



Rosemead School District

3907 Rosemead Blvd.
Rosemead, CA 91770

2023-2024

KINDERGARTEN ENROLLMENT

AVAILABLE ON OUR WEBSITE

<https://www.rosemead.k12.ca.us/>



Enrollment Begins

- ✓ Savannah School: (626) 443-4015 – Tuesday, February 21, 2023
- ✓ Encinita School: (626) 286-3150 – Wednesday, February 22, 2023
- ✓ Emma W. Shuey School: (626) 287-5221 – Thursday, February 23, 2023
- ✓ Mildred B. Janson School: (626) 288-3150 – Friday, February 24, 2023

We now have full day classes for our Transitional Kindergarten and Kindergarten programs. For assistance, please contact your school of residence or the Rosemead School District at (626) 312-2900.

Parents can pick up instructions and sign up online for their school of residence beginning February 21, 2023.

Ask about our Before and After School Care Program at all school locations.



Visit our Website:

<https://www.rosemead.k12.ca.us/>



Call us:

(626) 312-2900



Email us:

registration@rosemead.k12.ca.us

Inscripción de Kindergarten
La Inscripción Empieza en Febrero
Las inscripciones ya están en línea en nuestro sitio Web: <https://www.rosemead.k12.ca.us>
Ahora tenemos clases de día completo para nuestro
Kindergarten de Transición Y programas de Kindergarten.

Para asistencia, por favor póngase en contacto con su escuela de residencia o
al Distrito Escolar de Rosemead al (626) 312-2900.

Escuela Savannah - 21 de Feb. 2023, (626) 443-4015
Escuela Encinita - 22 de Feb. 2023, (626) 286-3155
Escuela Shuey - 23 de Feb. 2023, (626) 287-5221
Escuela Janson - 24 de Feb. 2023, (626) 288-3150

Los padres pueden recoger las instrucciones y registrarse en línea para su escuela de residencia
empezando 21 de de Feb. 2023.

***** Pregunte por nuestro programa de cuidado antes y después de la escuela *****
Ubicación de la Escuela(s): En todas las escuelas

幼稚園登記

現在可以開始上網註冊 : <https://www.rosemead.k12.ca.us>

開始登記的日期 :

Savannah School: (626) 443-4015 - 2023 年 2 月 21 日
Encinita School: (626) 286-3155 - 2023 年 2 月 22 日
Shuey School: (626) 287-5221 - 2023 年 2 月 23 日
Janson School: (626) 288-3150 - 2023 年 2 月 24 日

我們現在有全天課程的過渡期幼稚園和幼稚園。

如需協助請與您住所所屬的學校聯繫

或與柔絲蜜學區聯絡(626) 312-2900.

2023 年 2 月 21 日星期一開始, 家長們可以來拿說明資料並上網報名住所所屬的學校.

***** 洽詢有關幼稚園課前及課後托兒服務 *****

在所有的學校

Đăng Ký Nhập Học Lớp Võ Lòng

Nay đăng ký trực tuyến trên website của phòng: <https://www.rosemead.k12.ca.us>

Đăng ký bắt đầu từ:

Trường Savannah: (626) 443-4015 - 21 tháng Hai, 2023
Trường Encinita: (626) 286-3155 - 22 tháng Hai, 2023
Trường Shuey: (626) 287-5221 - 23 tháng Hai, 2023
Trường Janson: (626) 288-3150 - 24 tháng Hai, 2023

Hiện chúng tôi có các lớp học cả ngày cho các chương trình Chuyển Tiếp Lên Võ Lòng và Lớp Võ Lòng. Để
có chỉ dẫn thêm, xin vui lòng liên hệ với trường thường trú của quý vị hoặc Phòng Giáo Dục Rosemead
theo số (626) 312-2900.

Phụ huynh có thể đến lấy hướng dẫn và đăng ký trực tuyến bắt đầu từ thứ Hai, 21 tháng Hai, 2023.

*****Hãy hỏi về Chương Trình Trông Trẻ trước và Sau Giờ Học*****
Tại tất cả các trường.

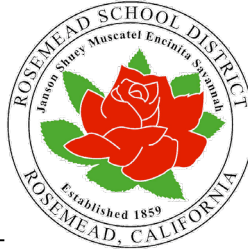
3907 Rosemead Blvd.

