2025-2026 ENROLLMENT *OPENS* Feb. 18, 2025

SCAN QR CODE TO ENROLL

Why Rosemead School District?

- Rigorous academics
- 21st Century learning environment
- Engaging STEAM & Arts instruction
- Dual Language Immersion Mandarin PK-5th Grade
- 7 Habits/Leader In Me Lighthouse Schools
- PBIS Platinum Schools
- New elementary playground structure
- Middle School electives and clubs
- After school Programs: childcare, enrichment, tutoring

Empowering Today's Young Learners to Become Tomorrow's Leaders

TK/Kinder Registration Dates

Tuesday, February 18, 2025 - Janson Elementary
Wednesday, February 19, 2025 - Encinita Elementary
Thursday, February 20, 2025 - Savannah Elementary
Friday, February 21, 2025 - Shuey Elementary

REGISTERING FOR THE 2025-26 SCHOOL YEAR

Enroll a New Student

https://bit.ly/RSDPreRegistrationForm

FOR MORE INFORMATION

www.rosemead.k12.ca.us

(626) 312-2900

Las inscripciones 2025-2026 se abren el 18 de febrero de 2025

¿Por qué el Distrito Escolar de Rosemead?

- Riguroso entorno de aprendizaje académico
- Instrucción atractiva de STEAM y Artes
- 7 Hábitos / Líder en Mí Escuelas Faro
- Nueva estructura del patio de recreo de la escuela primaria
- Programas extraescolares: cuidado de niños, enriquecimiento, tutoría
- Siglo XXI
- Inmersión en dos idiomas: mandarín K-5º grado
- Escuelas PBIS Platino
- Asignaturas optativas y clubes de la escuela intermedia

Empoderar a los jóvenes estudiantes de hoy para que se conviertan en los líderes del mañana

Fechas de inscripción de TK/Kinder
Martes, 18 de febrero de 2025 - Janson Elemenary
Miércoles, 19 de febrero de 2025 - Encinita Elemenary
Jueves, 20 de febrero de 2025 – Savannah Elemenary
Viernes, 21 de febrero de 2025 - Shuey Elemenary

Inscribir a un nuevo estudiante
https://bit.ly/RSDPreRegistrationForm
Para más información: www.rosemead.k12.ca.us o (626) 312-2900

Mở tuyển sinh 2025-2026 Tháng Hai 18, 2025

Tại sao Học khu Rosemead?

- Học tập nghiêm ngặt
- Hướng dẫn STEAM & Nghệ thuật hấp dẫn
- 7 thói quen / Trường Ngọn hải đăng Leader In Me
- Cấu trúc sân chơi tiểu học mới
- Các chương trình sau giờ học: chăm sóc trẻ em, bồi dưỡng, dạy kèm
- Môi trường học tập thế kỷ 21
- Song ngữ hòa nhập tiếng Quan Thoại lớp K-5
- Trường Bạch kim PBIS
- Các môn tự chọn và câu lạc bộ trung học cơ sở

Trao quyền cho những người học trẻ ngày nay trở thành những nhà lãnh đạo của ngày mai

Ngày đăng ký TK / Kinder
Thứ Ba, ngày 18 tháng 2 năm 2025 – Janson Elemenary
Thứ Tư, Tháng Hai 19, 2025 - Encinita Elemenary
Thứ Năm, ngày 20 tháng 2 năm 2025 - Savannah Elemenary
Thứ sáu, ngày 21 tháng 2 năm 2025 - Shuey Elemenary

Ghi danh một sinh viên mới
https://bit.ly/RSDPreRegistrationForm
Để biết thêm thông tin: www.rosemead.k12.ca.us hoặc (626) 312-2900

2025-2026 年入學日期：2025 年 2 月 18 日

為什麼選擇羅斯米德學區？

- 嚴謹的學術
- 引人入勝的 STEAM 和藝術教學
- 7 個習慣 / Leader In Me 燈塔學校
- 新的小學操場結構
- 課後計劃：兒童保育、充實、輔導
- 21 世紀的學習環境
- 雙語浸入式普通話 K-5 年級
- PBIS 白金學校
- 初中選修課和俱樂部

