



Galt Joint Union Elementary School District  
1018 C Street, Suite 210, Galt CA 95632 | 209-744-4545

# School Registration 2024-2025

## Enrollment and Eligibility

Registration for the 2024-2025 school year begins at 8:00 a.m. on [Monday, January 22, 2024](#).

Online Registration at: [https://ca-galt.edupoint.com/PXP2\\_OEN\\_Login.aspx](https://ca-galt.edupoint.com/PXP2_OEN_Login.aspx)

Registration packets can be picked up at any school site or [downloaded here](#). Registrations will be time-stamped and dated.

- Enrollment in Kindergarten requires that a child be 5 years of age on or before September 1, 2024.
- Enrollment in Transitional Kindergarten requires that a child be 5 years of age between September 2, 2024 and June 2, 2025.
- Transitional Kindergarten for all students will be at Fairsite Elementary and Early Learning Center at 902 Caroline Street, Galt.

## Registration Priority and Placement – PLEASE NOTE

GJUESD cannot guarantee placement for every child at their home school if excessive enrollment exists. There is a possibility that your child may be reassigned to another GJUESD school. Priority will be given to completed registrations based on the order returned after Registration begins.

## Records Needed for Enrollment

### 1. Proof of Residency

*Under Education Code section 48204.1, the following documents establish proof of residency in an attendance zone:*

- Property tax payment receipts;
- Rental property contract, lease, or payment receipts;
- Utility service contract, statement, or payment receipts;
- Pay stubs;
- Voter registration;
- Correspondence from a government agency; or
- Declaration of residency executed by the parent or legal guardian of the pupil.

### 2. Proof of Age

*Under Education Code section 48002, the following documents establish age:*

- Certified copy of a birth record;
- Statement by the local registrar or a county recorder certifying the date of birth;
- Baptism Certificate;
- Passport; or
- Affidavit of the parent, guardian, or custodian of the minor

### 3. Immunization Record (immunization requirement attached)

### 4. Kindergarten and First-Grade Dental Screenings (information attached)

### 5. Kindergarten and First-Grade Physical Exam

State law requires that for each child enrolling in the first grade, the parent or guardian must present a certificate signed by a physician, verifying that the child has received a physical examination within the last 18 months.

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## MISSION STATEMENT

The school district's mission is to promote growth and achievement through innovative educational programs that integrate personal strengths and social-emotional and academic learning for all children.

Superintendent: Lois Yount | Chief Business Official: Alejandra Garibay  
Curriculum Director: Claudia Del Toro-Anguiano | Educational Services Director: Kuljeet Nijjar

Board of Trustees: Traci Skinner, Casey Raboy, Katherine Harper, Annette Kunze, Wesley Cagle

## Galt Joint Union Elementary School District

1018 C Street, Suite 210, Galt, CA 95632 Phone (209) 744-4545 Fax (209) 744-4553 www.galt.k12.ca.us

### Student Registration Form

**Student Legal Name:** Last \_\_\_\_\_ Suffix \_\_\_\_\_  
 First \_\_\_\_\_ Middle \_\_\_\_\_  
 Previous Legal Name \_\_\_\_\_  
 Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Gender:  Male  Female Grade \_\_\_\_\_

**Household 1:**

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Contact Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Relationship to Student \_\_\_\_\_ Legal Guardian:  Yes  No  
 Lives with Student:  Yes  No Language Spoken \_\_\_\_\_  
 Primary Phone (select one):  Home  Cell  Work Home Phone (\_\_\_\_\_) \_\_\_\_\_  
 Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ ext \_\_\_\_\_  
 Text Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
 Employer \_\_\_\_\_ City \_\_\_\_\_

Contact Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Relationship to Student \_\_\_\_\_ Legal Guardian:  Yes  No  
 Lives with Student:  Yes  No Language Spoken \_\_\_\_\_  
 Primary Phone (select one):  Home  Cell  Work Home Phone (\_\_\_\_\_) \_\_\_\_\_  
 Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ ext \_\_\_\_\_  
 Text Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
 Employer \_\_\_\_\_ City \_\_\_\_\_

Other Students Living in the Home	Relationship to Student	Grade	School Name
1.			
2.			
3.			
4.			
5.			