TRUSTEES

Rosemead, CA 91770

Phone: 626-312-2900

Fax: 626-312-2906



BOARD OF

Nancy Armenta

Diane Benitez

Ronald Esquivel

Veronica Peña

John Quintanilla

ALEJANDRO RUVALCABA, Superintendent

February, 2023

Dear Parent(s)/Guardian:

In order to enroll your child in the Rosemead School District, you must first register online and then bring the following items to your school of residence:

- A. Proof of age (Birth Certificate or Passport)
- B. Proof of Residency (**Current** Gas, Landline Telephone, Electric, Trash, Cable or Water bill with one of the student's parent's name on it). If you do not have a bill in your name you will need to obtain address verification from your home school.
- C. Immunization Record with the following list of immunizations:
GRADE TK-8:
 - a) **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-8th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday
 - b) **Polio (OPV or IPV) — 4 doses**
 - ♦ 3 doses OK if one was given on or after 4th birthday
 - c) **Hepatitis B — 3 doses**
 - ♦ Not required for 7th grade entry
 - d) **Measles, Mumps, and Rubella (MMR) — 2 doses**
 - ♦ Both given on or after 1st birthday
 - e) **Varicella (Chickenpox) — 2 doses**

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

GRADE 7:

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

In addition, the TK/K-8 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

Fax Numbers:

Human Resources: 626-307-6148 • Education Services, Special Education & Student Support Services: 626-312-2913
Child Development & Nutrition Services: 626-307-6178 • Business Services & Superintendent's Office: 626-312-2906

TB screening tests are no longer required at FIRST TIME ENTRY to CA schools (TK/Kinder or any grade – effective 07/1/2012 per LA County Dept. of Public Health – TB Control.

FOR NEW TK/KINDERS (and some grade 1 students) all appropriate immunizations (as listed above) are needed PLUS:

1. Dental Health Evaluation Form needs to be completed DURING Kindergarten. NOT required to be done BEFORE Entry.
2. Physical Exam Form to be done after March 1st of the kindergarten school year or in grade 1, but we recommend that it be done in Kindergarten. If it has already been completed, please ask for a copy of the form.

FIRST TIME ENROLLING GRADE 1 student (never attended a public/private school in US) all appropriate immunizations are needed as a Kinder PLUS:

1. Physical exam required by First Grade Entry.
2. Dental Health Evaluation.

WAIVERS:

If a parent wishes to sign **waivers on ANY requirements** please ask that they speak to the district school nurse.

CONSULT WITH THE HEALTH SERVICES TEAM IF QUESTIONS

You may pick up the registration information at your school of residency and go online to enroll at our website: <http://www.rosemead.k12.ca.us> to register your child. You must enroll your child at your school of residency or your enrollment package will be invalid.

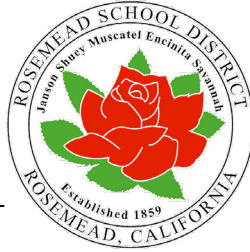
If you have any questions, please feel free to contact the Special Education & Student Support Services Office at (626) 312-2900 or email at registration@rosemead.k12.ca.us.

Sincerely,



Hoori Chalian
Coordinator of Special Education & Student Support Services

3907 Rosemead Blvd.
Rosemead, CA 91770
Phone: 626-312-2900
Fax: 626-312-2906



BOARD OF TRUSTEES

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John Quintanilla

ALEJANDRO RUVALCABA, Superintendent

February, 2023

Dear Parent or Guardian:

Rosemead School District is pleased to announce that we will be planning to offer a Transitional Kindergarten Program class during the **2023-2024** School Year for students with birthdays between **September 2, 2018 and April 2, 2019**.

On September 30, 2010 the Kindergarten Readiness Act of 2010 was passed in California. The Kindergarten Readiness Act increases the minimum age for entering kindergarten from five years old by November 1st (starting in the 2012-13 school year) to five years old by September 1st (starting in the 2014-15 school year).

For the 2015-16 school year and thereafter, children born between **September 2nd and December 2nd** must attend a Transitional Kindergarten class. The purpose is to provide a curriculum appropriate for these “young fives”. The Transitional Kindergarten Program would be the first year of a two-year kindergarten for these students.

We look forward to sharing the details of the Transitional Kindergarten Program with you in the near future.

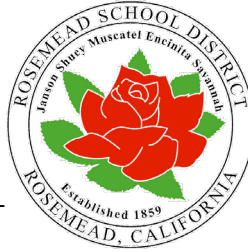
Sincerely,

Hoori Chalian
Coordinator of Special Education & Student Support Services

Fax Numbers:

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TRANSITIONAL KINDERGARTEN STUDENTS

Kindergarten Placement for the 2023-2024 School Year

Dear Parent/Guardian of students enrolled in the Transitional Kindergarten class for 2022-2023:

This letter is to inform you that your child will attend their home school for Kindergarten beginning in August of 2023. There is no need to re-enroll your student. All of the records from the Transitional Kindergarten class will be sent to the students homeschool after school has ended in June.

Your child's homeschool will mail information to you regarding meetings, schedules, and other important information for the 2023-2024 school year. You may call the school office if you have any questions.

If you wish to transfer to another school in our district other than your homeschool, you will need to contact Special Education & Student Support Services Office at (626) 312-2900 in order to be placed on a transfer list. **Parents may call to be put on the transfer list beginning **Monday, March 6, 2023**. The Special Education & Student Support Services Office will then determine if there is available space at your school of choice. We will let you know over the summer.