讓今天的青年學習者成為明天的領導者

TK/Kinder 註冊日期
2025 年 2 月 18 日星期二 – Janson Elementary
2025 年 2 月 19 日星期三 – Encinita Elementary
2025 年 2 月 20 日星期四 – Savannah Elementary
2025 年 2 月 21 日星期五 - Shuey Elementary

招收新學生
https://bit.ly/RSDPreRegistrationForm
欲瞭解更多資訊：www.rosemead.k12.ca.us 或（626） 312-2900

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

PHILIP D'AGOSTINO, Ed.D, Superintendent of Schools

BOARD OF TRUSTEES

Nancy Armenta
Diane Benitez
Ronald Esquivel
Veronica Peña
John Quintanilla

February, 2025

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

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 (optional).

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, M.Ed.
Coordinator
Special Education & Student Support Services

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

PHILIP D'AGOSTINO, Ed.D, Superintendent of Schools

2025 年 2 月

親愛的父母/監護人：

為了貴子弟報名柔絲蜜學區，您必須先上網登記，然後攜帶下列文件到您住所的學校：

A. 年齡証明 (出生紙或護照)

B. 地址証明 (目前的瓦斯, 電話帳單， 電費, 垃圾費，有線電視或水費帳單，房產稅或所得稅，薪資單，或社會安全文件必需有學生家長其中一位的名字) 假如您與他人同住，名下沒有任何帳單，您必需從您的學校取得地址的確認表格。請與學校聯繫得知更多的詳情。

C. 下列的預防針:

***TK-8 級*:**

a） **白喉、破傷風和百日咳（DTaP、DTP、Tdap 或 Td）— 5 劑**
- 如果在 4 歲生日當天或之後給予 4 劑，則可以服用 4 劑
- 如果在 7 歲生日當天或之後給予 3 劑，則可以服用 3 劑
- 對於 7-8 年級學生，在 7 歲生日當天或之後至少需要 1 劑含百日咳的疫苗

b） **脊髓灰質炎（口服脊髓灰質炎疫苗或滅活脊灰疫苗）——4 劑**
- 如果在 4 歲生日當天或之後給予 3 劑，則可以服用 3 劑

c） **乙型肝炎 — 3 劑**
- 7 年級入學不需要

d） **麻疹、腮腺炎和風疹 （MMR） — 2 劑**
- 均在 1 歲生日當天或之後贈送

e） **水痘（水痘）—2 劑**

這些免疫要求適用於所有年級的新入學和轉學，包括過渡性幼稚園。

***7 年級*:**

a） **破傷風、白喉、百日咳 （Tdap） — 1 劑**
- 百日咳加強劑通常在 11 歲及以上給予

b） **水痘（水痘）— 2 劑**
- 通常在 12 個月和 4-6 歲時給葯

此外，TK/K-8 免疫要求適用於以下 7 年級學生：
- 以前在 2016 年之前在傳統知識/幼稚園和 6 年級之間入學時提交了有效的個人信仰豁免 是新入學

首次進入 CA 學校（TK / Kinder 或任何年級–於 2012 年 7 月 1 日生效，根據洛杉磯縣公共衛生部–結核控制），不再需要進行結核病篩查測試。

對於新的 TK / KINDERS（和一些 GR 1 學生），需要進行所有適當的免疫接種（如上所述），另外：

1. 幼兒園期間需要填寫《牙齒健康評估表》。不需要在進入之前完成.
2. 體檢表應在學年的 3 月 1 日或一年級後完成，但我們建議在幼兒園進行。如果已經完成，請索取表格副本 （自選）.

初次入學等級 1名學生（從未上過美國的公立/私立學校）作為 Kinder PLUS，需要進行所有適當的免疫接種：

1. 一年級入學要求進行身體檢查.
2. 牙齒健康評估.

