



# Banta Elementary/Banta Charter School

## Important Information!!

### Transitional Kindergarten 2024-2025



**First Day of School: Monday August 5<sup>th</sup>**

- Welcome to Banta School!



**TK School Hours:**

Monday: 8:20 AM - 1:15 PM

Tuesday-Friday: 8:20 AM - 2:55PM



**TK Orientation:**

**\*Date and Time to be Determined-** You will be contacted with further information closer to the new school year.

**Information given prior to 1st Day of School:**

- Assigned Student Teacher/Classroom
- Bus transportation form /Pick up card
- Any other needed information/forms



**22345 S El Rancho Rd. Tracy, CA 95304  
(209)229-4650 • bantasd.org**



February 1, 2024

Dear Parents:

It is a sincere pleasure to welcome you and your child to the Banta School community. We are excited about having an opportunity to work with you as a full partner in your child's education. Banta Elementary School is committed to providing each student with a high-quality learning experience. We believe the best way to achieve academic success is through the combined efforts of the school, parents/guardians, and child.

Our grade level curriculum is aligned to the California Common Core State Standards. These standards drive the plans for daily instruction and homework and also provide the basis for progress reports and report cards. Parent/teacher conferences add further clarity regarding student progress.

Additionally, we are committed to helping students maintain a natural curiosity and confidence in themselves as learners, while developing behaviors that will enable them to become active and focused learners in the classroom. Our teachers are highly skilled professionals who will determine the manner of instruction, motivation, grouping, pacing, reinforcing, and re-teaching in order to meet the needs of each student.

We urge you to become part of our active parental involvement efforts throughout the school. Working together we can do wonderful things. Please do not hesitate to contact the school office if you have any questions concerning your child's upcoming kindergarten experience. I hope you have a wonderful school year. Welcome to Banta!

Sincerely,

*Tabatha Maxie*

Tabatha Maxie, M.Ed.  
Principal  
Banta Elementary School

**Banta Elementary  
School**

**22345 South El Rancho Road  
Tracy, CA 95304**

**[www.bes.bantasd.org](http://www.bes.bantasd.org)  
(209) 229-4650**

# Banta Unified School District

## Requirements for Registration Checklist 2024-2025

### **Transitional Kindergarten**

#### **Please Provide the Following Documents:**

- ☐ Copy of Original Birth Certificate
- ☐ IEP/504 Plan (if applicable)
- ☐ Proof of Residency if in Banta District ( Rental agreement or Utility Bill)
- ☐ Driver's License
- ☐ Written Evidence of Up-to-Date Immunization with Month and Year of Each Vaccine Dose Signed or Stamped by Clinic, Physician, or Nurse. (Yellow Card)
- ☐ Legal Documents – if applicable (custody papers, restraining orders, etc)

#### **Please Fill out the Following Documents Provided in this Packet:**

- ☐ Registration Forms
- ☐ Dismissal Procedure Form

# Banta Unified School District

## New Student Registration and Enrollment Agreement

School Requesting: ☐ Banta Elementary ☐ Banta Charter

Student's Legal Name: \_\_\_\_\_  
Legal Last Name Legal First Name Legal Middle Name  
Other Legal Name (If applicable) \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: ☐ M ☐ F  
Non-Binary

Residence Address (house number & street name) Apt # City, State, Zip Grade: \_\_\_\_\_

Mailing Address (IF DIFFERENT FROM ABOVE) Apt # City, State, Zip

Birthplace city: \_\_\_\_\_ Birthplace State, Country: \_\_\_\_\_ U.S. Citizen: ☐ Yes ☐ No  
Date first attended school in the U.S.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date first attended school in California: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Parent/Guardianship Information –

Parent/Guardian #1 First Name Parent/Guardian Last Name Primary Phone Alternate Phone Alternate Phone

Relationship to Student Employer Email Address

Parent/Guardian #2 First Name Parent/Guardian Last Name Primary Phone Alternate Phone Alternate Phone

Relationship to Student Employer Email Address

With whom does the student live? – Check all that apply:

☐ Mother & Father ☐ Father ☐ Mother ☐ Step-Father ☐ Step-Mother ☐ Guardian ☐ Foster/Group Home ☐ Other, specify: \_\_\_\_\_

Is the above (checked) person(s) the student's LEGAL guardian? ☐ Yes ☐ No If No, please complete a "Caregiver Affidavit"

If there is a legal custody agreement regarding this student, please check one: ☐ Joint Custody ☐ Sole Custody ☐ Guardian

Duplicate Mailing – If divorced/separated and joint custody allows duplicate mailing/information to be given to other parent, please include their name, address, and phone number:

Full Name Phone Number Mailing Address City, State, Zip

### Parent/Guardian #1 Education – Check the Response that describes the education level of the 1st Parent/Guardian listed above :

☐ Graduate Degree or Higher(10) ☐ College Graduate(11) ☐ Some College or Associate's Degree(12)  
☐ High School Graduate(13) ☐ Not a high school graduate(14)

### Parent/Guardian #2 Education – Check the Response that describes the education level of the 2nd Parent/Guardian listed above:

☐ Graduate Degree or Higher(10) ☐ College Graduate(11) ☐ Some College or Associate's Degree(12)  
☐ High School Graduate(13) ☐ Not a high school graduate(14)

**Ethnicity** - Is this student Hispanic or Latino? (Select only one) ☐ Hispanic or Latino ☐ Not Hispanic or Latino

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider race to be.

**Race** - What is the race of this student? (**Must select at least one** racial category and may select up to five)

☐ American Indian or Alaskan Native(100) ☐ Asian Indian(205) ☐ Black or African American(600) ☐ Cambodian(207)  
☐ Chinese(201) ☐ Filipino(400) ☐ Guamanian(302) ☐ Hawaiian(301)  
☐ Hmong(208) ☐ Japanese(202) ☐ Korean(203) ☐ Laotian(206)  
☐ Other Asian(299) ☐ Other Pacific Islander(399) ☐ Samoan(303) ☐ Tahitian(304)  
☐ Vietnamese(204) ☐ White(700)

**Residence** – Where is your child/family currently living? (Federally mandated by NCLB) – Please check appropriate box:

☐ In a single family permanent residence (house, apartment, condo, mobile home) (200) ☐ In a motel/hotel (110)  
☐ Doubled-up (Sharing housing with other families/individuals due to economic hardship or loss) (120) ☐ Unsheltered (car/campsite) (130)  
☐ In a shelter or transitional housing program (100) ☐ Other, Please Specify(300): \_\_\_\_\_

**Military Information** - Is Parent or Guardian Active duty Military? Yes No

### Other Children living in the home -

Name	Age	Birthday	School
Name	Age	Birthday	School
Name	Age	Birthday	School
Name	Age	Birthday	School

PLEASE COMPLETE BOTH SIDES OF FORM

**Emergency Contact 1:**

Name: \_\_\_\_\_

**Emergency Contact 2:**

Name: \_\_\_\_\_

**Emergency Contact 3:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_

Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Alternate Phone: (\_\_\_\_) \_\_\_\_\_

**Previous School Attended -**

Name	Address	City, State, Zip	Phone Number
------	---------	------------------	--------------

Please select any student services your child received at the last school attended:

☐ Resource (RSP)
☐ Speech/Language
☐ Special Day Class (SDC)
☐ Counseling
☐ English Language Development
1. Are there any psychological or confidential reports available from your child's former school? ☐ Yes ☐ No2. Did the student have an IEP at the last school attended? ☐ Yes ☐ No3. Does the student have an active IEP? ☐ Yes ☐ No If Yes, do you have a copy of the student's IEP with you? ☐ Yes ☐ No4. Did this student have a Section 504 Plan at his/her previous school? ☐ Yes ☐ No If Yes, do you have a copy? ☐ Yes ☐ No5. Has this student been identified for GATE? ☐ Yes ☐ No6. Has this student been previously retained? ☐ Yes ☐ No If Yes, what grade? \_\_\_\_\_7. Has this student been previously suspended? ☐ Yes ☐ No**Expulsion -**1. Has your child ever been expelled from any school district? ☐ Yes ☐ No If yes, when and where? \_\_\_\_\_