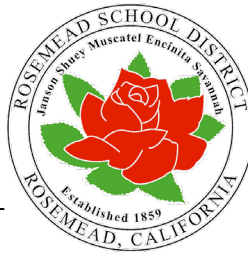
Sincerely,

Hoori Chalian
Coordinator of Special Education & Student Support Services

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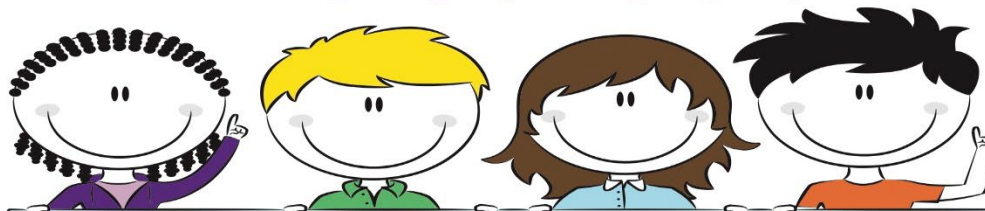
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ALEJANDRO RUVALCABA, Superintendent

No Shots? No Records? No School.



**Children will not be enrolled
 unless an immunization record
 is presented and
 immunizations are up-to-date.***

**If your child is unimmunized due to medical reasons, please notify us.*

Go to **ShotsForSchool.org** to access information about immunization requirements, an interactive school look-up tool, implementation materials for schools, and educational materials for parents. **ShotsforSchool.org**

IMM-1167 (5-16)

Dear Parent(s)/Guardian:

In order to enroll your child in the Rosemead School District, you must have done the following items:

The **CALIFORNIA IMMUNIZATION REQUIREMENTS FOR K - 12th GRADE** (including transitional kindergarten) **are as follow:**

| GRADE | NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION | | | | |
|------------------------------|---|---------------|--------------------|--------------|--------------------|
| K-12 Admission | 4 Polio | 5 DTaP | 3 HepB | 2 MMR | 2 Varicella |
| (7th-12th) | 1 Tdap | | | | |
| 7th Grade Advancement | 1 Tdap | | 2 Varicella | | |

- Polio - 4** doses at any age **but** 3 doses will be accepted if the last one was given after the child was 4 years of age.
- DTP - 5** doses **but** 4 doses will be accepted if the last was given after the child's 4th birthday.
- MMR - 2** doses given **after the child's first birthday.**
- Varicella - 2** doses or health care provider-documented
- Hepatitis B - A** series of 3 doses given at any age before school entry.

Fax Numbers:

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PHYSICAL EXAM for Entry into GR 1:

The Physical Exam for GR 1 Entry; TK/Kinder students' NEED to be completed **AFTER: March 1, 2023.** **ANY EXAM BEFORE this date will NOT be accepted.** NO PRESCHOOL /Child Care Exam PRIOR to the above date will be accepted).

- **Part II** – Documentation of full exam including immunization updates
- **Part III** – Results and recommendations along with **Signatures and Dates** from Parent and Medical Doctor is required at the bottom right section of form.

ORAL HEALTH ASSESSMENT (applies to TK/K & New GR 1 students never in CA public school):

May be completed in the year prior to enrollment OR through the TK/Kinder school year (need for New to District GR 1 students NEVER in a CA Public School).

- **Parent completes SECTION I** (Child's name, Date of Birth, Address, School, GR, Gender and Parent signature
- **Dentists completes SECTION II** with Office Stamp, Signature and Date.



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.



ORAL HEALTH NOTIFICATION LETTER

Dear Parent or Guardian:

To make sure your child is ready for school, California law, *Education Code* Section 49452.8, now requires that your child have an oral health assessment (dental check-up) by May 31 in either kindergarten or first grade, whichever is his or her first year in public school. Assessments that have happened within the 12 months before your child enters school also meet this requirement. The law specifies that the assessment must be done by a licensed dentist or other licensed or registered dental health professional.

Take the attached Oral Health Assessment/Waiver Request form to the dental office, as it will be needed for your child's check-up. If you cannot take your child for this required assessment, please indicate the reason for this in Section 3 of the form. You can get more copies of the necessary form at your child's school or online from the California Department of Education's Web site at <http://www.cde.ca.gov/ls/he/hn/>. California law requires schools to maintain the privacy of students' health information. Your child's identity will not be associated with any report produced as a result of this requirement.

The following resources will help you find a dentist and complete this requirement for your child:

1. Medi-Cal/Denti-Cal's toll-free number or Web site can help you to find a dentist who takes Denti-Cal: 1-800-322-6384; <http://www.denti-cal.ca.gov>. For help enrolling your child in Medi-Cal/Denti-Cal, contact your local social service agency at (fill in appropriate local contact information, available at <http://www.denti-cal.ca.gov/WSI/Bene.jsp?fname=ProvReferral>.)
2. Healthy Families' toll-free number or Web site can help you to find a dentist who takes Healthy Families insurance or to find out if your child can enroll in the program: 1-800-880-5305 or <http://www.benefitscal.com/>.
3. For additional resources that may be helpful, contact your local public health department at (fill in appropriate local contact information, available at <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>).

