



Rialto Unified School District Enrollment Checklist (TK - Kindergarten)

- Immunization Record
- *TB Test – must include results
- Proof of Date of Birth (birth certificate, certified birth record, baptismal certificate, passport, or

- Current address verification in parent/guardian name (Utility bill, official mail, rental/lease agreement or payment receipts, property tax receipt, pay stubs, voter registration, or affidavit no more than 30 days old)

Enrollment Center

260 South Willow Avenue, Rialto, CA 92376

Phone: 909-873-4300 Fax: 909-873-4301

email: enrollmentcenter@rialtousd.org

RIALTO UNIFIED SCHOOL DISTRICT ENROLLMENT FORM

STUDENT INFORMATION (please use blue or black ink)

Legal Last Name Legal First Name Legal Middle Name **OFFICE USE ONLY**

Grade Retained? If yes, what grade? Also Known As (other names used) Notes:

Address Apt./Space Rialto San Bernardino Fontana Zip Code
Colton Other

[Redacted student information fields]

School Assigned:

[Redacted student information fields]

Colton Other

[Redacted student information fields]

PREVIOUS SCHOOL INFORMATION (List last school first)

Name of School City State Grade School Year Reason:
 Overflow
 Inter/Intra
 Other:
Name of School City State Grade School Year
Has the student attended a Rialto USD school? If yes, name school: Grade School Year
Yes No (ex. Preschool)

PARENT EDUCATION LEVEL

The California State Department of Education requests information

PRIOR SPECIAL EDUCATION PROGRAMS

Please provide the following information for student placement

Address Verification:
 Utility/Rent Receipt
 Affidavit of Residence

[Redacted parent and special education information fields]

Parent/Guardian Signature:

Home Language Survey

Student Name:

Date of Birth:

Grade:

Directions to Parents and Guardians:

The California *Education Code* contains legal requirements which direct schools to assess the English language proficiency of students. This process begins with determining the language(s) spoken in the

[Redacted area containing survey questions and response lines]

Please sign and date this form in the spaces provided below, then return this form to your child's

Signature of Parent or Guardian:

Date:

OFFICE USE ONLY

School:

Reviewed by:

Enrollment Staff

Sent to Multilingual Programs on:

Received by MLP/LAC on:

Housing Questionnaire



The information provided below will help your child's school to determine whether you and/or your child may be eligible for specialized services and supports. This could include additional educational services through Title I, Part A and/or the

[Redacted content]

None of the

Parent/Guardian Name (Print) _____
Parent/Guardian Signature _____
[Redacted content]

If you have any questions about these rights, please contact your school site's homeless youth representative. If you have



RIALTO UNIFIED SCHOOL DISTRICT HEALTH SERVICES

[REDACTED]

[REDACTED]

RE UIRED

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Parent/Guardian Signature:

Date:

[REDACTED]

Oral Health Assessment Form

[Redacted area]

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

[Redacted area]

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:

[Redacted area]

Parent/Guardian Name: Child's consent/initials:

[Redacted area]

bring it to the school. The

Month/Day/Year

cord.
rd (PM 286).

IS GIVEN
Fourth

Fifth

OR GUARDIAN

Information about the health

Part III.

Date

Date

Signature of health examiner

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.dhcsca.gov/services/ichdp

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d-

(Bilingual)

California Immunization Requirements for

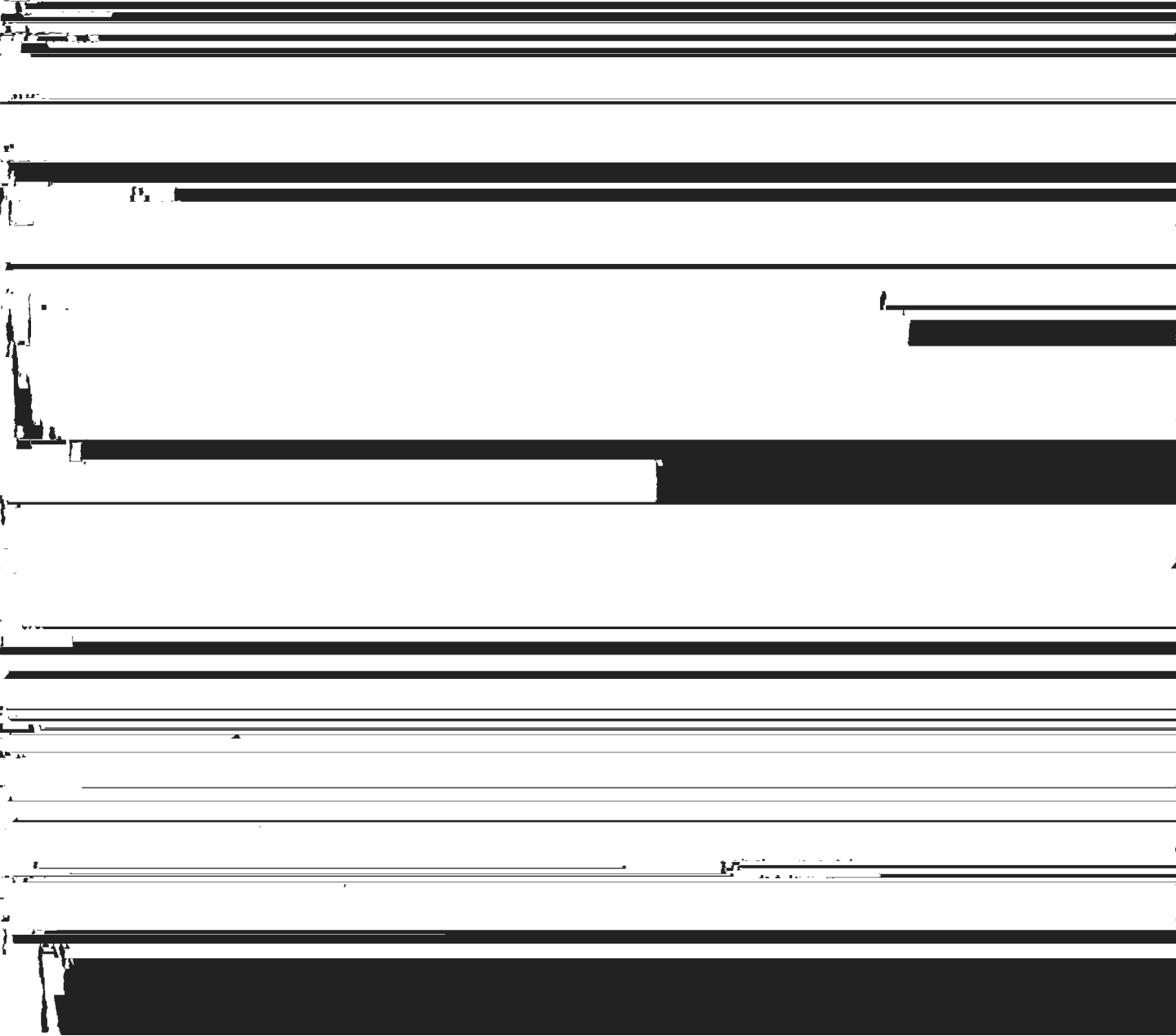
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(including transitional kindergarten)