If yes, what was the offense? \_\_\_\_\_

If yes, has your child been reinstated? ☐ Yes ☐ No2. Is your child on probation? ☐ Yes ☐ No If so, name and phone of probation officer: \_\_\_\_\_**Medical Information -**

Primary Care Physician	(____) _____ Phone Number	/ / Last Seen Date	Hospital of Choice
------------------------	------------------------------	-----------------------	--------------------

Specialist	(____) _____ Phone Number	Specialist	(____) _____ Phone Number
------------	------------------------------	------------	------------------------------

Medical Insurance Provider	Name of Insured	Policy Group Number	(____) _____ Phone Number
----------------------------	-----------------	---------------------	------------------------------

**Allergies -**☐ Bee Sting☐ Food☐ Peanuts

Other, List: \_\_\_\_\_

Does your child have any health, or physical limitations or restrictions? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

Does your child have any diet restrictions or needs? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

Has your child been hospitalized in the last year? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

Do you have any other health or medical concerns for your child? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

**Enrollment Agreement - I declare that the information given is true and correct.**

▪ Student Name: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BELOW FOR OFFICE USE ONLY**

<u>Proof of Birth:</u> Type:	<u>Proof of Residence:</u> Type:	<u>Proof of Immunization:</u> Type:	<u>Entry Reason:</u>	<u>Enroll Date:</u>	<u>Assigned Grade:</u>	<u>Permanent ID:</u>
Verified by:	Verified By:	Verified By:				

PLEASE COMPLETE BOTH SIDES OF FORM

# BANTA ELEMENTARY SCHOOL DISTRICT HOME LANGUAGE SURVEY

**Name of Student:** \_\_\_\_\_

**Last Name**                      **First Name**                      **Middle Name**

**School:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

### Directions to Parents and Guardians:

**The California Education Code contains legal requirements that direct schools to determine the language(s) spoken in each student's home. This information is essential for the school to provide adequate instructional programs and services.**

**As parents or guardians, your cooperation is requested in complying with this legal requirement. Please respond to each of the four questions listed below as accurately as possible. Write the name(s) of the language(s) that apply in the space provided for each question. Please do not leave any questions unanswered.**

1. Which language did your child learn when they 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) \_\_\_\_\_
5. Has your child ever been given the ELPAC Test (English Language Proficiency Assessments for California )? \_\_\_\_\_

**Please sign and date this form in the spaces provided below, then return this form to your child's teacher. We appreciate your cooperation.**

**Signature of Parent or Guardian**

Date \_\_\_\_\_

**Banta Unified School District**  
**Student Acceptable Use Policy and Computer Use Agreement**

**E 6163.4**

The Banta Unified School District and the San Joaquin County Office of Education Data Processing Joint Powers Authority, hereinafter referred to as the “district”, authorizes students to use technology owned or otherwise provided by the district as necessary for instructional purposes. The use of district technology is a privilege permitted at the district's discretion and is subject to the conditions and restrictions set forth in applicable policies, administrative regulations, and this Acceptable Use Policy and Computer Use Agreement. The district reserves the right to suspend access at any time, without notice, for any reason. The district expects all students to use technology responsibly in order to avoid potential problems and liability. The district may place reasonable restrictions on the sites, material, and/or information that students may access through the system. Each student who is authorized to use district technology and his/her parent/guardian shall sign this Acceptable Use Policy and Computer Use Agreement as an indication that they have read and understand the agreement.

**Definitions**

District technology includes, but is not limited to, computers, chromebooks, the district's computer network including servers and wireless computer networking technology (wi-fi), the Internet, email, USB drives, wireless access points (routers), tablet computers, smartphones and smart devices, telephones, cellular telephones, personal digital assistants, pagers, MP3 players, wearable technology, any wireless communication device including emergency radios, and/or future technological innovations, whether accessed on or off site or through district-owned or personally owned equipment or devices.