豁免：
如果父母希望簽署關於任何要求的豁免，請要求他們與當地學校的護士交談。

如有疑問請諮詢健康服務團隊

您可以在您的居住學校領取註冊信息，然後在線註冊我們的網站：
http://www.rosemead.k12.ca.us 以註冊您的孩子。您必須在您的居住學校註冊您的孩子，否則您的註冊包將無效。

如有任何疑問，請隨時通過（626）312-2900 與特殊教育和學生支持服務辦公室聯繫，或發送電子郵件至 registration@rosemead.k12.ca.us。

真誠的,

Hoori Chalian, M.Ed.
協調者
特殊教育和學生支持服務

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PHILIP D'AGOSTINO, Ed.D, Superintendent of Schools

February, 2025

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 **2025-2026** School Year for students with birthdays between **September 2, 2020 and September 1, 2021**.

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, M.Ed.
Coordinator
Special Education & Student Support Services

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

PHILIP D'AGOSTINO, Ed.D, Superintendent of Schools

二月, 2025

親愛的幼稚園生的家長們:

柔絲蜜學區很高興在此宣布我們計劃在**2025-2026**學年度提供一個過渡期幼稚園課程給生日在**2020 年 9 月 2 日及 2021 年 9 月 1 日**之間的小朋友。

2010 年 9 月 30 日，加州通過一項 2010 幼稚園就讀法案。幼稚園就讀法案增加就讀幼稚園的最低年齡，從 11 月 1 日滿五歲（自 2012-13 學年開始）延至 9 月 1 日滿五歲（自 2014-15 學年開始）

從 2015-2016 學年之後，出生於**9 月 2 日至 12 月 2 日**之間的兒童必須就讀過渡期幼稚園班。目的是提供給這些"小於五歲"的兒童們適當的課程。過渡期幼稚園課程將是這些學生們為期兩年幼稚園的第一年。

我們期待在最近的未來與您分享有關過渡期幼稚園課程的細節。

誠摯的，

Hoori Chalian, M.Ed.
協調者
特殊教育和學生支持服務

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PHILIP D'AGOSTINO, Ed.D, Superintendent of Schools

TRANSITIONAL KINDERGARTEN STUDENTS

Kindergarten Placement for the 2025-2026 School Year

Dear Parent/Guardian of students enrolled in the Transitional Kindergarten class for 2024-2025:

This letter is to inform you that your child will attend their home school for Kindergarten beginning in August of 2025. 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 2025-2026 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 3, 2025**. 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, M.Ed.
Coordinator
Special Education & Student Support Services

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

PHILIP D'AGOSTINO, Ed.D, Superintendent of Schools

过渡式幼儿园学生

2025-2026学年的幼儿园安置

亲爱的家长/监护人，2024-2025过渡幼儿园班的学生：

这封信是为了通知您，您的孩子将从2025 1年8月开始就读于幼儿园的家中学校。无需重新注册学生。过渡幼儿园课程的所有记录将在6月学校结业后发送给学生家庭学校。

您孩子的家庭学校将向您发送有关2025-2026学年会议，日程安排和其他重要信息的信息。如有任何疑问，可以致电学校办公室。

如果您想转到本地区以外的其他学校，则需要通过（626）312-2900转分机与特殊教育和学生支持服务办公室联系。 **家长可以要求将其放在转移清单的开头 **2025年3月3日，星期一**. 然后，特殊教育和学生支持服务办公室将确定您选择的学校是否有可用空间。我们会在夏天通知您。

