and rubella vaccines are required if given separately.)
Hepatitis B (Hep B or HBV)	3 doses
Varicella (chickenpox, VAR, MMR-V or VZV)	2 doses (new requirement as of July 1, 2019)

HEALTH EXAMINATION FOR SCHOOL ENTRY

The State of California supports proactive steps toward a healthy start for its school children by requiring students to receive a Health Examination for School Entry by first grade. Capistrano Unified School District recommends this examination prior to entering kindergarten and first grade. **A health screening completed on or after February 20, 2024, will qualify children for school entrance on August 20, 2024.**

Attached is a copy of the "Health Examination for School Entry" form. Please take the form with you to your health care provider and return it to school when completed. If you have concerns about your child's health examination, please contact the health assistant or licensed vocational nurse at your school.

If you have any questions about these requirements, please do not hesitate to contact your school principal, the licensed vocational nurse, or the health assistant at your school. You may also visit <http://www.shotsforschool.org> for detailed immunization information. We wish you and your child well and look forward to a long and satisfying relationship with your family.

SERVING THE COMMUNITIES OF:

ALISO VIEJO · COTO DE CAZA · DANA POINT · LADERA RANCH · LAGUNA NIGUEL · LAS FLORES · MISSION VIEJO
 RANCHO MISSION VIEJO · RANCHO SANTA MARGARITA · SAN CLEMENTE · SAN JUAN CAPISTRANO



CAPISTRANO UNIFIED SCHOOL DISTRICT

33122 VALLE ROAD, SAN JUAN CAPISTRANO CA 92675
 TELEPHONE: (949) 234-9200/FAX: 496-7681 www.capousd.org

Enero del 2024

Estimados padres y tutores de los estudiantes que estan ingresando al programa de transición al kinder (TK), kinder, y primer grado:

El comienzo de la escuela es un paso muy importante en la vida de su hijo. Nosotros compartimos con ustedes la emoción, el entusiasmo y aun hasta la ansiedad que acompaña el comenzar un año escolar. La buena salud es un componente vital en la conquista del éxito académico.

VACUNAS

La Ley de Vacunación del Estado de California requiere que todos los estudiantes esten al corriente con sus vacunas para poder asistir a la escuela. De acuerdo con legislatura (SB 277) del 2016, cada estudiante debe presentar un comprobante de inmunización o exención medica al inscribirse y antes de asistir a clases.

A partir del 1 de Enero del 2021, solo las Excepciones Medicas emitidas por el Registro de Inmunización de California (CAIR ME) cumplen los requisitos. No podemos aceptar notas del medico NO emitidas a traves de CAIR ME, analisis de sangre o titulos de anticuerpos, u otra documentación para eximir medicamente las vacunas requeridas. El sitio web CAIR ME es un sitio seguro para que los medicos emitan y gestionen exenciones medicas estandarizadas para niños en la escuela o en guarderías. Los padres utilizan el mismo sitio para solicitar exenciones medicas de vacunación para sus hijos. Las escuelas y guarderías pueden supervisar y obtener actualizaciones de las exenciones medicas emitidas para los niños que asisten a sus instalaciones. Para mas detalles o para solicitar una exención al medico de su hijo, visite <https://cair.cdph.ca.gov/exemptions/home>.

Vacuna	4 - 6 años de edad Escuela primaria (al nivel de kinder de transición/ kinder o mas arriba)
Polio (OPV o IPV)	4 dosis (3 dosis cumplen con el requisito si una se aplicó al cumplir las 4 años de edad o despues).
Difteria, tetanos y tos ferina	5 dosis de DTaP, DTP o OT (4 dosis cumplen con el requisito si una se aplicó al cumplir los 4 años de edad o despues).
Sarampión, paperas y rubeola (MMR O MMR-V)	2 dosis (Ambas aplicadas al cumplir 1 año de edad o despues. Solo se requiere una dosis de las vacunas contra las paperas y la rubeolas se aplican por separado).
Hepatitis B (Hep B o HBV)	3 dosis
Varicela (chickenpox, VAR, MMR-V o VZV)	2 dosis (nuevo requisito desde el 1 de Julio, 2019)

EL "EXAMEN DE SALUD" RECOMENDADO PARA INGRESAR A LA ESCUELA

El estado de California apoya y toma la iniciativa para un comienzo escolar saludable al requerir un "Examen de Salud Para Ingreso Escolar" antes del primer grado. El Distrito Escolar Unificado de Capistrano recomienda que los estudiantes tengan un examen fisico antes de comenzar el kinder y primer grado. Un examen de salud que se lleve a cabo durante o despues del 20 de febrero del 2024, le permitira a su hijo/a ingresar a la escuela el 20 de Agosto, 2024.

Adjunto encontrara una copia de la forma que se requiere para el "Examen de Salud Para Ingreso Escolar." Por favor lleve a su proveedor de salud y devuelvala a la escuela una vez que este completa. Si usted tiene alguna pregunta referente al examen de salud de su hijo, por favor comuniquese con la asistente de salud o la enfermera de la escuela.

Si usted tiene preguntas sobre estos requisitos, por favor comuniquese con el director/a, la enfermera de la escuela, o la asistente de salud de su escuela. Tambien puede visitar <http://www.shotsforschool.org> para información detallada sobre vacunas. Les deseamos bienestar y esperamos poder llevar una larga y satisfactoria relación con su familia.

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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	City	Middle	ZIP code	SCHOOL	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street						

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/DTTd (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 Name, address, and telephone number of health examiner	Date Date
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.