**Student Obligations and Responsibilities**

Students are expected to use district technology safely, responsibly, and for educational purposes only. The student in whose name district technology is issued is responsible for its proper use at all times. Students shall not share their assigned online services account information, passwords, or other information used for identification and authorization purposes, and shall use the system only under the account to which they have been assigned.

Students are prohibited from using district technology for improper purposes, including, but not limited to, use of district technology to:

1. Access, post, display, or otherwise use material that is discriminatory, libelous, defamatory, obscene, sexually explicit, or disruptive.
2. Bully, harass, intimidate, or threaten other students, staff, or other individuals ("cyberbullying").
3. Disclose, use, or disseminate personal identification information (such as name, address, telephone number, Social Security number, or other personal information) of another student, staff member, or other person with the intent to threaten, intimidate, harass, or ridicule that person.
4. Infringe on copyright, license, trademark, patent, or other intellectual property rights.
5. Intentionally disrupt or harm district technology or other district operations (such as destroying district equipment, placing a virus on district computers, adding or removing a computer program without permission from a teacher or other district personnel, changing settings on shared computers).
6. Install unauthorized software.

7. "Hack" into any system to manipulate data of the district or other users.
8. Engage in or promote any practice that is unethical or violates any law or policy, administrative regulation, or district practice.
9. Bypass or disable any security software, settings, or configurations.

**Privacy**

Since the use of district technology is intended for educational purposes, students shall not have any expectation of privacy in any use of district technology.

The district reserves the right to monitor and record all use of district technology, including, but not limited to, access to the Internet or social media, communications sent or received from district technology, or other uses. Such monitoring/recording may occur at any time without prior notice for any legal purposes including, but not limited to, record retention and distribution and/or investigation of improper, illegal, or prohibited activity. Students should be aware that, in most instances, their use of district technology (such as web searches and emails) cannot be erased or deleted.

All passwords created for or used on any district technology are the sole property of the district. The creation or use of a password by a student on district technology does not create a reasonable expectation of privacy.

**Personally Owned Devices**

If a student uses a personally owned device to access district technology, he/she shall abide by all applicable policies, administrative regulations, and this Acceptable Use Policy and Computer Use Agreement. Any such use of a personally owned device may subject the contents of the device and any communications sent or received on the device to disclosure pursuant to a lawful subpoena or public records request.

**Reporting**

If a student becomes aware of any security problem (such as any compromise of the confidentiality of any login or account information) or misuse of district technology, he/she shall immediately report such information to the teacher or other district personnel.

**Consequences for Violation**

Violations of the law, policy, or this agreement may result in revocation of a student's access to district technology and/or discipline, up to and including suspension or expulsion. In addition, violations of the law, policy, or this agreement may be reported to law enforcement agencies as appropriate.

**Google Apps for Education**

Banta Unified School District is implementing Google Apps for Education for students and teachers. Students will have Google accounts to allow email, storage of their documents and presentations online. All stored work will be accessible from home, school, and anywhere there is an Internet connection. These accounts will be used for school related projects only. Student email accounts will be limited to accounts within the bantasd.org domain (students will only be able to send and receive emails with other accounts within the domain, not outside). Google Apps is a place for students to safely keep online communication and collaboration documents as they relate to school – school web sites, school documents, school videos, school calendars, school email. It is not to be used for personal things. The email naming convention is username@bantasd.org.



**Student Acknowledgment**

I have received, read, understand, and agree to abide by this Acceptable Use Policy and Computer Use Agreement and other applicable laws and district policies and regulations governing the use of district technology. I understand that there is no expectation of privacy when using district technology. I further understand that any violation may result in loss of user privileges, disciplinary action, and/or appropriate legal action.

Name: \_\_\_\_\_  
(Please print)

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent or Legal Guardian Acknowledgment**

If the student is under 18 years of age, a parent/guardian must also read and sign the agreement.