真诚的

Hoori Chalian, M.Ed.
协調者
特殊教育和學生支持服務

ENCINITA ELEMENTARY MANDARIN DLI PROGRAM 2025-2026

K-5TH GRADE

2nd-5th grade applicants will be scheduled for an exam*

2025-2026 DLI INTEREST FORM

https://forms.gle/81krWQapc7teQt7K6

(626) 312-290000 x213
crivera@rosemead.k12.ca.us

ENCINITA ELEMENTARY
普通话 DLI 课程
2025-2026

幼儿园至五年级

*二年级至五年级
申请人将
安排考试**

2025-2026
DLI 兴趣表

https://forms.gle/81krWQapc7teQt7K6

(626) 312-290000 x213
crivera@rosemead.k12.ca.us

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Rosemead, CA 91770
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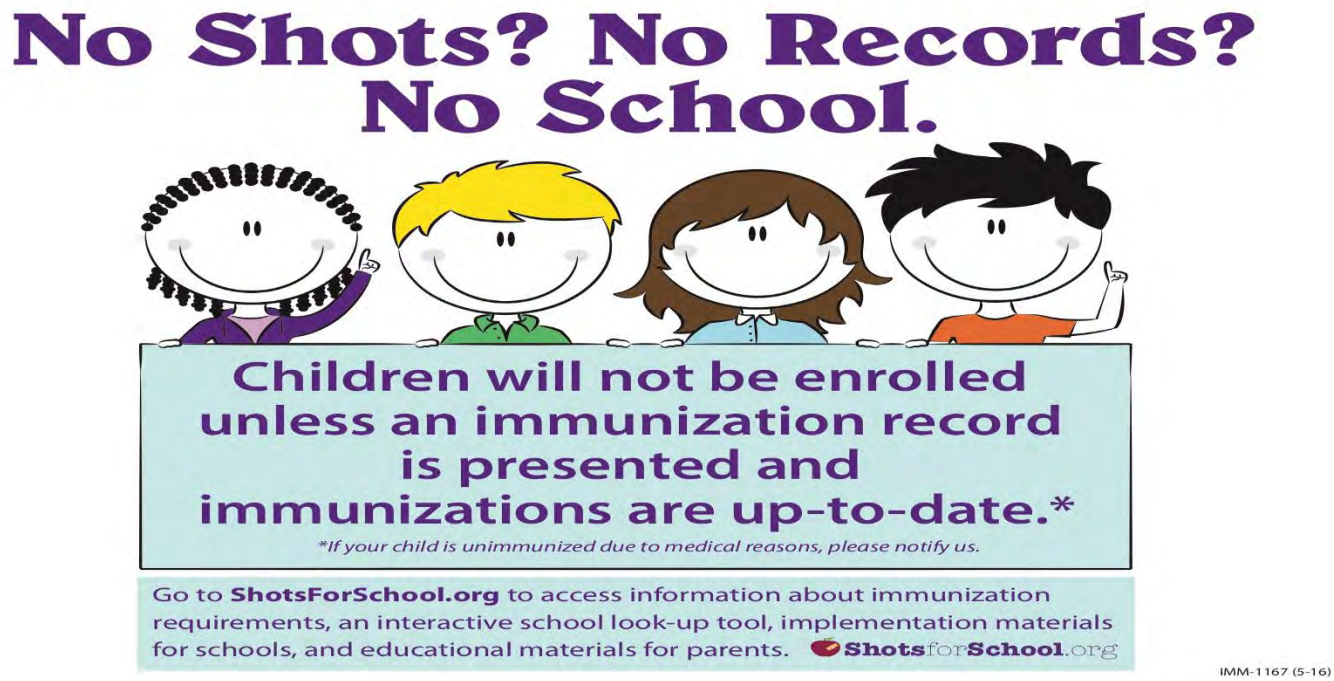
PHILIP D'AGOSTINO, Ed.D, Superintendent of Schools



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**

1. **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.
2. **DTP - 5** doses **but** 4 doses will be accepted if the last was given after the child's 4th birthday.
3. **MMR - 2** doses given **after the child's first birthday.**
4. **Varicella - 2** doses or health care provider-documented
5. **Hepatitis B** - A series of 3 doses given at any age before school entry.