**Household 2:** If applicable, please complete.

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Contact Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Relationship to Student \_\_\_\_\_ Legal Guardian:  Yes  No  
 Lives with Student:  Yes  No Language Spoken \_\_\_\_\_  
 Primary Phone (select one):  Home  Cell  Work Home Phone (\_\_\_\_\_) \_\_\_\_\_  
 Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ ext \_\_\_\_\_  
 Text Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
 Employer \_\_\_\_\_ City \_\_\_\_\_

Contact Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Relationship to Student \_\_\_\_\_ Legal Guardian:  Yes  No  
 Lives with Student:  Yes  No Language Spoken \_\_\_\_\_  
 Primary Phone (select one):  Home  Cell  Work Home Phone (\_\_\_\_\_) \_\_\_\_\_  
 Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ ext \_\_\_\_\_  
 Text Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
 Employer \_\_\_\_\_ City \_\_\_\_\_

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### Student Registration Form

#### Household 2: (continued)

Other Students Living in the Home	Relationship to Student	Grade	School Name
1.			
2.			
3.			
4.			
5.			

**Emergency Contacts:** List individuals, other than parents/guardians, authorized to pick up your student. Must be 18 years of age or older.

First Name and Last Name	Relationship	Primary Phone (select one)
1.		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work (_____) _____
2.		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work (_____) _____
3.		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work (_____) _____

#### Court Order:

Is there a court order regarding custody of this student?  Yes  No

Is there a restraining order regarding a birth parent or other party?  Yes  No

If yes to either question above, you must provide the school with a copy of the most current court order within 10 days of registering your student. Please initial. \_\_\_\_\_

If no court order is provided, information will be released to this parent upon request.

Court orders must be resubmitted to the school at the beginning of each school year.

(federal and state requirement)

**Residence:** Where is your student/family currently living? Select one.

- Single Family Permanent Residence (house, apartment, condominium, mobile home)
- Temporary Shelters (transitional housing)
- Hotels/Motels
- Temporarily Doubled Up (sharing the housing of other persons due to the loss of housing or economic hardship)
- Temporarily Unsheltered (car, campsite)
- Foster Family Home or Kinship Placement
- Other \_\_\_\_\_

#### Previous School:

District/School Name \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Grade(s) Enrolled \_\_\_\_\_ Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Exit Date \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Enrollment History:

Date student first enrolled in a TK-12 school in California. \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Has student previously enrolled in the Galt Joint Union Elementary School District?  Yes  No

Has student advanced a grade earlier than expected?  Yes  No Grade \_\_\_\_\_

Has student repeated a grade?  Yes  No Grade \_\_\_\_\_

Has student participated in the Gifted and Talented Program (GATE)?  Yes  No

Has student been expelled from a previous school district?  Yes  No Expulsion pending?  Yes  No

School \_\_\_\_\_ Reason \_\_\_\_\_

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### Student Registration Form

(federal and state requirement)

California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential and will affect your student's language academic program placement and services. (Ed. Code 52164)

#### Home Language Survey:

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

What language do you prefer to receive verbal and written correspondence?  English  Spanish

(federal and state requirement)

**Ethnicity and Race:** Please answer both questions.

1. What is your student's ethnicity?
  - Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, other Spanish culture or origin, regardless of race.
  - Not Hispanic or Latino
2. What is your student's race? Regardless of student's ethnicity, select one or more race categories.
  - American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

- Chinese       Korean       Asian Indian       Cambodian       Other Asian  
 Japanese       Vietnamese       Laotian       Hmong       Filipino

Black or African American: A person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

- Hawaiian       Guamanian       Samoan       Tahitian       Other Pacific Islander

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

(federal and state requirement)

**Parent Education Level:** Select the highest level completed by either parent/guardian.

- Not a High School Graduate       Some College or Associate's Degree       Graduate Degree or Higher  
 High School Graduate       College Graduate       Decline to State

**Migrant Work:** Has a parent/guardian recently engaged in migrant work or been engaged in migrant work (moved and worked seasonally in agriculture, lumber, dairy, or fishery related job) in the past three years?

