



BONITA UNIFIED SCHOOL DISTRICT

115 West Allen Avenue San Dimas, California 91773 (909) 971-8200 Fax (909) 971-8329

New Student Registration 2021-2022 School Year GRADES 1 – 12

Dear Parents or Guardians:

Welcome to the Bonita Unified School District and the 2021-2022 school year. This packet contains paperwork and instructions to initiate the enrollment process for your child.

Please contact your neighborhood school or the Office of Student Services if you have questions. Information and most necessary forms can also be found in the “Permit and Enrollment Information” section under “Parents and Students” on the Bonita Unified website: do.bonita.k12.ca.us.

When you come to your school for registration please bring the following:

- All forms from this packet completed and signed
- Verification of Date of Birth (using any of the methods allowed in California Education Code 48002)
- Proof of Residence (escrow papers, rental or lease agreement, or utility bill)
- Immunization Records (must be verified by your medical care provider)

Note: All immunizations must be up-to-date before a child will be assigned to a class.

We are looking forward to working with you and your child this year.

Sincerely,

Mark Rodgers
Senior Director, Student Services
909-971-8330, ext. 5321

Bonita Unified School District
STUDENT REGISTRATION INFORMATION, GRADES TK-12



FOR OFFICE USE:

Student ID#: _____ Grade: _____ Grid: _____ Enrollment Date: _____ Permit: _____
 BIRTHDATE VERIFICATION: _____ Birth Cert. _____ Baptismal Cert. _____ Passport _____ Age Affidavit _____ IMMUNIZATIONS COMPLETE: _____

STUDENT NAME: Last: _____ First: _____ Middle: _____
 Date of Birth: _____ Gender: _____

RESIDENT ADDRESS: _____
 Number & Street Apt # City Zip

MAILING ADDRESS: _____
 Number & Street Apt # City Zip

EDUCATIONAL PROGRAMS

Does the student have an IEP? YES NO

Does the student have a 504 Plan? YES NO

Has the student been identified for GATE? YES NO

If this student has siblings who already attend a BUSD school, please list them here:

Name: _____ School: _____
 Name: _____ School: _____
 Name: _____ School: _____

ETHNICITY AND PARENT EDUCATION LEVEL

Parent Education Level:

Not a High School Graduate High School Graduate Some College
 College Graduate Graduate School Decline to State

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
 Race (check one or more):

Amer. Indian/Alaskan Asian Indian Black/African American
 Cambodian Chinese Filipino
 Guanamanian Hawaiiin Hmong
 Japanese Korean Laotian
 Other Asian Other Pacific Islander Samoan
 Tahitian Vietnamese White

PARENT/GUARDIAN INFORMATION

Name _____ Relationship to Student _____

Resident Address (if different from above) _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-Mail _____

OTHER PARENT/GUARDIAN INFORMATION

Name _____ Relationship to Student _____

Resident Address (if different from above) _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-Mail _____

OTHER INFORMATION

Is there a court order or custody agreement that defines or limits access of a parent/guardian to the student? YES NO
 If "YES", please provide a copy of the court order or custody agreement (attach to this form)

Is this student under the terms of an expulsion from another district? YES NO
 If "YES", please provide a copy of all expulsion documentation provided by the other district (attach to this form)

PARENT SIGNATURE

I hereby verify that all of the information on this form is accurate to the best of my knowledge. I further agree to notify the school of any changes to address, phone numbers, and/or emergency information within 24 hours of the change.

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE:

Withdrawal Date: _____ Cum Sent To: _____ Date Sent: _____
Name of District

School Name: _____ Address: _____



BONITA UNIFIED SCHOOL DISTRICT

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HOME LANGUAGE SURVEY

Name of Student: _____
(Surname / Family Name) (First Given Name) (Second Given Name)

Age of Student: _____ Grade Level: _____ Teacher Name: _____

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 home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.