Remember, your child is not healthy and ready for school if he or she has poor dental health! Here is important advice to help your child stay healthy:

- Take your child to the dentist twice a year.
- Choose healthy foods for the entire family. Fresh foods are usually the healthiest foods.

Fax Numbers:

- Brush teeth at least twice a day with toothpaste that contains fluoride.
- Limit candy and sweet drinks, such as punch or soda. Sweet drinks and candy contain a lot of sugar, which causes cavities and replaces important nutrients in your child's diet. Sweet drinks and candy also contribute to weight problems, which may lead to other diseases, such as diabetes. The less candy and sweet drinks, the better!

Baby teeth are very important. They are not just teeth that will fall out. Children need their teeth to eat properly, talk, smile, and feel good about themselves. Children with cavities may have difficulty eating, stop smiling, and have problems paying attention and learning at school. Tooth decay is an infection that does not heal and can be painful if left without treatment. If cavities are not treated, children can become sick enough to require emergency room treatment, and their adult teeth may be permanently damaged.

Many things influence a child's progress and success in school, including health. Children must be healthy to learn, and children with cavities are not healthy. Cavities are preventable, but they affect more children than any other chronic disease.

If you have questions about the new oral health assessment requirement, please contact Special Education & Student Support Service (626) 312-2900.

Sincerely,

A handwritten signature in black ink, appearing to read 'H. Chalian', written in a cursive style.

Hoori Chalian
Coordinator, Special Education & Student Support Services

Attachment

Oral Health Assessment Form

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

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

| | | | |
|-----------------------|--|-----------------|---|
| Child's First Name: | Last Name: | Middle Initial: | Child's birth date: |
| Address: | | | Apt.: |
| City: | | | ZIP code: |
| School Name: | Teacher: | Grade: | Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Parent/Guardian Name: | 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"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <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: | Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No | Visible Decay 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-between; margin-top: 10px;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Licensed Dental Professional Signature CA License Number Date </div> | | | |

Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- I am unable to find a dental office that will take my child's dental insurance plan.
 My child's dental insurance plan is:
 Medi-Cal/Denti-Cal Healthy Families Healthy Kids Other _____ None
 - I cannot afford a dental check-up for my child.
 - I do not want my child to receive a dental check-up.
- Optional: other reasons my child could not get a dental check-up: _____

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 child's school record.

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.

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).

| 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 | / / |

| VACCINE | DATE EACH DOSE WAS GIVEN | | | | |
|---|--------------------------|--------|-------|--------|-------|
| | First | Second | Third | Fourth | Fifth |
| POLIO (OPV or IPV) | | | | | |
| DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only) | | | | | |
| MMR (measles, mumps, and rubella) | | | | | |
| HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only) | | | | | |
| HEPATITIS B | | | | | |
| VARICELLA (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.

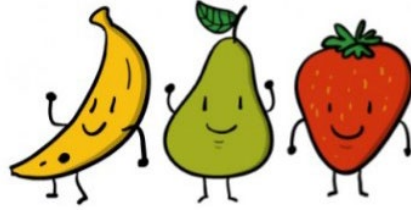
- Please check this box if you **do not** want the health examiner to fill out Part III.

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.



Rosemead School District **NUTRITION SERVICES**

February 6, 2023

Dear Parent/Guardian,

Children need healthy meals to learn. The Rosemead School District proudly participates in the School Breakfast and National School Lunch Programs. Our school meals are healthy meals. We offer meals with a variety of fruit and vegetable choices, our entrée items contain whole grains and lean protein, and we also offer a choice of low-fat milk options.

Our healthy school meals are also great deal. We offer FREE breakfast and lunch for ALL students. To determine eligibility for free lunch meals, each household must complete one (1) meal application every school year. Eligibility is based on household income and size. Students are also eligible for free school meals due to household participation in certain assistance programs, including CalFresh, CalWORKS, FDPIR, KinGAP, and Medi-Cal.

Meal applications for the 2023-2024 school year will be mailed out to all registered students in July. Please DO NOT complete a paper or online meal application until you receive the 2023-2024 school year meal application packet.

If you do not receive your meal application packet in the mail by August 1, 2023, please call the Nutrition Services office at (626) 312-2900 Ext. 254.

Please visit our website at <https://rosemeadcafe.com> to view menus and find additional information about the school meal program.

We look forward to providing your child with the healthy meals they need to learn!