As the parent/guardian of the above-named student, I have read, understand, and agree that my child shall comply with the terms of the Acceptable Use Agreement. By signing this Agreement, I give permission for my child to use district technology and/or to access the school's computer network and the Internet. I understand that, despite the district's best efforts, it is impossible for the school to restrict access to all offensive and controversial materials. I agree to release from liability, indemnify, and hold harmless the school, district, and district personnel against all claims, damages, and costs that may result from my child's use of district technology or the failure of any technology protection measures used by the district. Further, I accept full responsibility for supervision of my child's use of his/her access account if and when such access is not in the school setting.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_

**Banta Unified School District**  
**Parent Agreements for**  
**Banta Unified School District Policies and Handbooks**

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

I have viewed the district and school websites <https://bes.bantaesd.net> and reviewed all information below under the Parent/Students documents with my child. If you do not have Internet access, please contact the school office for a copy of these documents.

My signature next to the document title on this sheet, gives my acknowledgment and/or permission. Please return this page to your child's teacher.

**Document**

**Parent Signature**

Banta School and District Handbooks

\_\_\_\_\_

Library Book Policy

\_\_\_\_\_

Parent's Notice of Rights and Responsibilities

\_\_\_\_\_

School Attendance

\_\_\_\_\_

Parental consent for release of information and records for obtaining federal reimbursements funds for school health services

\_\_\_\_\_

**I have read and discussed the student handbook conduct code with my child and will abide by its provisions and the rules of the school.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# **Banta Unified School District**

## **Parent Portal Acceptable Use Agreement**

Banta Unified District offers the Powerschool Parent Portal to promote educational excellence further and enhance communication with parents. The Parent Portal allows parents to view their own child's school records anywhere, any time. California State Testing (CAASPP-ELA and Math Grades 3-8, Science Grades 5/8. ELPAC-English Learner grades K-8) scores are now available via the parent portal; you will need access to the Portal to view your student's test scores each year, paper copies will only be made available by request.

Use of the Parent Portal is a privilege and not a right. The Parent Portal is available to every parent or guardian of a student enrolled in the Banta Unified School District. In response for the privileged of accessing the Banta Unified School District Portal, every parent is expected to act in a responsible, ethical and legal manner. Parents are required to adhere to the following guidelines:

1. Parents will not share passwords with anyone, including their children
2. Parents will not attempt to harm or destroy the data of their children, another user, or the school district.
3. Parents will not use the Parent Portal for any illegal activity, including privacy laws.  
Anyone found to be violating laws will be subject to civil and or criminal charges
4. Parents will not access data or any account owned by another parent
5. Parents who identify a security problem with the Parent Portal must notify the district technology department immediately, without demonstrating the problem to anyone else.
6. Parents identified as a security risk to the Parent Portal or any other Banta Unified School District computers or networks will be denied access to the Parent Portal.
7. Access to the Parent Portal is a privilege and not a right. Improper use or abuse,m will result in termination of this privilege.

Only by signing and returning this agreement will you receive access to the Parent Portal for your child. Sign and return this form in its entirety.

Names and grades of your children in the Banta Unified School District

Name: _____	Grade: _____
Name: _____	Grade: _____
Name: _____	Grade: _____

I have read the Parent Portal Acceptable Use Policy ( including the User's Guidelines enclosed) and I agree to abide by and support these rules. I understand that if I violate any terms of this Acceptable Use Policy, I may lose my privilege to use the Parent Portal and may be held liable for Civil and/or Criminal consequences.

_____ Parent/Guardian Signature	_____ Parent/Guardian Printed Name
------------------------------------	---------------------------------------

_____ Parent/Guardian Signature	_____ Parent/Guardian Printed Name
------------------------------------	---------------------------------------

Primary Email Address \_\_\_\_\_



## Release of Student Information and Photo Release Form. *(Including Social Media)*

**Student's Name :** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School Year:** \_\_\_\_\_ **Teacher's Name:** \_\_\_\_\_

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student's education records. Parents and eligible students have the right to opt out of the inclusion of information about the student as director information, social media posts, photography for publication, and the posting of student work. This election is good for the duration of the time that the child is enrolled at Banta Elementary School/ Banta Charter School, but may be changed at any point by submitting a new release of Student Information and Photo Release Form.