1. Which language did your child learn when he/she first began to talk? _____
2. Which language does your child most frequently speak at home? _____
3. Which language do you (the parents or guardians) most frequently use
when speaking with your child? _____
4. Which language is most often spoken by adults in the home?
(parents, guardians, grandparents, or any other adults) _____

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



BONITA UNIFIED SCHOOL DISTRICT
DEPARTMENT OF HEALTH SERVICES

HEALTH AND DEVELOPMENT QUESTIONNAIRE

Name of Student: _____ Last First Middle	Birthdate: _____
School: _____	Grade: _____ Age: _____
Parent Primary Phone: _____	Parent E-Mail: _____

1. Does your child have a regular source of medical care? YES NO

Name of Provider/Clinic: _____

Date of Most Recent Visit or Upcoming Visit: _____

Reason for Last or Upcoming Visit: _____

2. Does your child have any health problems? YES NO
If "yes", please describe below:

3. Does your child take any medications? YES NO
If "yes", please describe below:

4. Does your child have a potentially life-threatening health condition? YES NO
If "yes", please describe below:

5. *Additional Comments:*

Parent/Guardian Signature: _____

Date: _____



BONITA UNIFIED SCHOOL DISTRICT
FOSTER YOUTH SUPPORT

FOSTER YOUTH SCREENING QUESTIONS

Please complete the box below, then answer the six questions to the best of your ability.

Name of student: _____ Last First Middle	Birthdate: _____
School: _____	Grade: _____

- Does the youth you are enrolling live in a group home?
 Yes No Not Sure
- Is the youth you are enrolling in foster care or on probation?
 Yes No Not Sure
- Does the youth you are enrolling receive visits from the social worker or a probation officer?
 Yes No Not Sure
- Does the youth you are enrolling regularly attend court to discuss where they live?
 Yes No Not Sure
- Does the youth you are enrolling have an attorney or other court representative who helps determine where they live?
 Yes No Not Sure
- Does the youth you are enrolling live with someone other than his/her parents?
 Yes No Not Sure

Parent/Guardian Signature: _____

Date: _____



BONITA UNIFIED SCHOOL DISTRICT

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Dear Parent or Guardian,

As you are preparing to enroll your child into Kindergarten within the Bonita Unified School District, we are informing you of the state laws that require all children to be up to date on vaccinations required for entry.

Attached you will find the document "*Parents Guide to Immunizations Required for School Entry*" Please review this document and your child's vaccination records with your primary health care provider.

There are new regulations related to Medical and Personal Belief Waivers that have gone into effect.

Medical Waivers/Exemption

Senate Bill 276, 714

Starting January 1, 2021, Schools will no longer accept any type of written medical waiver exemption statement from a licensed physician. The physician must complete a standardized exemption form that contains specific information and they must submit those forms electronically to the California immunization Registry. (CAIR) Parents can create an account and log in to CAIR-ME to submit a request for a medical exemption. Next the child's doctor can complete the medical exemption in CAIR-ME and print a copy for the parents to give to the child's school. Medical exemptions may be issued in CAIR-ME no more than 12 months before a child's first enters a grade span.

Grade spans are birth-preschool, TK-K-6th and 7th-12th.

Schools may not admit students who are not fully immunized on the basis of a medical exemption. Medical exemptions are reviewed based on the specific criteria by clinical staff at CHDP with expertise in immunizations.

Exemptions based on temporary medical conditions will be valid for one year only. Exemptions based on permanent medical conditions will be valid for one grade span. When the child with a permanent exemption completes one grade span and seeks to enroll in the next, the physician must complete a new electronic exemption form.

Personal Belief Waivers

Senate Bill 277 prohibits schools from accepting any type of personal belief waiver for entry into school.

For further information visit: Shotsforschool.org

PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY



Starting July 1, 2019

Students Admitted at TK/K-12 Need:

- **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap, or Td) — 5 doses**
(4 doses OK if one was given on or after 4th birthday.
3 doses OK if one was given on or after 7th birthday.)
For 7th-12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
- **Polio (OPV or IPV) — 4 doses**
(3 doses OK if one was given on or after 4th birthday)
- **Hepatitis B — 3 doses**
(Not required for 7th grade entry)
- **Measles, Mumps, and Rubella (MMR) — 2 doses**
(Both given on or after 1st birthday)
- **Varicella (Chickenpox) — 2 doses**

These immunization requirements apply to new admissions and transfers for all grades, including transitional kindergarten.