Sincerely,

John Rivera
Director, Nutrition Services & Wellness
(626) 312-2900, ext. 254

MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

| | | | |
|---|------------------|--------------------------------|----------|
| 1. School or Agency | 2. Site Name | 3. Site Phone Number | |
| 4. Name of Child or Participant | | 5. Age or Date of Birth | |
| 6. Name of Parent or Guardian | | 7. Phone Number | |
| 8. Description of Child or Participant's Physical or Mental Impairment Affected: | | | |
| 9. Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation: | | | |
| 10. Indicate Food Texture for Above Child or Participant: | | | |
| <input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed | | | |
| 11. Foods to be Omitted and Appropriate Substitutions: | | | |
| Foods To Be Omitted | | Suggested Substitutions | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 12. Adaptive Equipment to be Used: | | | |
| 13. Signature of State Licensed Healthcare Professional* | 14. Printed Name | 15. Phone Number | 16. Date |

*For this purpose, a state licensed healthcare professional in California is a licensed physician, a physician assistant, or a nurse practitioner.

The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
(2) fax: 202-690-7442; or
(3) email: program.intake@usda.gov
This institution is an equal opportunity provider.

INSTRUCTIONS

1. **School or Agency:** Print the name of the school or agency that is providing the form to the parent.
2. **Site:** Print the name of the site where meals will be served.
3. **Site Phone Number:** Print the phone number of site where meal will be served.
4. **Name of Child or Participant:** Print the name of the child or participant to whom the information pertains.
5. **Age of Child or Participant:** Print the age of the child or participant. For infants, please use date of birth.
6. **Name of Parent or Guardian:** Print the name of the person requesting the child or participant's medical statement.
7. **Phone Number:** Print the phone number of parent or guardian.
8. **Description of Child or Participant's Physical or Mental Impairment Affected:** Describe how the physical or mental impairment restricts the child or participant's diet.
9. **Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:** Describe a specific diet or accommodation that has been prescribed by the state healthcare professional.
10. **Indicate Texture:** If the child or participant does not need any modification, check "Regular".
11. **Foods to be Omitted:** List specific foods that must be omitted (e.g., exclude fluid milk).
Suggested Substitutions: List specific foods to include in the diet (e.g., calcium-fortified juice).
12. **Adaptive Equipment to be Used:** Describe specific equipment required to assist the child or participant with dining (e.g., sippy cup, large handled spoon, wheel-chair accessible furniture, etc.).
13. **Signature of State Licensed Healthcare Professional:** Signature of state licensed healthcare professional requesting the special meal or accommodation.
14. **Printed Name:** Print name of state licensed healthcare professional.
15. **Phone Number:** Phone number of state licensed healthcare professional.
16. **Date:** Date state licensed healthcare professional signed form.

Citations are from Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act (ADA) of 1990, and ADA Amendment Act of 2008:

A person with a disability is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

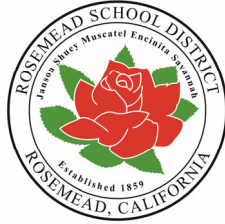
Physical or mental impairment means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory; speech; organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

Major bodily functions have been added to major life activities and include the functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

“Has a record of such an impairment” means a person has, or has been classified (or misclassified) as having, a history of mental or physical impairment that substantially limits one or more major life activities.

3907 Rosemead Blvd.
Rosemead, CA 91770
Phone: 626-312-2900
Fax: 626-312-2906



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ALEJANDRO RUVALCABA, Superintendent

February, 2023

LETTER TO HOUSEHOLDS
Household Income Data Collection Form

Dear Parent or Guardian:

We are pleased to inform you that Rosemead School District will be implementing a new option available to schools participating in the National School Lunch and School Breakfast Programs called the Community Eligibility Provision (CEP). Free meals will be available to all Rosemead School District students for the 2023-2024 school year regardless of the student's meal eligibility or household income status.

What does this mean for Rosemead School District?

Although all children 18 years and younger are receiving free meals this school year, we are asking families to complete the enclosed Household Income Data Collection form because the information provided helps to ensure the Rosemead School District receives all available State funding to support our educational programs and services, now and into the future. If this form is not completed and returned to the Rosemead School District by September 30, 2023, the District will be at risk for funding reductions that may impact these vital programs and services.

Additionally, USDA is committed to providing nutrition assistance to hard-hit families across the country due to the coronavirus pandemic. P-EBT benefits for eligible school children and children in child care may be available during school year 2023-2024 where schools or covered child care facilities remain closed or operating at reduced attendance or hours during the COVID-19 public health emergency declaration. Children who would have received free or reduced-price meals under the National School Lunch Act if their schools were not closed or operating with reduced hours or attendance for at least 5 consecutive days are eligible to receive P-EBT benefits. To ensure eligible students receive these benefits, please complete the Household Income Data Collection form attached and return it to the school site or district office.

We ask that you please take a moment to complete the form and submit to your home school as soon as possible, so that we may continue to receive this critical funding and can continue to provide high quality educational programs and services to all students.