Please select one option by checking the corresponding box:

- ☐ Banta Elementary/Banta Charter School **has my permission** to include my student's information in any directory, publication of my student and any student work, without my consent.

*This includes the following:*

- Facebook and other social media platforms
- News channels/publications (online and in print)
- Newsletters
- School, District and classroom websites
- School and District awards
- School and District Calendars
- School Board Presentations

- ☐ Banta Elementary/Banta Charter School **has my permission** to include my student's picture and name **only in the Yearbook.**

- ☐ Banta Elementary/Banta Charter **does NOT have my permission** to include my student's information nor image in directory information that may be released without my consent.

---

Parent/Guardian's Name ( Please print)

Date:

---

Parent/Guardian's Signature

**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.**

### Oral Health Assessment Form

California law (*Education Code* Section 49452.8) says every child must have a dental check-up (assessment) by May 31<sup>st</sup> of his/her first year in public school. A California licensed dental professional must do the check-up and fill out Section 2 of this form. If your child had a dental check-up in the last 12 months, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out the separate Waiver of Oral Health Assessment Requirement Form.

This assessment will let you know if there are any dental problems that need attention by a dentist. This assessment will also be used to evaluate our oral health programs. Children need good oral health to speak with confidence, express themselves, be healthy and, ready to learn. Poor oral health has been related to lower school performance, poor social relationships, and less success later in life. For this reason, we thank you for making this contribution to the health and well-being of California's children.

#### Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's Birth Date: MM – DD – YYYY										
Address:			Apt.:										
City:		ZIP Code: 											
School Name:	Teacher:	Grade:	Year child starts kindergarten:   Y   Y   Y   Y										
Parent/Guardian First Name:	Parent/Guardian Last Name:		Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female										
Child's Race/Ethnicity:	<table><tr><td><input type="checkbox"/> White</td><td><input type="checkbox"/> Native American</td></tr><tr><td><input type="checkbox"/> Black/African American</td><td><input type="checkbox"/> Multi-racial</td></tr><tr><td><input type="checkbox"/> Hispanic/Latino</td><td><input type="checkbox"/> Native Hawaiian/Pacific Islander</td></tr><tr><td><input type="checkbox"/> Asian</td><td><input type="checkbox"/> Unknown</td></tr><tr><td><input type="checkbox"/> Other (please specify)</td><td></td></tr></table>			<input type="checkbox"/> White	<input type="checkbox"/> Native American	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Multi-racial	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Asian	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other (please specify)	
<input type="checkbox"/> White	<input type="checkbox"/> Native American												
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Multi-racial												
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/Pacific Islander												
<input type="checkbox"/> Asian	<input type="checkbox"/> Unknown												
<input type="checkbox"/> Other (please specify)													

*Continued on Next Page*

## 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:  MM – DD – YYYY	Untreated Decay (Visible Decay Present)  <input type="checkbox"/> Yes <input type="checkbox"/> No	*Caries Experience (Visible decay and/or fillings present)  <input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment Urgency:  <input type="checkbox"/> <b>No obvious problem found</b> <input type="checkbox"/> <b>Early dental care recommended</b> (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> <b>Urgent care needed</b> (pain, infection, swelling or soft tissue lesions)		
<div style="text-align: right; margin-right: 100px;">MM – DD – YYYY</div> <div> <div style="border-bottom: 1px solid black; width: 35%; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 30%; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 25%; display: inline-block;"></div> </div> <div> <div style="display: inline-block; width: 35%;">Licensed Dental Professional Signature</div> <div style="display: inline-block; width: 30%;">CA License Number</div> <div style="display: inline-block; width: 25%;">Date</div> </div>		