- Yes  No      Is your student currently receiving services?  Yes  No

**Armed Forces Family:** Is a parent/guardian an Armed Forces member (Army, Navy, Air Force, Marine Corps, or Coast Guard), on active duty or serve on full-time National Guard duty?  Yes  No

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### Student Registration Form

**Special Education:**

- ❖ Does your student have a current Individualized Education Program (IEP)?  Yes  No  
 If yes, attach current IEP. Please initial. \_\_\_\_\_ Select all that apply.
- ❖ Does your student have a current 504?  Yes  No  
 If yes, attach current 504. Please initial. \_\_\_\_\_ Select all that apply.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Autism                         | <input type="checkbox"/> Hard of Hearing         | <input type="checkbox"/> Specific Learning Disability  |
| <input type="checkbox"/> Deaf-Blindness                 | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Speech or Language Impairment |
| <input type="checkbox"/> Deafness                       | <input type="checkbox"/> Multiple Disabilities   | <input type="checkbox"/> Traumatic Brain Injury        |
| <input type="checkbox"/> Emotional Disturbance          | <input type="checkbox"/> Orthopedic Impairment   | <input type="checkbox"/> Visual Impairment             |
| <input type="checkbox"/> Established Medical Disability | <input type="checkbox"/> Other Health Impairment |  |

**Medical Information:** Select all that apply.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> ADD/ADHD                      | <input type="checkbox"/> Circulatory System Disorder | <input type="checkbox"/> Orthopedic Condition           |
| <input type="checkbox"/> Allergy/Food                  | <input type="checkbox"/> Diabetes Type 1/Type 2      | <input type="checkbox"/> Respiratory Disorder/Condition |
| <input type="checkbox"/> Allergy/Other                 | <input type="checkbox"/> Eating Disorder             | <input type="checkbox"/> Seizure Disorder               |
| <input type="checkbox"/> Anaphylaxis                   | <input type="checkbox"/> Endocrine System Disorder   | <input type="checkbox"/> Skin Condition                 |
| <input type="checkbox"/> Asthma                        | <input type="checkbox"/> Gastrointestinal Disorder   | <input type="checkbox"/> Spina Bifida                   |
| <input type="checkbox"/> Bladder/Kidney/Liver Disorder | <input type="checkbox"/> Headache                    | <input type="checkbox"/> Vision Disorder                |
| <input type="checkbox"/> Blood Disorder                | <input type="checkbox"/> Hearing Disorder            | <input type="checkbox"/> Other                          |
| <input type="checkbox"/> Cancer/Tumor                  | <input type="checkbox"/> Mental Health               | <input type="checkbox"/> _____                          |
| <input type="checkbox"/> Cardiac/Heart Condition       | <input type="checkbox"/> Neurological Disorder       | _____   |

**Medication:** If your student receives daily medication, please list below. Medication cannot be dispensed at the school without a formal request signed by a doctor and parent/guardian. Medication forms are available in the school office.

Medication	Dosage	Time(s) Given
1.		
2.		

**Medical Authorization:** As a legal custodian of \_\_\_\_\_, a minor, I hereby authorize the principal or his/her designee, into whose care the aforementioned minor pupil has been entrusted, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist. I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that the Galt Joint Union Elementary School District, its employees, and its Board assume no liability of any nature in relation to the transportation or treatment of said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, x-ray, or treatment provided in relation to this authorization shall be my responsibility.