INFORME DEL EXAMEN DE SALUD PARA EL INGRESO A LA ESCUELA

Para proteger la salud de los niños, la ley de California exige que antes de ingresar a la escuela todos los niños tengan un examen médico de salud. Por favor, pídale al examinador de salud que llene este informe y entregelo a la escuela—este informe será archivado por la escuela en forma confidencial.

PARTE I PARA SER LLENADO POR EL PADRE/LA MADRE O EL GUARDIÁN

NOMBRE DEL NIÑO/NIÑA—Apellido	Primer Nombre	Segundo Nombre	FECHA DE NACIMIENTO—Mes/Día/Año
DOMICILIO—Número y Calle	Ciudad	Zona Postal	Escuela

PARTE II PARA SER LLENADO POR EL EXAMINADOR DE SALUD

EXAMEN DE SALUD

AVISO: Todas las pruebas y evaluaciones excepto el análisis de sangre para el plomo deben ser hechas después de la edad de 4 años y 3 meses.

PRUEBAS Y EVALUACIONES REQUERIDAS	FECHA(mm/dd/aa)
Historia de Salud	/ /
Examen Físico	/ /
Evaluación de Dientes	/ /
Evaluación de Nutrición	/ /
Evaluación del Desarrollo	/ /
Pruebas Visuales	/ /
Pruebas con Audiómetro (auditivas)	/ /
Evaluación de Riesgo y prueba Tuberculosis*	/ /
Análisis de Sangre (para anemia)	/ /
Análisis de Orina	/ /
Análisis de Sangre para el plomo	/ /
Otra	/ /

REGISTRO DE INMUNIZACIONES

Aviso al Examinador: Por favor dé a la familia, una vez completado, o a la fecha, el Registro de Inmunización de California en papel amarillo.
Aviso a la Escuela: Por favor apunte las fechas de inmunización sobre el Registro de Inmunización de la escuela de California en papel azul.

VACUNA	FECHA EN QUE CADA DOSIS FUE DADA				
	Primero	Segundo	Tercero	Cuarto	Quinto
POLIO (OPV o IPV)					
DTaP/DTp/DTTd (difteria, tétano y [acetular] pertusis [los ferina]) O (tétano y difteria solamente)					
MMR (sarampión, paperas, rubéola)					
HIB MENINGITIS (Hemófilo, Tipo B) (Requerida para centros de cuidado para niños y centros preescolares solamente)					
HEPATITIS B					
VARICELLA (Viruelas locas)					
OTRA (e.g. prueba TB, de ser indicado)					
OTRA					

PARTE III INFORMACIÓN ADICIONAL DEL EXAMINADOR DE SALUD (opcional)

RESULTADOS Y RECOMENDACIONES

Llene esta parte si el padre/la madre o el guardián ha firmado el consentimiento para divulgar (distribuir) la información de salud de su niño/niña.

- El examen reveló que no hay condiciones que conciernen las actividades de los programas escolares.
- Las condiciones encontradas en el examen o después de una evaluación posterior que son de importancia para la actividad escolar o física son: (por favor explique)

PERMISO PARA DIVULGAR (DISTRIBUIR) EL INFORME DE SALUD

Yo le doy permiso al examinador de salud para que comparta con la escuela la información adicional de este examen como es explicado en la Parte III.

- Por favor marque esta caja si Ud. no desea que el examinador llene la Parte III.

Firma del padre/madre o guardián

Fecha

Firma del examinador de salud

Fecha

*de ser indicado

Si su niño o niña no puede obtener el examen de salud llame al Programa de Salud para la Prevención de Incapacidades de Niños y Jóvenes (Child Health and Disability Prevention Program) en su departamento de salud local. Si Ud. no desea que su niño(a) tenga un examen de salud, puede firmar la orden (PM 171 B), formulario que se consigue en la escuela de su niño(a).

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

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): child child's parent child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335



CAPISTRANO UNIFIED SCHOOL DISTRICT

John S. Malcom Elementary School

32261 Charles Road, Laguna Niguel, CA926

ENROLLMENT INFORMATION GRADES K - 5

STUDENT'S NAME: _____ GRADE: _____

PARENT'S NAME: _____ PHONE: _____

Has your child participated in any of the following programs?

(Your child must have a current Individualized Educational Plan (IEP) Please provide a copy of your child's most recent IEP)

- Resource Specialist Program (RSP)
- Special Day Class (SDC)
- Speech Therapy

Have I attached a copy of the IEP? (Circle) YES NO

MEDICAL INFORMATION

Does your child have any medical needs (limitations, allergies, etc.) we should be aware of? Please list anything the school needs to know: _____

GENERAL

Has your child participated in a 504 Plan? _____

My child was retained (held back) in _____ grade. Comments: _____

Are there custody issues we should be aware of? _____. Comments: _____

_____. (Please provide supporting documentation)

Please share any behavioral concerns or other pertinent information regarding your child, which would help teachers, better known him/her.

Are you available to volunteer in your child's classroom? _____

Parent/Guardian's Signature

Date



John S. Malcom Elementary School

Development and Social History

Student's Name (to be used at school) _____ M or F _____ Date of Birth _____

Will your child attend the YMCA Childcare program? (Circle): **YES** **NO**

Is your child (circle): right handed left handed both

List any health issues such allergies, hearing, vision, tires easily... etc.

What do you consider your child's greatest strengths?

What are your child's special interests? Example: coloring, painting, reading, building, pets, etc.

Are there any concerns you would like to share?

Has your child attended preschool? (Circle) **YES** **NO** How long? _____
Where? Name of the School: _____

Can your child write his/her first name using capital and lower case letters? **YES** **NO**

Can your child identify any letters? **YES** **NO**

Can your child identify any numbers? **YES** **NO**

What major experiences, if any, has your child had?
(i.e. disturbance in the immediate family situation; loss of a close relative/friend, accident)

