

**Thank you for registering your child(ren) at Gettysburg Elementary!  
We are excited have you join the General Family!**

**PLEASE read this email in its ENTIRETY!  
If you miss any of these steps your child will NOT be registered.**

Due to Covid-19 we are doing our best to minimize contact. We will complete registration electronically **IF** possible. **IF** you absolutely are not able to scan and upload the required items **PLEASE** contact me as your child can not be registered until we get the required documents.

I am sending you as many documents as I can for you to complete and sign electronically. They will arrive in a separate email from Adobe Sign. Along with sending these documents I will also need you to scan and email these items **OR** return to the pre-registration portal and upload the **SCANNED** documents (***pictures will not be accepted***) into the portal: I am including a checklist in this email, please print it and make sure you are returning all required information to me.

**I am including instructions on how to scan and email documents from your phone.**

**YOUR CHILD WILL NOT BE REGISTERED UNTIL WE RECEIVE THE DOCUMENTS BELOW:**

Student Birth Certificate  
Complete Immunizations  
Parent/Guardian ID  
Proof of residency

**Acceptable forms of residency:**

A lease/rental agreement, PG&E bill, water/trash bill, last pay stub, property tax payment receipts, correspondence from a government agency, or voter registration card. If you do not have one of these in your name, please let me know so that we can complete some additional documentation.

**PARENT CONNECT/ANNUAL INFORMATION UPDATE:**

This also **MUST** be completed for your child's registration to be finalized! Failure to do so could result in your student not receiving a teacher assignment. Your pin and password will be emailed to you. Use the link below to log into the Parent Connect portal and for instructions on how to use parent connect and complete the **Annual Information Update**

<https://www.cusd.com/ParentConnection.aspx>

I know this process can be tedious, I am here to assist you so please contact me with any questions or concerns.



**Gettysburg Elementary**  
**Documents that must be returned to complete registration**








- Registration Form
- Birth Certificate
- Immunization Record (must be up to date)
- Health Questionnaire
- TB Risk Assessment (only if not immunization record)
- Proof of Residency: *PG&E Bill, Water, trash, sewage bill, Lease, Escrow Papers, Property Tax Payment Receipt, Pay Stub, Voter Registration card, SSSA Form (must be current)*
- Parent/Legal Guardian Identification
- Home Language Survey (if not from another CUSD school)
- Impacted Classes Form
- Transitional Kindergarten Form (if applicable)
- Kindergarten Placement Survey (if applicable)
- Court Documents (if applicable)

**Please be sure to return all applicable forms in order to complete your child's registration!**

**For questions please email Michelle Schilling at [michelleschilling@cusd.com](mailto:michelleschilling@cusd.com)**


## Scanning a Document with an Android Phone

### Scan a document

1. Open the Google Drive app .
2. In the bottom right, tap Add .
3. Tap Scan .
4. Take a photo of the document you'd like to scan.
  - Adjust scan area: Tap Crop .
  - Take photo again: Tap Re-scan current page .
  - Scan another page: Tap Add .
5. To save the finished document, tap Done .

### Add a scanning shortcut to your Home screen

To set up a shortcut to scan documents:

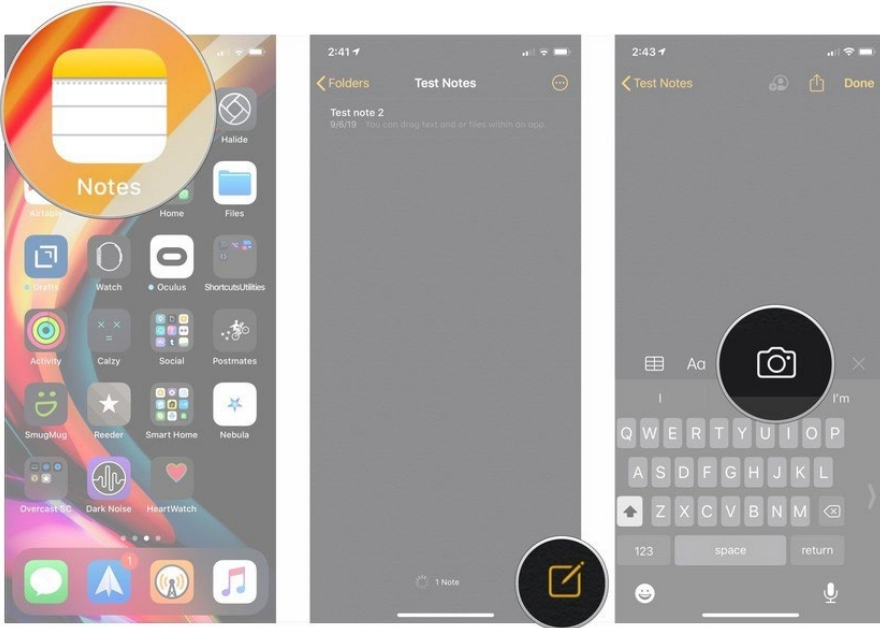
1. Open your Android phone or tablet's widgets.
2. Find the "Drive scan" widget.
3. Touch and hold the widget.
4. Drag it onto your Home screen. You may be asked to select an account.
5. Choose the folder you'll save documents inside. If you want to create a folder, tap New Folder .
6. Tap Select. You'll see the folder name in the widget.

## How to Scan & Email from Android Phone & Tablet - YouTube

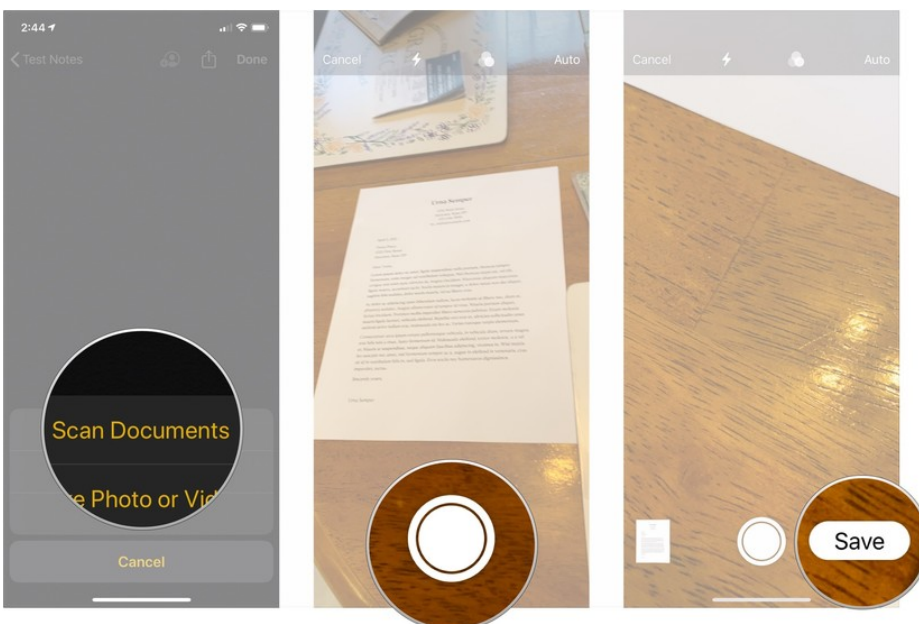
[https://www.youtube.com/watch?v=6\\_7NgiAjSNg](https://www.youtube.com/watch?v=6_7NgiAjSNg)

## HOW TO SCAN DOCUMENTS USING AN IPHONE

1. Open **Notes** on your iPhone or iPad.
2. Create a **new note** or tap on an existing one to add a document to it.
3. Tap the **camera button** at the bottom of the screen or above the keyboard.



4. Tap **Scan Documents**.
5. Line up the **document** you want to scan.
6. Tap the **shutter button** if the scanner doesn't automatically scan the document. Repeat this step for every document you want to scan.
7. Tap **Save** after you've scanned all of the necessary pages. The button will have a count of how many pages you scanned.



The scanned pages will populate in a new note in the Notes app.

## **How to email scanned documents:**

1. Open the Notes application and select the note you want to attach to an email.
2. Tap the icon of a box with an arrow in it at the bottom of the screen and tap the "Mail" icon. A new email message will open with the contents of your note displayed within.
3. Compose your email as you normally would, entering the recipient's email address along with any additional information you want to place in the body of the email.
4. Tap "Send" to send your email with the attached note to the recipient.