Preferred Doctor \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
 Preferred Hospital \_\_\_\_\_ City \_\_\_\_\_  
 Health Insurance Carrier \_\_\_\_\_  
 Group/Medical Record Number \_\_\_\_\_ Policy Number \_\_\_\_\_

- In the event of an accident or emergency, I give permission for school staff or my emergency contact to obtain necessary emergency medical care for my student.
- I do not consent to medical care for my student. I release the School/District from liability. Please initial. \_\_\_\_\_

**Medical Authorization: Parent/Guardian Signature**

**Student Registration:** By signing below, I authorize the release of all student records and certify the information given on this form is true and correct.

Print Name \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_



## ORAL HEALTH NOTIFICATION LETTER

Dear Parent or Guardian:

Having a healthy mouth helps your child do well in school. To ensure your child is ready for school, California law Education Code Section 49452.8 requires that your child have an oral health assessment or dental check-up in his or her first year in public school (kindergarten or first grade). Every child needs an oral health assessment from a licensed dentist or other licensed or registered dental health professional and a completed Oral Health Assessment form to meet this requirement.

If your child has not had an oral health assessment in the past 12 months, they will need one before May 31. Take the attached Oral Health Assessment form to your child's dentist to complete if your child has had an oral health assessment or dental check-up in the past 12 months. The following information will help you find a dentist:

1. Call the Medi-Cal Telephone Service Center at 1-800-322-6384 or visit Smile California – Find a Dentist (<https://smilecalifornia.org/find-a-dentist/>) to find a dentist that accepts Medi-Cal. To help enroll your child in Medi-Cal, you can apply by mail or go to your local Social Services office or online at Apply for Medi-Cal. (<https://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx>)
2. For additional resources that may be helpful, contact your local public health department and click Apply for Health Coverage (<https://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx>) to find yours.

When you take your children to the dentist, bring the Oral Health Assessment form to be completed.

If you cannot take your child for an oral health assessment, please fill out the separate Waiver of Oral Health Assessment Requirement form, and return the form to your child's school. Your child's identity will not be in any report. Schools keep students' health information private. You can get more copies of the form at your child's school or online from the California Department of Education. (<https://www.cde.ca.gov/ls/he/hn/oralhealth.asp>)

We want your child to be healthy and ready for school! Even though they fall out, baby teeth are important. Children need healthy baby teeth to eat, talk, smile and feel good about themselves. Children with cavities may have pain, difficulty eating, stop smiling, and have problems paying attention and learning at school.



*Here is important advice to help your child stay healthy:*

- Take your child to the dentist. Dental check-ups can help keep your child's mouth healthy and pain-free.
- Choose healthy foods for the entire family, like fresh fruits and vegetables.
- Brush teeth at least twice a day with toothpaste that contains fluoride.
- Limit candy and sweet drinks like punch, juice, or soda. Sweet drinks and candy contain a lot of sugar, which causes cavities and leaves less room for your child to have healthy foods and drinks. Sweet drinks and candy can also cause weight problems, which may lead to other diseases, such as diabetes. Give your child healthy choices like water, milk, and fruit instead.

*If you have questions about the new oral health assessment requirement, please contact the Health Services Department at 209-744-4521.*

## 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 has 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 from a dentist. This assessment will also be used to evaluate the District's oral health programs. Children need good oral health to speak with confidence, express themselves, and 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.

### 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:	Year child starts kindergarten: _____
Parent/Guardian First Name:	Parent/Guardian Last Name:	Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
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"/> Other (please specify)		
	<input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <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:	Untreated Decay (Visible Decay Present) <input type="checkbox"/> Yes <input type="checkbox"/> No	*Caries Experience (Visible decay and/or filling present) <input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment Urgency: <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-around; margin-bottom: 10px;"> <span>_____</span> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-around;"> <span><b>Licensed Dental Professional Signature</b></span> <span><b>CA License Number</b></span> <span><b>Date</b></span> </div> <p><small>*Check "Yes" for Caries experience if there is the presence of untreated decay or fillings. Check "No" for Caries experience if there is no untreated decay and no fillings.</small></p>		

### 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: (enter date)	
A follow-up appointment for this child has been scheduled for: (enter date)	
Did the child receive the needed treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, the entity responsible for follow-up will be encouraged to check back in with the parent) <input type="checkbox"/> I don't know

The law states that 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<sup>st</sup> of your child's first school year.  
Original to be kept in the child's school record.**

## Waiver of Oral Health Assessment Requirement

Please fill out this form if you need to excuse your child from the oral health assessment requirement. Sign and return this form to the school, where it will be kept confidential.