Students Starting 7th Grade Need:

- **Tetanus, Diphtheria, Pertussis (Tdap) — 1 dose**
(Whooping cough booster usually given at 11 years and up)
- **Varicella (Chickenpox) — 2 doses**
(Usually given at ages 12 months and 4-6 years)

In addition, the TK/K-12 immunization requirements apply to 7th graders who:

- previously had a valid personal beliefs exemption filed before 2016 upon entry between TK/Kindergarten and 6th grade
- are new admissions

Records:

California schools are required to check immunization records for all new student admissions at TK/Kindergarten through 12th grade and all students advancing to 7th grade before entry. Parents must show their child's Immunization Record as proof of immunization.



See if you can get help paying for your health insurance

Covered California is where you can get quality, affordable health coverage. You may even get help paying for it.

As part of the Affordable Care Act (ACA), Covered California is a program where lawfully present Californians and their families can compare quality health plans and choose the one that works best for their health needs and budget. Covered California is the only place where you can get financial help to pay for your health insurance.



Your notes:

Are you eligible? Find out here.



FAMILY SIZE

1
2
3
4
5
6

Maximum Annual Household Income to Qualify for Financial Help

MEDI-CAL

\$17,609
\$23,792
\$29,974
\$36,156
\$42,339
\$48,521

COVERED CALIFORNIA

\$76,560
\$103,440
\$130,320
\$157,200
\$184,080
\$210,960

You may be eligible for low or no-cost Medi-Cal.

You may be eligible for financial help through Covered California.

All numbers listed above are estimates. For larger households, please visit the Shop and Compare tool at CoveredCA.com to find out if your family qualifies.

Enrollment deadlines

FOR COVERAGE EFFECTIVE ON

January 1, 2021

February 1, 2021

COMPLETE ENROLLMENT BY

December 15, 2020

January 31, 2021

PAY YOUR PREMIUM

Make sure to pay your first bill on time, and continue to make monthly payments by the due date on your invoice.

Avoid a tax penalty and ensure your coverage for 2021 by enrolling by January 31, 2021. Medi-Cal enrollment is year-round.

Have questions? We can help.

CoveredCA.com | 800.300.1506



Welcome to Covered California



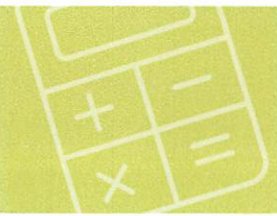
We've got you covered.

Covered California is where Californians can shop for and compare quality health plans among a variety of brand-name insurance companies. You may even get help paying for it.

We're here to help.

Covered California offers free, local, in-person enrollment help, online chat, and telephone assistance in thirteen languages as well as for the hearing-impaired.

See if you can get help paying for your health insurance.



Are you eligible? Find out here.



Maximum Annual Household Income to Qualify for Financial Help

FAMILY SIZE	MEDI-CAL	COVERED CALIFORNIA
1	\$16,754	\$48,560
2	\$22,715	\$65,840
3	\$28,677	\$83,120
4	\$34,638	\$100,400
5	\$40,600	\$117,680
6	\$46,652	\$134,960

You may be eligible for low or no-cost Medi-Cal.

You may be eligible for financial help through Covered California.

Shop and Compare

Visit CoveredCA.com and choose "Shop and Compare" to see which brand-name health plans are right for you.



All numbers listed above are estimates. For larger households, please visit the Shop and Compare tool at CoveredCA.com to find out if your family qualifies.

More questions?

Watch our "Welcome to Answers" videos at CoveredCA.com/find-help/FAQS



To get started, visit CoveredCA.com or call **800.300.1506**.

Covered California complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.300.0213 (TTY: 1.888.889.4500). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.300.1533 TTY 1.888.889.4500

COVERAGE OPTIONS

If you do not have a source of health care coverage or have recently lost your employer-sponsored health care coverage, here are some options you can explore. Contact the specific programs for more information.

