



Dear Parents of New Students to Imperial Unified for 2020 - 2021 School Year:

In an effort to make student registration easier and convenient for parents and guardians, Imperial Unified School District has implemented Online Registration. To enroll your child/ren for the 2020-2021 school year you will need to register online.

Only biological parents or legal guardians with educational rights will have access to ParentVue.

New Synergy ParentVue User

Please note that an email address is required. If you do not currently have children enrolled in Imperial Unified, please create a Synergy ParentVue account at:

https://sdhome.sdcoe.net/imperial/PXP2_OEN_Login.aspx

Click "**More Options and then Create a new account.**" Complete all the steps of the new account creation process and click **submit**. A confirmation email will be sent to your email account which will contain a link that will allow you to complete the registration process.

Current Synergy Parentvue Account Holder

If you do have a ParentVue account (and have children currently enrolled in Imperial Unified) and will register a new student please enter your Parentvue login username and password at the Online Registration web page: https://sdhome.sdcoe.net/imperial/Login_Parent_OEN.aspx and register your new to the district student. Please do not create a new account.

Registration Process

If you do not have access to a computer with Internet access, the school will have two computers/devices available during registration hours of 9 am to 11 am and 1 pm to 3:00 pm. You may begin 2020-2021 online registration February 26, 2020. You may return required registration documents beginning 3/2/20.

The Online Registration Process will still require you to visit your school office and provide originals of the following documents **AS SOON AS POSSIBLE after you have registered online beginning February 26, 2020,** during the hours of 9 am to 11 am and 1 pm to 3:00 pm you must provide the items listed below.

Registration Documents

- (a) Your child's birth certificate or a copy ;
- (b) Two current proofs of residency with YOUR name and address, originals only
- (c) Completed immunization record or a copy;
- (d) Physical examination form (TK, Kinder and 1st grade only); and
- (e) Oral Health Assessment Form (TK and Kinder only).
- (f) Parent ID

You must turn in all required documents at one time, otherwise your child's enrollment will not be completed/ approved. Incomplete student applications are not accepted.

If you have more than one child to enroll, please enroll all of your students at once whether they are at different schools and/or different grades, otherwise the process to enroll may be delayed.

You must enroll in your school of residence. If you wish to submit an Intradistrict form to attend an elementary school outside of your school of residence, you may pick up a form at the District office. Please submit a completed form between April 1st through June 1st. You will be notified in late summer if it has been approved. Please note that if an Intradistrict is approved, you agree that you will be responsible for providing transportation to and from school for your child/ren.

If enrolling students at different school sites, you must submit paperwork to each individual school for each student.

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 _____ SCHOOL _____

ZIP code _____

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	/ /
Tuberculin Test (Mantoux/PPD)	/ /
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					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)

RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

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.

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)

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 release of health information.

Oral Health Assessment

Dear Parent or Guardian:

To make sure your child is ready for school, California law, *Education Code* Section 49452.8, now requires that your child have an oral health assessment (dental check-up) by May 31 in either kindergarten or first grade, whichever is his or her first year in public school. Assessments that have happened within the 12 months before your child enters school also meet this requirement. The law specifies that the assessment must be done by a licensed dentist or other licensed or registered dental health professional.

Take the attached Oral Health Assessment/Waiver Request form to the dental office, as it will be needed for your child's check-up. If you cannot take your child for this required assessment, please indicate the reason for this in Section 3 of the form. You can get more copies of the necessary form at your child's school or online from the California Department of Education's Web site at <http://www.cde.ca.gov/ls/he/hn/>. California law requires schools to maintain the privacy of students' health information. Your child's identity will not be associated with any report produced as a result of this requirement.

The following resources will help you find a dentist and complete this requirement for your child:

1. Medi-Cal/Denti-Cal's toll-free number or Web site can help you to find a dentist who takes Denti-Cal: 1-800-322-6384; <http://www.denti-cal.ca.gov>. For help enrolling your child in Medi-Cal/Denti-Cal, contact your local social service agency at the Department of Social Services 2995 South Fourth Street, Suite 105, El Centro, CA 92243, or at (760) 337-6800, or (<http://co.imperial.ca.us/icdss/DSS%20Annual%20Report%202009.htm>).
2. Healthy Families' toll-free number or Web site can help you to find a dentist who takes Healthy Families insurance or to find out if your child can enroll in the program: 1-800-880-5305 or <http://www.healthyfamilies.ca.gov/hfhome.asp>.
3. For additional resources that may be helpful, contact the local public health department at Imperial County Public Health Department (ICPHD) 935 Broadway, El Centro, CA 92243, or at (760) 482-4438, or <http://www.icphd.org/>.