PHYSICAL EXAM for Entry into GR 1 (OPTIONAL):

The Physical Exam for GR 1 Entry; TK/Kinder students' NEED to be completed **AFTER: March 1, 2025.** ***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.

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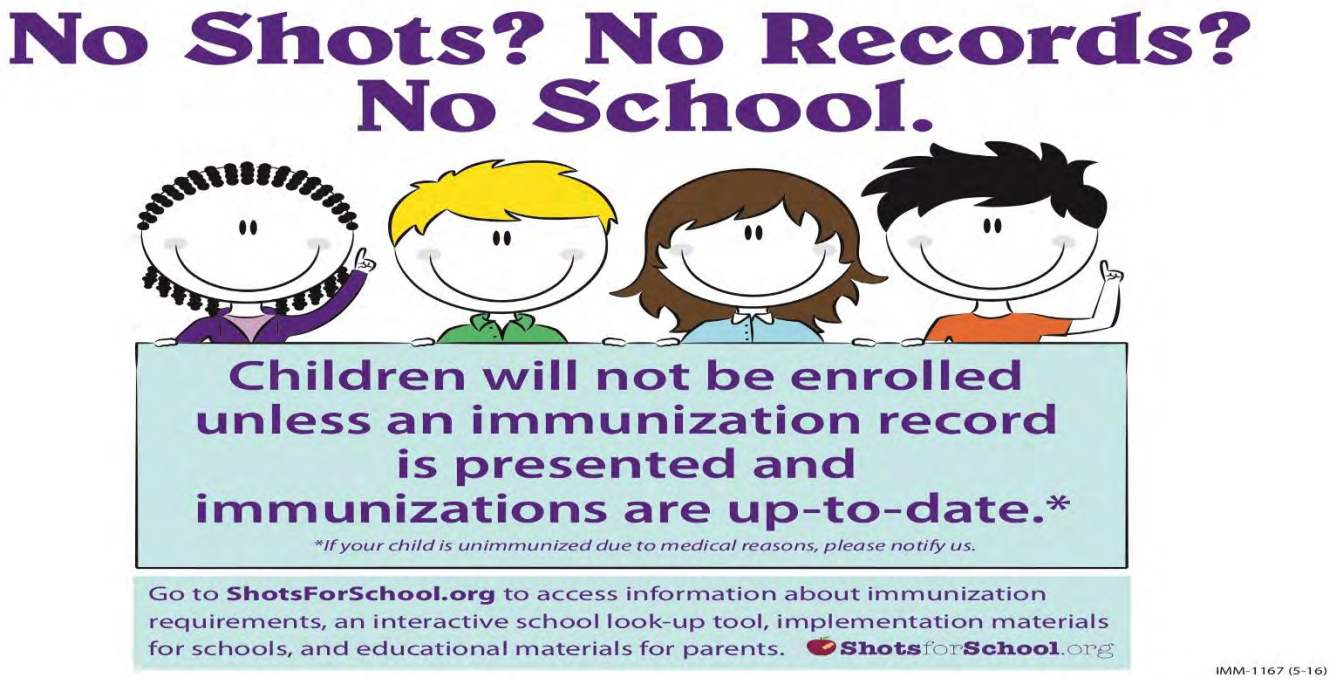
Fax: 626-312-2906

PHILIP D'AGOSTINO, Ed.D, Superintendent of Schools



親愛的家長或監護人：

為了貴子弟報名柔絲蜜學區，您必須完成下列事項：

加州規定幼稚園至十二年級生必須的疫苗注射 (包括過渡期的幼稚園生) **如下：**

年級	每次疫苗注射所需的劑量數
幼稚園至十二年級註冊	**4 Polio 5 DTaP 3 HepB 2 MMR 2 Varicella**
(七至十二年級)	**1 Tdap**
七年級進階	**1 Tdap 2 Varicella**