PH

Grade	Number of Doses Required of Each Immunization ^{1,2,3}				
K-12 Admission	4 Polio ⁴	5 DTaP ⁵	3 Hep B ⁶	2 MMR ⁷	2 Varicella
(7th-12th) ⁸	K-12 doses	+ 1 Tdap			
7th Grade Advancement ^{9,10}		1 Tdap ⁸			2 Varicella ¹⁰

For 7th grade admission, refer to Health and Safety Code



Conditional Admission Schedule for Grades K-12

Dose	Earliest Dose May Be Given	Exclude If Not Given By
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]


due because the period of time allowed before exclusion has elapsed.

Polio #2	4 weeks after 1st dose	8 weeks after 1st dose
Polio #3¹	4 weeks after 2nd dose	12 months after 2nd dose
Polio #4¹	6 months after 3rd dose	12 months after 3rd dose
DTaP #2	4 weeks after 1st dose	8 weeks after 1st dose
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

(options on page 2)


Enroll

Ways to enroll in Medi-Cal and Covered California:

 **1(800) 300-1506**

www.coveredca.com

 **In-person: dhcs.ca.gov/COL**

 **Apply by mail:** Medi-Cal printable applications here: www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/SingleStreamApps.aspx

Find Help in Your Community:

Scan the QR code below or go to: allinforhealth.org/HealthCoverageResources

to locate help near you.

You Can

Stay Covered in 2023-24!

IMPORTANT for 2023 and 2024: CONTINUOUS MEDI-CAL COVERAGE PROTECTIONS END STARTING APRIL 2023.

Do you or a family member have Medi-Cal coverage? If so, you may need to take steps to keep it. You will need to renew your Medi-Cal at some point between

How to Renew your Medi-Cal Coverage and Report Changes:

- ▶ **Set up an account online.**
Visit: benefitscal.com OR
- ▶ **Contact your county Medi-Cal office.**

Get Care

Find a primary care doctor. Ask your health plan for help locating an available doctor near you.

Schedule an annual checkup for you and your child(ren). Young children need frequent well-child visits within a year.

Your health plan is required to help

What to Do to Stay Covered:

What if You No Longer Qualify for Medi-Cal Coverage?

HCS

HEALTH



COVERED CALIFORNIA

Scan this QR code for LOCAL HELP in your area.

OR GO TO: www.allinforhealth.org

Medi-Cal:

▶ Children and adults qualify for full-scope Medi-Cal benefits

▶ For more information about services covered under Medi-Cal for Kids & Teens, go to [www.allinforhealth.org](#)

Expansion of Medi-Cal

▶ Currently, every income-eligible child or person under the age of 26, every adult 50 years and older, DACA recipients, pregnant

and postpartum women, and transgender individuals qualify for Medi-Cal assistance. Some counties offer other health care options regardless of immigration status

Updated Public Charge Rule

Covered California

Covered California

Financial Help. You or your family may qualify for free Medi-Cal or premium assistance under Covered California.*

Covered California Premium Subsidies**

Tax credit continues beyond 400%

Income Level	100%	125%	150%	200%	250%	300%	350%	400%	400%+	
Medi-Cal for Adults	\$13,590	\$18,755	\$20,385	\$27,180	\$28,947	\$33,975	\$36,150	\$40,770	\$43,760	\$54,360
Medi-Cal for Kids (0-18 Yrs.)	\$23,030	\$31,782	\$34,545	\$46,060	\$49,054	\$57,575	\$61,260	\$69,090	\$74,157	\$92,120
Medi-Cal Access for Pregnant & Postpartum Individuals	\$32,470	\$44,809	\$48,705	\$64,940	\$69,162	\$81,175	\$86,371	\$97,410	\$104,554	\$129,880

Medi-Cal for Adults

Medi-Cal for Pregnant & Postpartum Individuals

Medi-Cal Access for Pregnant & Postpartum Individuals

Medi-Cal for Kids (0-18 Yrs.)

CCHIP***



STANDARD
COUNTY
CALIFORNIA

efitsCa