Remember, your child is not healthy and ready for school if he or she has poor dental health! Here is important advice to help your child stay healthy:

- Take your child to the dentist twice a year.
- Choose healthy foods for the entire family. Fresh foods are usually the healthiest foods.
- Brush teeth at least twice a day with toothpaste that contains fluoride.
- Limit candy and sweet drinks, such as punch or soda. Sweet drinks and candy contain a lot of sugar, which causes cavities and replaces important nutrients in your child's diet. Sweet drinks and candy also contribute to weight problems, which may lead to other diseases, such as diabetes. The less candy and sweet drinks, the better!

Baby teeth are very important. They are not just teeth that will fall out. Children need their teeth to eat properly, talk, smile, and feel good about themselves. Children with cavities may have difficulty eating, stop smiling, and have problems paying attention and learning at school. Tooth decay is an infection that does not heal and can be painful if left without treatment. If cavities are not treated, children can become sick enough to require emergency room treatment, and their adult teeth may be permanently damaged.

Many things influence a child's progress and success in school, including health. Children must be healthy to learn, and children with cavities are not healthy. Cavities are preventable, but they affect more children than any other chronic disease. Thank you for your cooperation and assistance in this important process.

Sincerely,

Bryan Thomason
Superintendent

**Imperial Unified School District
 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: _____

Parent/Guardian 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.

Instruction

E(2) 6163.4(a)

STUDENT USE OF TECHNOLOGY

**IMPERIAL UNIFIED SCHOOL DISTRICT
ACCEPTABLE USE POLICY APPLICATION**

School Site or Office _____ Date: ____/____/____)

User's full name (please print): _____

Check one: Administrator Staff Student Guest

(Students must have their parent/guardian AND a sponsoring teacher sign this form)

When your account is established you will be notified of your log on name and user password.

This contract must be returned to _____ at _____ prior to the opening of a member's account. A copy should be retained by the user/parent.

USER: I understand and will abide by the above terms and conditions of this contract. I understand that any violation of the regulations of the contract may result in disciplinary action, the revoking of my user account, and appropriate legal action. Should I commit any violation, I am subject to the consequences as stated in Section I of this contract. I also agree to report any misuse of the information system to the Imperial Unified School District system operator. Misuse can come in many forms, but can be viewed as any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, and other issues described in the contract. All the rules of conduct described in the Governing Board Policies of the Imperial Unified School District apply when I am on the network.

User Name (please print): _____

User Signature: _____ Date: ____/____/____

PARENT OR GUARDIAN (If you are under the age of 18, a parent or guardian must also read and sign this agreement): As the parent or guardian of this student I have read the terms and conditions of this contract. I understand that access to computer resources is designed for educational purposes and that the Imperial Unified School District has taken available precautions to eliminate controversial material. However, I also recognize it is impossible for the school district to restrict access to all controversial materials on the Internet or to monitor all materials being placed on a computer system by its users. I will not hold the Imperial Unified School District responsible for materials acquired on the Internet or for controversial materials that have been placed on a computer system without the permission of the system administrator. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to issue an account for my child and certify that the information contained on this form is correct.



Parent or Guardian's Name (please print): _____

Parent Signature: _____ Date: ___ / ___ / ___

Home phone: _____ Work phone: _____

SPONSORING TEACHER (Must be signed if the applicant is a student): I have read the terms and conditions of this document and agree to promote this agreement with the student. Because the student may use the network for individual work or in the context of another class, I cannot be held responsible for the student use of the network. As the sponsoring teacher I do agree to instruct the student on acceptable use of computer resources and proper network etiquette.

Teacher's Name (please print): _____

Teacher's Signature: _____ Date: ___ / ___ / ___

E-mail address: _____