1. **Polio –** 4 劑在任何年齡，但如果最後一劑是在小孩四歲以後才注射那麼 3 劑亦可接受。
2. **DPT –** 5 劑，4 劑亦可接納，如果最後一 劑是在小孩四歲生日後注射。
3. **MMR –** 在 小 孩 1 歲 生 日 後 已 經 注 射 過 2 劑
4. **Varicella -** 2 劑或醫生提供文件 – 有記錄
5. **Hepatitis B** -入學之前的任何年齡已連續注射過 3 劑。

就讀一年級前的身體檢查 （選擇）：

就讀一年級的身體檢查;過渡期幼兒園的學生需要在 **2025 年 3 月 1 日之後完成** 。任何在此日期前的身體檢查概不接受 。 學前教育/托兒所在上述日期前的身體檢查概不接受。

- 第二部分 - 全面體檢的文件，包括最新的疫苗注射
- 第三部分 - 表格右下方體檢的結果和建議需要家長和醫生的簽名和日期。

口腔健康評估（適用於從未在加州公立學校就讀的 TK / K 和一年級新生）：

可以在註冊前的一年內完成，也可以在過渡期幼兒園的那個學年完成（必須是本學區一年級的新生，**不曾**在加州的公立學校就讀）

- **家長完成 第一部分** （學童姓名，出生日期，地址，學校，年級，性別和家長簽名
- **牙醫完成 第二部分** 要有辦公室印章，簽名和日期。

Parents' Guide to Immunizations

Required for School Entry

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 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.

家长的免疫接种指南

入学必要

从2019年7月1日开始

學生入读渡性幼儿园/K-12 需要:

- **Diphtheria、Tetanus与Pertussis (DTaP, DTP, Tdap, 或 Td) — 5剂**
  (4岁生日或后可給4剂。7岁生日或后则可給3剂。)
  7-12年級生在7岁生日或后需要至少1剂pertussis疫苗。
- **Polio (OPV or IPV) — 4剂**
  (4岁生日或后可給3剂)
- **Hepatitis B — 3劑**
  (7年級入學不需要)
- **Measles、Mumps与Rubella (MMR) — 2剂**
  (全是在1岁生日或后給的)
- **Varicella (Chickenpox) — 2剂**

这些免疫规定适用于所有年级，包括过渡性幼儿园的新入学和转学生。

學生入读 7 年級需要:

- **Tetanus, Diphtheria, Pertussis (Tdap) —1剂**
  (通常在11岁或后接受百日咳補针)
- **Varicella (Chickenpox) — 2剂**
  (通常在12个月与4-6岁时接受)

此外，渡性幼儿园/K-12免疫规定适用于以下的7年级学生:

- 在2016年前入读渡性幼儿园/幼儿园和6年级之间提交了有效的个人信仰豁免
- 新入学的学生

记录:

加州学校必须在入学前检查所有渡性幼儿园/幼儿园-12年级与升读7年级新生的免疫记录。家长必须出示证明其子免疫接种的免疫记录。

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

PHILIP D'AGOSTINO, Ed.D, Superintendent of Schools

ORAL HEALTH NOTIFICATION LETTER

Dear Parent or Guardian:

Having a healthy mouth helps your child do well in school. To make sure 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 (attached to this letter) 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 31st. Take the attached form to your child's dentist to complete, if your child had an oral health assessment or dental check-up in the past 12 months. The following information will help you find a dentist:

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

1. You can call the Medi-Cal Telephone Service Center at 1-800-322-6384 or visit *Smile California - Find a Dentist* at https://smilecalifornia.org/find-a-dentist/ to find a dentist that accepts Medi-Cal. For help enrolling your child in Medi-Cal, you can apply by mail, go in person to your local Social Services office, or online at *Apply for Medi-Cal* at 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, click *Apply for Health Coverage* at https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx to find yours.

When you take your child to the dentist, bring the attached 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.

Please return the form to your child's school of residence (home 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 on-line from the California Department of Education at https://www.cde.ca.gov/Is/he/hn/oralhealth.asp.