If we can be of any further assistance, please contact the Nutrition Services office at **(626) 312-2900**.

Sincerely,

Alejandro Ruvalcaba
Superintendent

Fax Numbers:

Human Resources: 626-312-2906 • Education Services, Special Education & Student Support Services: 626-312-2913
Child Development & Nutrition Services: 626-307-6178 • Fiscal Services & Superintendent's Office: 626-312-2906

Household Income Data Collection – Rosemead School District 2023-2024

PART I: Fill in the following information for a student living in your household

LAST NAME

FIRST NAME

BIRTHDATE (MM / DD / YY)

SCHOOL (Write "NONE" if not in school)

GRADE

CLASSROOM

SCHOOL CODE

PART II: Fill in the following information for Household size and Household Income

See additional information on the back of this form for assistance in determining your household size and annual household income.

1. Circle the total number of adults and children living in your household:

Circle one: 1 2 3 4 5 6 7 8 9 10 Other _____

2. Total Annual Household Income: \$

PART III: Parent or Guardian Information and 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
completing this form

Printed name of adult household member
completing this form

Date

HOME PHONE NUMBER

CELL PHONE NUMBER

E-MAIL ADDRESS

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.

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.

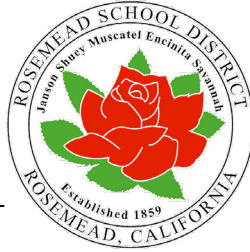
How do I report household income for pay received on a monthly, twice per month, bi-weekly, and weekly basis?

- Determine each source of household income based on above definitions. Households that receive income at different time intervals must annualize their income as follows:
 - If paid monthly, multiply total pay by 12
 - If paid twice per month, multiply total pay by 24
 - If paid bi-weekly (every two weeks), multiply total pay by 26
 - If paid weekly, multiply total pay by 52
- Add all annualized pay together to determine the total annual household income entered in Part II, 2.

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>.

3907 Rosemead Blvd.
Rosemead, CA 91770
Phone: 626-312-2900
Fax: 626-312-2906



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Ronald Esquivel
Veronica Peña
John Quintanilla

ALEJANDRO RUVALCABA, Superintendent

February, 2023

Dear Parents/Guardians of Rosemead School District Students:

The Rosemead School District has a mandatory uniform policy. All students are required to wear school uniforms. Uniform guidelines are intended to protect the health, safety, and security on our school campuses and for the welfare of all students.

These guidelines will be adhered to with regard to school uniforms:

- Navy Blue or White plain collared shirts (shirts without collars are not allowed).
- Navy Blue or Tan/Khaki pants (Dockers/Corduroy)
- Navy Blue or Tan/Khaki shorts, skirts, skorts or jumpers
- Safe school shoes must be worn at all times in order for students to fully participate in all school activities. Shoes with wheels/skates are not allowed at school.

All parents/guardians will receive a complete copy of the Rosemead School District School Uniform Policy in their student's first day packet. This information is provided in advance in order to assist you with planning for uniform needs for the next school year.

If you have further questions, please contact your school principal.

Sincerely,

Hoori Chalian
Coordinator of Special Education & Student Support Services

Fax Numbers:

Human Resources: 626-307-6148 • Education Services, Special Education & Student Support Services: 626-312-2913
Child Development & Nutrition Services: 626-307-6178 • Business Services & Superintendent's Office: 626-312-2906

Navy Blue or White plain collared shirts (shirts without collars are not allowed)



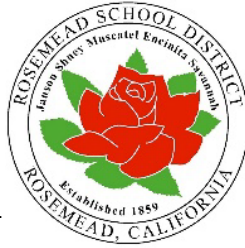
Navy Blue or Tan/Khaki pants (Dockers/Corduroy)



Navy Blue or Tan/Khaki shorts, skirts, skorts or jumpers



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INTRA-DISTRICT & INTER-DISTRICT PERMIT

INTRA-District Permit: School to School transfers

In order to determine if space is available, Intradistrict Permit students will need to enroll at their school of residence (home school) until class sizes are determined. You must provide specific reasons why you are requesting for a transfer. Should you have any questions, please feel free to contact Special Education & Student Support Services at (626) 312-2900 or email registration@rosemead.k12.ca.us.

Please complete the intradistrict permit request process listed below:

- Step 1: Apply only at <https://www.rosemead.k12.ca.us/Page/488>.
- Step 2: Parents **may only request one school**.
- Step 3: Once the intradistrict permit is approved your will receive an email from Student Support Services and will give instructions regarding the next steps.

INTER-District Permit: District to District transfers

In order to determine if space is available, Interdistrict Permit students may not be permitted to enroll until it's been determined that you have been approved for the permit. You are advised to enroll in your school of residence while awaiting a final response to your request for interdistrict attendance. Formal agreements between Rosemead School District and other districts allow for the transfer of one or more students between districts. An Interdistrict Attendance Permit may be approved into or out of the district for specific reasons only. Information regarding the specific reasons may be obtained from Special Education & Student Support Services at (626) 312-2900.