March 2021

Dear Parent/Guardian:

Children entering the first grade are **required** to have a Child Health and Disability Prevention (CHDP) physical examination within 18 months prior to entering first grade. Many children registering for Kindergarten receive a physical examination prior to entering school.

Any physical your child receives between March 2021 through August 2022 will meet this requirement. If your child does have a physical done during this time period, please have your physician complete the enclosed "REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY" (PM171A) and submit the form to the school your child attends.

If you do not have a regular healthcare provider, you can contact our CUSD Children's Health Center listed below for a nurse practitioner to perform the examination.

CHDP physicals are done **by appointment only** - Please call (559) 327-7976.

**CLOVIS UNIFIED CHILDREN'S HEALTH CENTER**

Sierra Vista Children's Health Center  
510 Barstow - Clovis  
Monday through Thursday  
8:30 AM to Noon; 1:00 - 4:00 PM  
Health center is closed during school holidays.  
(559) 327-7976

If you have any additional questions, please contact your credentialed school nurse at your child's school site.

Sincerely,

Jeanne Prandini, RN, MSN, CPNP-PC  
Director of Nursing Services

If you have questions or need the help of an interpreter, please call your school office.  
Si tiene alguna pregunta o si necesita la ayuda de un interprete, favor de llamar a la oficina de su escuela.  
Yog koj muaj lus nug los yog xav tau neeg pab txhais lus, thov hu rau koj lub tsev kawm ntawv.

NS D-6

Rev. 02/21

## CLOVIS UNIFIED SCHOOL DISTRICT

Dear Parent or Guardian:

Your child is attending public school for the first time and beginning a learning adventure that will last a lifetime!

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.

***What do I need to do to meet this requirement?*** 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.

***How do I find a dentist?*** The following resources will help you find a dentist and complete this requirement for your child:

1. List of Dentists: <http://www.denti-cal.ca.gov/provreferral/Fresno.pdf>
2. Free Denti-Cal Youth Services 1-844-421-3484
3. If you do not have dental coverage for your child, you may be income-eligible for coverage through the State of California's no-cost or low-cost insurance plans. CUSD offers enrollment assistance. To find out more information please call Amy Gomez C.A.A. @ (559) 327-7988.

Clovis Unified is committed to promoting the health and wellness of its students. Remember, many things influence a child's progress and success in school, including dental health.

- 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.

If you have questions about the oral health assessment requirement, please contact your Credentialed School Nurse or Clovis Unified School District Department of Nursing Services.

Sincerely,

Jeanne Prandini, RN, MSN, CPNP-PC  
Director CUSD Nursing Services

## 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
<b>POLIO</b> (OPV or IPV)					
<b>DtaP/DTP/DT/Td</b> (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
<b>MMR</b> (measles, mumps, and rubella)					
<b>HIB MENINGITIS</b> (Haemophilus Influenzae B) (Required for child care/preschool only)					
<b>HEPATITIS B</b>					
<b>VARICELLA</b> (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.**



## 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 entregue 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	Quarto	Quinto
<b>POLIO</b> (OPV o IPV)					
<b>DTaP/DTP/DT/Td</b> (difteria, tétano y [acelular] pertusis [tos ferina]) O (tétano y difteria solamente)					
<b>MMR</b> (sarampión, paperas, rubéola)					
<b>HIB MENINGITIS</b> (Hemófilo, Tipo B) (Requerida para centros de cuidado para niños y centros preescolares solamente)					
<b>HEPATITIS B</b>					
<b>VARICELLA</b> (Viruelas locas)					
OTRA (e.g. prueba TB, de ser indicado)					
OTRA					

### PARTE III INFORMACIÓN ADICIONAL DEL EXAMINADOR DE SALUD (optional)

#### 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)

\*de ser indicado

### y 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

*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](http://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: <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:	<u>Caries Experience</u> (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Visible Decay Present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Treatment Urgency:</u> <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)
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>_____</span> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><i>Licensed Dental Professional Signature</i></span> <span><i>CA License Number</i></span> <span><i>Date</i></span> </div>			

**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.*