### 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:	Year child starts kindergarten: _____
Parent/Guardian First Name:	Parent/Guardian Last Name:	Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
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"/> Other (please specify)		
	<input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

### Section 2: To be filled out by parent or guardian ONLY IF asking to be excused from this requirement

Please excuse my child from the assessment because (✓check the box that best describes the reason):	
<input type="checkbox"/>	I cannot find a dental office that will take my child's dental insurance plan. My child's dental insurance plan is: <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Covered California <input type="checkbox"/> Healthy Kids <input type="checkbox"/> None <input type="checkbox"/> Other: _____
<input type="checkbox"/>	I cannot afford an assessment for my child.
<input type="checkbox"/>	I cannot find the time to get to a dentist (e.g., cannot get the time off from work, and the dentist does not have convenient office hours).
<input type="checkbox"/>	I cannot get to a dentist easily (e.g., do not have transportation or is located too far away)
<input type="checkbox"/>	I do not believe my child would benefit from an assessment.
<input type="checkbox"/>	Other (please specify the reason not listed above for why you are seeking a waiver of this assessment for your child): _____
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 the child's school record.**





# TRANSITIONAL KINDERGARTEN

## TRANSITIONAL KINDERGARTEN ADMISSION AGREEMENT

I/We \_\_\_\_\_,  
the parent(s)/guardian(s) of \_\_\_\_\_, agree and understand  
that my child will be attending a two-year program which includes one year of Transitional  
Kindergarten and one year of Kindergarten.

I/We understand that:

- ✓ My child will be enrolled in Transitional Kindergarten for the 20\_\_\_\_ - 20\_\_\_\_ school year.
- ✓ My child will be enrolled in Kindergarten for the 20\_\_\_\_ - 20\_\_\_\_ school year.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Personnel Signature

\_\_\_\_\_  
Date



Galt Joint Union Elementary School District  
**Dual Language Immersion Program**

**Are you interested in the Dual Language Immersion Program  
for the 2024-2025 school year?**

Galt Joint Union Elementary School District offers a Dual Language Immersion Program in Preschool, Transitional Kindergarten (TK), and Kindergarten for the 2024-25 school year, with a progression through 6th grade each following year. Dual Language Immersion is a unique educational program that builds bilingualism and biliteracy in English and Spanish. Dual Language Immersion integrates native English-speaking students and native Spanish-speaking students in the same classroom.

**Things to Consider**

- Limited Space
- Preschool & TK offered at Fairsite Elementary School
- Kindergarten - 6<sup>th</sup> grade offered at Valley Oaks Elementary School
- Long-term commitment

Please visit our district website at <https://gjuerd-ca.schoolloop.com/> for additional information and/or to view the DLI Frequently Asked Questions. You can also contact Preschool Administrator Kuljeet Nijjar at [knijjar@galt.k12.ca.us](mailto:knijjar@galt.k12.ca.us) or Fairsite Elementary Principal Laura Márquez at [lmárquez@galt.k12.ca.us](mailto:lmárquez@galt.k12.ca.us)

Please complete the following if you are interested in participating in the Dual Language Immersion Program for the 2024-2025 school year. A staff member will contact you with additional information.