Policy:

- Permits do not carry transportation privileges.
- Parents are expected to ensure student is on time and in school for the full school day every day.

Please complete the interdistrict permit request process listed below:

- Step 1: Apply only at <https://www.rosemead.k12.ca.us/Page/488>.
- Step 2: Parents **may only request one school** in one school district.
- Step 3: Once the interdistrict permit is approved by your district of residence it will be mailed to the Rosemead School District, Special Education & Student Support Services office. You may also request an approved copy from your district of residence to bring directly to Rosemead School District, Special Education & Student Support Services office, which will help expedite your child's enrollment.
- Step 4: Upon receiving your interdistrict permit release, Rosemead School District, will contact you regarding the next steps.

Fax Numbers:

Human Resources: 626-307-6148 • Education Services, Special Education & Student Support Services: 626-312-2913
Child Development & Nutrition Services: 626-307-6178 • Business Services & Superintendent's Office: 626-312-2906

Once an INTRA-district or INTER-district Permit has been approved:

Students Must:

1. Maintain satisfactory school attendance/report to school/class on-time every day.
2. Make continuous progress toward grade level standards (elementary) and/or maintain a minimum 2.0 GPA with no D or F grades (secondary).
3. Seek help from teachers and counselors and attend tutoring when having academic difficulties or in danger of receiving a grade of *D* or *F* (Secondary).
4. Comply with all classroom and school rules and policies.
5. Demonstrate appropriate citizenship and behavior in the classroom and on campus - no Report Card with multiple "1s" for Skills for Success on Achievement Report (elementary) or multiple "Unsatisfactory" citizenship grades (secondary).
6. Comply with all conditions of the RSD Discipline Policy (parent/guardian signature on file).

Parent Must:

1. Provide adequate transportation so the student can maintain satisfactory school attendance/report to class on time and is picked up from school on time.
2. Ensure that student attends school.
3. Call the Attendance Office before 9:30 a.m. on the day of the absence to inform the school of the reason for the absence--or provide a note explaining the reason for the absence on the day of the return.
4. Excuse student only for valid reasons. Requests for absence other than for illness or emergencies are strongly discouraged. Parents should plan family vacations during regular school vacation times.
5. Provide a time and place for quiet study time for completion of homework and study assignments.
6. Provide school officials with accurate and true information.
7. Cooperate with school and district officials and maintain a positive working relationship.
8. Attend parent conferences when requested.
9. Insist your student complies with the school dress code.

INTER-district or INTRA-district Permit may be cancelled, revoked, or denied renewal for the following reasons:

1. Issued in error
2. Falsified information or documentation
3. Any change to the permit criteria
4. Truancy
5. Infractions of school rules and regulations
6. Failure to make satisfactory academic progress
7. The student is dropped off or picked up is beyond regular school hours including before and after school programs.

Preschool Registration 2023-2024



| | |
|------------------|---|
| When: | Begins April 21, 2023 |
| Time: | 8:00 am- 12:00pm |
| Location: | 3907 Rosemead Blvd. Suite 150, Rosemead, CA 91770 |

Rosemead School District offers both full and part day programs for fully potty-trained 4 and 3 year-old children (Child must turn 3 by Sept. 1, 2023).

Please bring the following documents to determine if your family is eligible for the State Preschool Program:

- Child's birth certificate
- Proof of income for the family (pay stubs for the previous month before application date)
- Immunization record (**yellow card**)
- Address verification
- Forms CD 9600 (this form is available in English, Spanish, Chinese, and Vietnamese on the Rosemead School District Web site <http://www.rosemead.k12.ca.us> and in the Child Development Office.

*Completing the CD9600 application **does not** guarantee enrollment in the State Preschool Program. You will be notified within 30 days of completing the CD9600 of your eligibility status. For more information, contact Child Development at 626-312-2900, ext. 235.*



Rosemead School District Child Care Programs



Before School

Elementary Schools offers before school care beginning at 7a.m. with a monthly fee.

Late Start - There are 18 Late Start Days. Late start is provided at no cost to families, but students must be enrolled to attend.

After School

ASES – The ASES Program is at Encinita, Janson, Muscatel, Savannah, and Shuey Schools. It is a no cost program, but the children must stay until 6:00 PM every day. It begins at the end of the school day and lasts until 6:00 PM. Students receive homework help, learning enrichment activities, structured physical activities and a healthy light supper. There are 80 spots at each of the elementary schools. The spots are filled by a lottery. The lottery dates are:

- Emma W. Shuey Elementary – May 16, 2023
- Muscatel Middle School – May 17, 2023
- Mildred B. Janson Elementary – May 23, 2023
- Encinita Elementary – May 24, 2023
- Savannah Elementary – May 25, 2023

All lotteries begin at 6:00 PM.