We want your child to be healthy and ready for school! Even though they fall out, baby teeth are very 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 Student Support Services office at (626) 312-2900 or email at registration@rosemead.k12.ca.us.

Sincerely,

Hoori Chalian, M.Ed.
Coordinator
Special Education & Student Support Services

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

PHILIP D'AGOSTINO, Ed.D, Superintendent of Schools

口腔健康通知信

尊敬的家長或監護人：

擁有健康的口腔有助於您的孩子在學校取得好成績。為了確保您的孩子為上學做好準備，加州*法律教育*法典第 49452.8 節要求您的孩子在公立學校的第一年（幼稚園或一年級）進行口腔健康評估或牙科檢查。每個孩子都需要有執照的牙醫或其他有執照或註冊的牙科健康專業人員進行口腔健康評估，以及填寫完整的口腔健康評估表（附在本信中）以滿足這一要求。

如果您的孩子在過去 12 個月內沒有進行口腔健康評估，他們將需要在 5 月 31 日之前進行一次。如果您的孩子在過去 12 個月內接受過口腔健康評估或牙科檢查，請將隨附的表格交給您孩子的牙醫填寫。以下資訊將說明您找到牙醫：

以下資源將說明您找到牙醫併為您的孩子完成此要求：

1. 您可以撥打 1-800-322-6384 聯繫 Medi-Cal 電話服務中心，或訪問 *Smile California - Find a Dentist* 在 https://smilecalifornia.org/find-a-dentist/ 查找接受 Medi-Cal 的牙醫。如需說明您的孩子加入 Medi-Cal，您可以通過郵件申請、親自前往當地社會服務辦公室或在線 *Apply for Medi-Cal* 在 https://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx。

2. 如需其他可能有用的資源，請聯繫您當地的公共衛生部門，按兩下「在 *Apply for Health Coverage* 在 https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx以查找您的資源。

當你帶孩子去看牙醫時，請帶上所附的表格填寫。

如果您不能帶孩子進行口腔健康評估，請填寫單獨的口腔健康評估要求豁免表，並交回表格。

請將表格交回您孩子的居住學校（家庭學校）。您孩子的身份不會出現在任何報告中。學校對學生的健康資訊保密。您可以在您孩子的學校或從加州教育部在線獲取該表格的更多副本，網址為 https://www.cde.ca.gov/Is/he/hn/oralhealth.asp.

我們希望您的孩子身體健康，為上學做好準備！即使它們脫落，乳牙也非常重要。孩子們需要健康的乳牙來吃飯、說話、微笑和自我感覺良好。蛀牙患兒可能會感到疼痛、進食困難、停止微笑，並在學校注意力和學習方面存在問題。

以下是說明您的孩子保持健康的重要建議：

- 帶孩子去看牙醫。牙科檢查可以說明保持孩子的口腔健康和無痛。
- 為全家人選擇健康的食物，如新鮮水果和蔬菜。

- 每天至少用含氟牙膏刷牙兩次。
- 限制糖果和甜飲料，如潘趣酒、果汁或蘇打水。甜飲料和糖果含有大量糖分，這會導致蛀牙，併為您的孩子留下更少的空間來獲得健康的食物和飲料。甜飲料和糖果也會導致體重問題，這可能導致其他疾病，如糖尿病。給孩子健康的選擇，如水、牛奶和水果。

如果您對新的口腔健康評估要求有疑問，請致電 （626） 312-2900 或發送電子郵件至 registration@rosemead.k12.ca.us.

