



**Rialto Unified School District  
Enrollment Checklist  
(6<sup>th</sup> – 12<sup>th</sup> Grade)**

Immunization Record

\*TB Test – must include results

Proof of Date of Birth (birth certificate, certified birth record, baptismal certificate, passport, or affidavit)

Current address verification in parent/guardian name

**Enrollment Center**

**260 South Willow Avenue, Rialto, CA 92376**

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

**email: [enrollmentcenter@rialtousd.org](mailto:enrollmentcenter@rialtousd.org)**



RIALTO UNIFIED SCHOOL DISTRICT ENROLLMENT FORM

STUDENT INFORMATION (please use blue or black ink)

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

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

Mailing address, if different Apt./Space Rialto San Bernardino Fontana Zip Code Colton Other

Primary Phone Number Date of Birth Sex Preferred Language of Correspondence Grade: Male Female

Primary Email Date:

ETHNICITY (Please select one) RACE (Please select all that apply) Student #:

Is your child Hispanic or Latino? American Indian or Alaska Native (Origins in North, Central or South America)

Teacher/Counselor:

Classroom/AM or PM:

Name Date of Birth School

Date of Birth School

Name Date of Birth School

P.O.B:

Enter Code:

PREVIOUS SCHOOL INFORMATION (List last school first)

Name of School City State Grade School Year

Name of School City State Grade School Year

Overflow Inter/Intra

Has the student attended a Rialto USD school? If yes, name school: Grade School Year Yes No (ex. Preschool)

Address Verification:

# 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. The 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 teacher. Thank you for your cooperation.

Signature of Parent or Guardian:

Date:

[Redacted area]

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

[Redacted]

[Redacted]

[Redacted]

[Redacted]

None of the

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

If you have any questions about these rights, please contact your school site's homeless youth representative. If you have trouble contacting them, you may contact the Rialto USD McKinney-Vento & Foster Youth Liaisons at 909-873-4336.



## Dialto Unified School District

### Custody Issues

#### Parent Disputes over Custody in School Setting

Parents may try to use the school as a forum for disputing custody matters. If needed, the

district may consider including the following form in their annual notification to

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Parent/Guardian Signature 1

Date

Parent/Guardian Signature 2

Date

Office use only:

Date Received:

Home School:

Notification placed on Synergy: \_\_\_\_\_

Document(s) uploaded to Synergy: \_\_\_\_\_



**Rialto Unified School District**

**Child Welfare & Attendance**

260 S. Willow Ave.  
Rialto, CA 92376  
909-873-4336

**EXPULSION AFFIDAVIT – GRADES SIX THROUGH TWELVE**

In keeping with California State Education Code 48915 and 48918, Rialto Unified School District must be informed at the time a student is currently under an expulsion order from any other school district in or out of the State of California.

[Redacted area]

**Please check one:**

Student is currently residing with:  Father  Mother  Legal Guardian  Foster Parent  Caregiver

**Please check one:**

Student is **NOT** under an expulsion order from any district.

Student is currently under an expulsion order from:

(Name of School)

(City/State)

Student is currently under an expulsion order from:

(Name of School)

(City/State)

**Please check one:**

[Redacted area]

Phone Number:

(Parent Signature)

(Date)

**OFFICE USE ONLY**

Notified CWA:

Verified by CWA:

School:



# RIALTO UNIFIED SCHOOL DISTRICT HEALTH SERVICES

815 S. Willow Ave., Rialto, CA 92376 • Tel (909) 820-8150 • Fax (909) 820-8151

## STUDENT HEALTH HISTORY

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

NOT FOR RELEASE TO THE PUBLIC  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Medication / Treatment REQUIRED at school

- |  |  |
|--|--|
| <input type="checkbox"/> Allergies Type of allergy:<br>Type of Medication:   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> ADHD / ADD  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Autism  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Birth Defects / Genetic Disorders   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Blood / Bleeding Disorders  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Hearing Loss  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Kidney Disorder / Bladder Problems  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Psychological Problems  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Serious accidents or hospitalizations   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Vision Impairment   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Cancer / Leukemia   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Cerebral Palsy  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Colostomy Bag   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Diabetes: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 – Insulin Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If applicable: <input type="checkbox"/> Dexcom <input type="checkbox"/> Insulin Pump <input type="checkbox"/> Metformin <input type="checkbox"/> Humalog Insulin Pen             |  |
| <input type="checkbox"/> _____ <input type="checkbox"/> Requires Diet: _____   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature:

Date:

### OFFICE USE ONLY

Emailed Health Services:

Verified by Health Services:

School:

### Provided parent with the following documents:

- Authorization for Medical Release.  Medication Form

# K-12<sup>th</sup> Grade

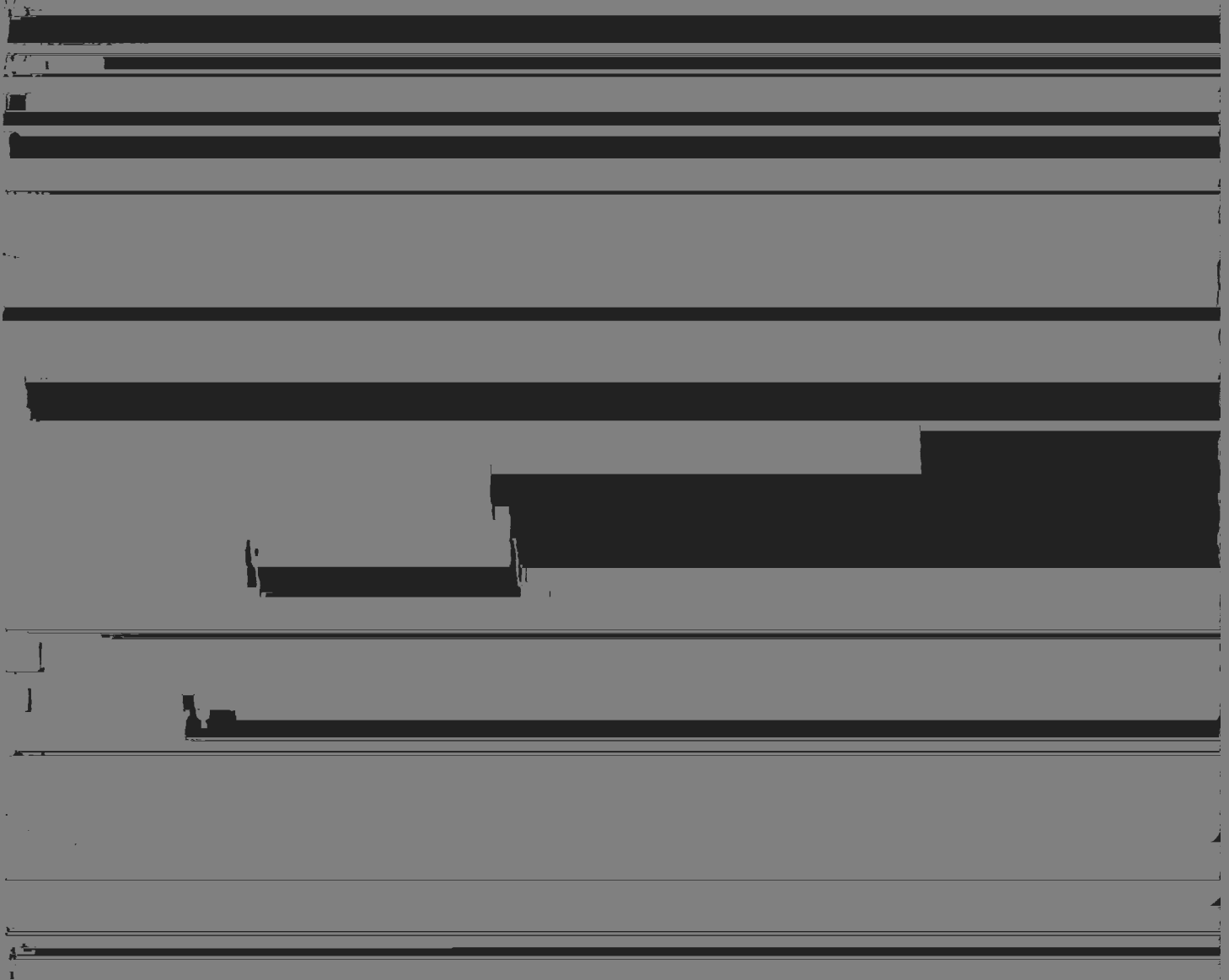
(including transitional kindergarten)



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

1. Requirements for K-12 admission also apply to transfer pupils.  
 2. Combination vaccines (e.g., MMRV) meet the requirements for each individual component vaccine.

6. For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c).  
 7. Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement separately.








## Enroll

Ways to enroll in Medi-Cal and  
Covered California:

 **1(800) 300-1506**

[www.coveredca.com](http://www.coveredca.com)

 **In-person: [dhcs.ca.gov/COL](http://dhcs.ca.gov/COL)**



## Renew your Medi-Cal coverage in 2023-24!

**IMPORTANT for 2023 and 2024:**

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



Get applications here: [www.dhcs.ca.gov/  
services/medi-cal/eligibility/Pages/  
SingleStreamApps.aspx](http://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](http://allinforhealth.org/HealthCoverageResources) to locate  
help near you.



### What to Do to Stay Covered:

### What if You No Longer Qualify



### 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

**Set up an account online.**

Visit: [benefitscal.com](http://benefitscal.com) OR

**Contact your county Medi-Cal office.**

## Renew



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.

**HEALTH  
CARE  
FOR ALL**

Scan this  
QR code for



**COVERED  
CALIFORNIA**

A PROJECT OF  
**The Children's**

OR GO TO:  
[www.allinforhealth.org](http://www.allinforhealth.org)

# Options for health

2020/2021



DENTAL CARE

MEDICAL CARE

MEDICAL CARE



PHYSICIAN EXAMS

COUNSELING SERVICES



fi sCal