ASART – The ASART Program is a paid program. It is at Encinita, Janson, Savannah and Shuey Schools. It starts at the end of the school day and ends at 6:00 PM. Children can be picked up at any time. Students receive homework help, learning enrichment activities, structured physical activities and a healthy light supper. Enrollment starts July 1, 2023, at the district office. Enrollment applications can be found on the district web site.

Summer Camp - Summer Camp begins June 12, 2023. It is for children entering TK or kindergarten to 7th grade. Camp activities include: coding, robotics, S.T.E.A.M. forensic science, music, swimming or water play, reader theater, sports, Spanish, arts and crafts, and many more exciting enrichment projects. Registration for summer camp begins on April 3, 2023, at the district office. Applications will be available on the district web site, the district office room 150, or with the afterschool program leads at each school site.



Health Centers (Public/Private/Free) **for Physical Exams & Immunizations & Other Needs for School**

*** Call ahead to all providers for further details regarding services. Clinic hours and eligibility are subject to change ***

Community Health Alliance of Pasadena – Lincoln

2055 Lincoln Ave., Pasadena, CA 91103 (626) 398-6300. **Appointment needed please contact the center.** Site Hours: Monday through Friday, 8:00am to 5:00pm; Saturday, 9:00am to 1:00pm. Website: www.chapcare.org Services: Immunizations, Physical exams and Dental Care.

East Valley Community Health Center / various locations in LA county

4368 Santa Anita Ave., El Monte, CA 91731 (855) 535-5545 Website: <https://www.evchc.org/> **Appointment preferred, but walk-ins accepted.** Open Mon, Wed, Fri 9:00am-5pm and Tues, Thurs 1:00pm-7:00pm. The clinic helps you with enrollment with different programs to qualify for free or low-cost vaccines (*no inquiries on immigration status. No insurance necessary.)

Monrovia Public Health Center (a Los Angeles County Public Health Center)

330 Maple Ave., Monrovia, CA 91016 (626) 256-1600
A public health center primarily used for the services of free immunizations and TB test. Call for hours of service. Parent must bring child's vaccine record. Vaccines offered by appointment only, on Tuesdays only from 8am-10:30am and 12:30-3:30 pm please call to schedule appointment.

Tzu Chi Buddhist Clinic

1000 S. Garfield Ave., Alhambra, CA 91801 (626) 281-3383
This is a free clinic (adult and child), dental clinic, and Vaccinations. Eligibility is income based, Offers CHDP exams and free immunizations for children. Tuesdays only from 1:15pm-5pm appointment needed. Languages spoken: English, Spanish, Cantonese, Mandarin and Vietnamese.

AltaMed Health Services

10454 Valley Blvd. #B, El Monte, CA 91731 (626) 453-8466
Sliding Scale based income, qualifying applicants can apply for CHDP a state-run program to help children obtain free or low-cost Physicals and Immunizations the clinic assists in determining eligibility. Also takes most insurance plans. Appointments needed.

Chinatown Service Center (CSC) Health Center

320 S. Garfield Ave. #118, Alhambra, CA 91801 (213) 808-1700
This center offers Free and low-cost Health programs for low-income individuals with no insurance. Monday- Friday from 8:30am- 5:00pm. Appointments needed Languages spoken: English, Spanish, Chinese, Vietnamese. The Clinic offers health exams (adult and Pediatric) Vaccinations, TB test, dental care and Behavioral health.

Herald Christian Health Center

923 S. San Gabriel Blvd., San Gabriel, CA 91776 (626) 286-8700

The Clinic is mandated to serve the community (all ethnicities, faiths) The clinic will assist in determining eligibility for CHDP program for free/low-cost exams and vaccines.

Appointments preferred, but not required walk-in's accepted.

**Rosemead School District
Special Education & Student Support Services
3907 N. Rosemead Blvd.
Rosemead, CA 91770
(626) 312-2900**

Parent / guardian,

If you speak Spanish, Vietnamese, Chinese and need someone to assist your child to enroll in school, or if you have any other questions, please contact the following person.

家長/監護人,

假如您說廣東話 並且需要有人協助 貴子弟 登記入學, 或有任何其他的問題, 請與下面人士聯繫.

Oliver Law (626) 288-3150 分機 457

家長/監護人,

假如您說國語 並且需要有人協助 貴子弟 登記入學, 或有任何其他的問題, 請與下面人士聯繫.

**Jessica Chen (626) 312-2900 分機 223
Richard Wong (626) 312-2900 分機 227**

Kính gửi quý vị Phụ Huynh/Giám Hộ,

Nếu quý vị nói tiếng Việt và cần giúp đỡ trong việc nộp đơn nhập học cho con vào trường hoặc quý vị có bất cứ câu hỏi nào, xin liên lạc với.

Kelly Bui (626) 312-2900 ext. 220