Student's First and Last Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_

Parent First and Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent's Phone Number: \_\_\_\_\_

Parent's email: \_\_\_\_\_



## **NOTICE TO PARENTS OF ENGLISH LEARNERS**

### **Re: Placement in an English Language Classroom**

As a parent of an English Learner, it is important to know about your child's placement in the English Learner program at his/her school site. *All students are placed in English language classrooms*. In the District's mainstream program, all lessons are taught in English, and students receive a daily English Language Development class. A description of the language acquisition programs provided in the Galt Joint Union Elementary School District is listed below.

#### **Structured English Immersion Program:**

A language acquisition program for English learners in which nearly all classroom instruction is provided in English. Spanish may be used to assist learners in accessing the curriculum. A bilingual instructional assistant may support the learner in his/her primary language. Students receive daily English Language Development and access to grade level academic subject matter content. English Learners in grades TK-8 at the beginning level of English fluency are placed in this program.

#### **Dual Language Immersion Program:**

This program is for English Learners whose native language is Spanish. 50% of the students are native Spanish speakers and 50% of the students are native English speakers. Instruction is conducted in Spanish, and each year, the percentage of English instruction increases. Students also receive a daily English Language Development class. This program begins in Transitional Kindergarten and continues through 8<sup>th</sup> grade. This program is currently offered at Fairsite (TK) Valley Oaks School (Kinder). *Dual Language Immersion Program Request Forms* are available in the school offices.

#### **Transitional Bilingual Program:**

This program is for English Learners whose native language is Spanish. Instruction in reading, writing and spelling is conducted in Spanish. All other subjects are taught in English, with Spanish used to help students understand concepts and subject matter. Students also receive a daily English Language Development class. This program is offered in 1<sup>st</sup> and continues to third grade, where students transition to instruction all in English. This program is currently offered at Valley Oaks School. *Transitional Bilingual Program Request Forms* are available in the school offices.

Parents of English learners have a right to decline or opt their children out of the school district's language acquisition program or opt out of particular English learner service(s) within a language acquisition program. However, the school remains obligated to provide the student meaningful instruction until the student is reclassified, inform the parent when progress is not made, and offer the parent programs and services to consider at that time

With questions regarding the Dual Immersion or Bilingual Program, please contact Laura Marquez, 209-745-2506.



# TRANSPORTATION APPLICATION

Students shall be eligible for transportation service to and from school if the distance between their school-established bus stop and the school is beyond the minimum listed below:

- ***Elementary school students, Grades TK/K-6: 1-mile radius***
- ***Middle school students, Grades 7-8: 2-mile radius***

**Return to:**

GJUESD Transportation Department  
 1019 Beaver Park Way, Galt, CA 95632  
 or email the form to: [transportation@galt.k12.ca.us](mailto:transportation@galt.k12.ca.us)

**FAMILY INFORMATION**

Parent / Guardian Name*	
Home Phone*	
Parent Cell*	
Work Phone	
Address*	
Apt #	
City*	
Email*	
Emergency Contact Name*	
Emergency Contact Phone*	

\*required

**STUDENT #1 INFORMATION**

Student Name*	
Student School*	
Student Grade*	

\*required

**STUDENT #2 INFORMATION**

Student Name	
Student School	
Student Grade	

- *The superintendent or designee may authorize transportation within walking distance when safety problems or hazards exist.*
- *Students attending school through an intra-district or inter-district transfer agreement are not eligible for transportation.*



## Galt Joint Union Elementary School District

# IMMUNIZATIONS

## Shots Required for TK–12 and 7th Grade

### *Students Admitted at TK/K–12 Need Records of:*

- **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**  
(Required at admission to any grade except 7th grade)
- **Measles, Mumps, and Rubella (MMR) — 2 doses**  
(Both given on or after 1st birthday)
- **Varicella (Chickenpox) — 2 doses**

The TK/K–12 immunization requirements apply to new admissions and transfers for all grades, including 7th grade, and students whose exemptions are no longer valid.

### *Students Advancing to 7th Grade Need Records of:*

- **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)

*California schools are required to check immunization records for all new student admissions at transitional kindergarten (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.*