COVERED CALIFORNIA:

If you have recently lost your employer-sponsored coverage (or experienced another “qualifying life event” such as having a child), you can enroll in a health plan through Covered California even outside of the normal open enrollment period. Consumers who lose their employer-sponsored coverage have 60 days before and 60 days after the date of their coverage loss to come to Covered California and select a new health insurance plan. Once you've signed up with Covered California, your coverage can begin on the first day of the following month.

Low- or moderate-income Californians may be able to get help buying coverage from Covered California with financial help that lowers premium costs. The State of California recently enacted a new law that requires most Californians to have health insurance or face a penalty when they file their taxes next year. To help with the cost of coverage, qualified consumers can get new state financial help to pay their premiums through Covered California. If you didn't know about the new financial help available, or the new state penalty, you can sign up for coverage through Covered California until April 30, 2020. If you sign up for coverage by March 31st, your new coverage will begin on April 1st. If you sign up by April 30th, your new coverage will begin on May 1st.

Visit <http://www.coveredca.com> or call **1-855-295-2023**

MEDI-CAL:

Medi-Cal offers free or low-cost health coverage for low-income California residents. Most people with Medi-Cal pay no premium or co-payments. You can apply for Medi-Cal at any time. If you are determined to be eligible for Medi-Cal, your coverage begins immediately, effective back to the first day of the month in which the application was submitted.

In addition to applying online or through your county social services department, individuals also can apply through a qualified hospital provider, using the Hospital Presumptive Eligibility Program. Applications can be filled out in a hospital and, if found eligible, coverage begins immediately, without having to wait for a full Medi-Cal application to process. In order to maintain coverage for more than two months, you must complete and submit a Medi-Cal application. You can only be determined eligible for Hospital Presumptive Eligibility once per year, so it is important to submit your Medi-Cal application before your HPE coverage expires.

A list of hospitals where you can sign up can be found on the DHCS website:
<https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/HospitalPE.aspx>

Visit <https://www.dhcs.ca.gov/> or call **Covered California** at **1-800-300-1506**

- **Federal COBRA and Cal-COBRA:** There are federal and state laws that let people continue their employer-sponsored health care coverage when a job ends or hours are reduced. The individual is required to pay the premiums themselves. People have 60 days to sign up for COBRA coverage once their previous coverage has ended.

Visit

[http://www.dmhc.ca.gov/HealthCareinCalifornia/TypesofPlans/KeepYourHealthCoverage\(COBRA\).aspx](http://www.dmhc.ca.gov/HealthCareinCalifornia/TypesofPlans/KeepYourHealthCoverage(COBRA).aspx) or call **the Department of Managed Health Care** at **1-888-466-2219**

- **MEDICARE:** Medicare is the federal program that provides health care coverage for people who are 65 or older or under 65 with a disability, including End Stage Renal Disease (ESRD).

Visit <https://www.medicare.gov/> or call **1-800-MEDICARE (1-800-633-4227)**

How to get help with your health coverage options

The California Department of Managed Health Care (DMHC) provides assistance to all California health care consumers through the DMHC Help Center. The Help Center helps consumers better understand their health care rights, explains health care benefits and resolves health plan issues. Assistance is available in all languages and all services are free. Contact the DMHC Help Center by calling **1-888-466-2219** or visit www.HealthHelp.ca.gov.

The California Department of Insurance (CDI) regulates health insurance policies in California. CDI's Consumer Complaint Center helps consumers resolve complaints against their health insurers. Contact the CDI Consumer Complaint Center by calling **1-800-927-4357** or visiting <http://www.insurance.ca.gov/>

The Health Consumer Alliance (HCA) offers free assistance by phone or in person to help people who are struggling to get or maintain health coverage and resolve problems with their health plans. If you are concerned about your immigration status, the HCA provides free, confidential consultation and information. Contact the HCA at **1-888-804-3536** or visit <https://healthconsumer.org/>