\*Check “Yes” for Caries experience if there is presence of untreated decay or fillings  
Check “No” for Caries experience if there is no untreated decay and no fillings

## Section 3: Follow-up to Urgent Care (Filled out by entity responsible for follow up)

Parent notified that child has urgent dental care need on:	MM – DD – YYYY
A follow-up appointment for this child has been scheduled for:	MM – DD – YYYY
Did child receive needed treatment? <div style="display: inline-block; vertical-align: top; margin-left: 10px;"> <input type="checkbox"/> <b>Yes</b>  <input type="checkbox"/> <b>No</b> (If no, entity responsible for follow-up will be encouraged to check back in with parent)  <input type="checkbox"/> <b>I don't know</b> </div>	

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.

***Original to be kept in child's school record.***



## Transitional Kindergarten Child Dismissal Procedure 2024-2025

On typical days, my child \_\_\_\_\_ will leave  
school by:

\_\_\_\_\_ **Car/Will be Pick-Up** (You will receive name plaques for pick up)

\_\_\_\_\_ **School Bus** (Complete a bus form)

\_\_\_\_\_ **After School Program- Boys & Girls Club** (Complete a B & G Club  
application to be enrolled or placed on waiting list)

I, \_\_\_\_\_ understand that I am responsible of notifying  
the school office and/or my child's teacher of any changes to the dismissal procedure.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



## 2024-2025 Banta Unified School District Household Income Data Collection Form

**This is not an application for Free and Reduced-Price Meals.** All students in the Banta Unified School District receive free meals. We request that all families return this **confidential** income data collection form in order to assist the school in qualifying for state funding and resources from the California Department of Education.

Household Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### PART I: Fill in the following information for children living in your household

Name of Child(ren) attending a California K-12 Public School			School Attending	Birth Date	Grade Level
Last	Middle	First			
1.					
2.					
3.					
4.					
5.					
6.					

### PART II: Fill in the following information for Household Size

Total number of adults and children in Household:

Select one:     1       2       3       4       5       6       7       8       Other \_\_\_\_\_

See back of this form for information on household size.

### PART III: Fill in the following for each source of Household Income

Household Income reported by Frequency:					
Household Members	Amount if Paid Weekly	Amount if Paid Twice Per Month	Amount if Paid Every Other Week	Amount if Paid Monthly	Amount if Paid Annually
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$
All Additional Income	\$	\$	\$	\$	\$
Subtotal	\$	\$	\$	\$	\$
Multiply Subtotal by:	X 52	X 24	X 26	X 12	
Total Income by Frequency	\$	\$	\$	\$	\$
Total Household Income (sum of all columns):					\$

### PART IV: Signature

*I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.*

Signature of Adult Household Member \_\_\_\_\_

Date \_\_\_\_\_

Printed Name of Adult Household Member \_\_\_\_\_

District Use only: Date Reviewed: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Verified by \_\_\_\_\_

Completing this Form	Completing this Form
<p><i>The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.</i></p>	

### **Who should I include in “Household Size”?**

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do *not* include them.

### **What is included in “Total Household Income”?** Total Household Income includes all of the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources, including any amount received from CalWORKs.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- **All Other Income:** Include worker’s compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from CalFresh, WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. *Do not* include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay **ONLY** if you receive it on a regular basis.

### **How do I report household income for pay received on a weekly, twice per month, every other week, monthly, and annual basis?**

- For each household member determine the frequency in which income is received (weekly, twice per month, every other week, monthly, or annually) and enter amount in appropriate column. For example, if you are paid twice per month report the gross amount of your paycheck in the appropriate column.
- Repeat these steps for each source of income for each household member. If you have more sources of income than columns provided, report all additional income in the appropriate column.
- Add amounts reported in each column in the subtotal row. Multiply each subtotal by the appropriate number, as indicated on the form.
- Add all columns to determine the Total Household Income.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, put down that you made \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

**For additional information on Household Size and Gross Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at <http://www.fns.usda.gov/cnd/guidance/default.htm>.**