真誠地,

Hoori Chalian, M.Ed.
協調者
特殊教育和學生支持服務

Oral Health Assessment Form

California law (*Education Code* Section 49452.8) says every child must have a dental check-up (assessment) by May 31st 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: ☐ Male ☐ Female

Child's Race/Ethnicity:	☐ White	☐ Native American
	☐ Black/African American	☐ Multi-racial
	☐ Hispanic/Latino	☐ Native Hawaiian/Pacific Islander
	☐ Asian	☐ Unknown
	☐ 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) ☐Yes ☐No	*Caries Experience (Visible decay and/or fillings present) ☐Yes ☐No
Treatment Urgency: ☐ **No obvious problem found**	☐ **Early dental care recommended** (caries without pain or infection; or child would benefit from sealants or further evaluation)	☐ **Urgent care needed** (pain, infection, swelling or soft tissue lesions)
_____ ***Licensed Dental Professional Signature***	_____ ***CA License Number***	MM – DD – YYYY _____ ***Date***

*****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?	☐ **Yes** ☐ **No** (If no, entity responsible for follow-up will be encouraged to check back in with parent) ☐ **I don't know**

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 31st of your child's first school year.

Original to be kept in child's school record.

口腔健康評估表

加州法律（*教育法典第 49452.8 節*）規定，每個孩子都必須在他/她在公立學校第一年的 5 月 31 日之前進行牙科檢查（評估）。加州持牌牙科專業人員必須進行檢查並填寫此表格的第 2 部分。如果你的孩子在過去12個月內做過牙科檢查，請你的牙醫填寫第2部分。如果您無法為您的孩子進行牙科檢查，請填寫單獨的口腔健康評估要求豁免表。

該評估將讓您知道是否有任何需要牙醫注意的牙齒問題。該評估還將用於評估我們的口腔健康計劃。兒童需要良好的口腔健康才能自信地說話、表達自己、保持健康並準備好學習。口腔健康不佳與學習成績低下、社會關係差和晚年成功率較低有關。因此，我們感謝您為加州兒童的健康和福祉做出的貢獻。

第 1 部分：兒童資訊（由父母或監護人填寫）

孩子的名字：	姓：	中間名稱：	孩子的出生日期： MM – DD – YYYY
位址：			公寓：
城市：			郵遞區號： | | | | | | | | |
學校名稱：	老師：	年級：	孩子上幼稚園的 年份： Y Y Y Y
父母/監護人名字：	父母/監護人姓氏：		孩子的性別： ☐雄 ☐女性

孩子的種族/民族：	☐ 白	☐ 印第安人
	☐ 黑人/非裔美國人	☐ 多種族
	☐ 西班牙裔/拉丁裔	☐ 夏威夷原住民/太平洋島民
	☐ 亞裔	☐ 未知
	☐ 其他（請註明）	

下一頁繼續

第 2 部分：口腔健康數據收集（由加州持牌牙科專業人員填寫）

重要提示：分別考慮每個框。標記每個框。

評估日期： MM – DD – YYYY	未經處理的腐爛 （存在可見衰變） ☐是的☐不	*齲齒體驗 （存在可見的腐爛和/或填充物） ☐是的☐不
Treatment Urgency: ☐**未發現明顯問題**	☐**建議儘早進行牙科護理** （齲齒沒有疼痛或感染;或孩子會	☐**需要緊急護理** （疼痛、感染、腫脹或軟組織損傷）
持牌牙科專業人員簽名	***CA 許可證編號***	MM – DD – YYYY *日期*

*****如果存在未經治療的齲齒或填充物，請檢查“是”以瞭解齲齒體驗
如果沒有未經治療的齲齒和填充物，請勾選“否”以瞭解齲齒體驗

第3部分：緊急護理的隨訪（由負責隨訪的實體填寫）

家長通知孩子在以下方面有緊急的牙科護理需求：	MM – DD – YYYY
已安排了該名兒童的後續預約：	MM – DD – YYYY
孩子是否接受過必要的治療？	☐**是的** ☐**不**如果沒有，將鼓勵負責跟進的實體與家長聯繫） ☐**我不知道**

法律規定，學校必須對學生的健康資訊保密。由於這項法律，您孩子的名字不會出現在任何報告中。這些資訊只能用於與您孩子的健康相關的目的。如果您有任何疑問，請致電您的學校。

不遲於您孩子第一學年的 5 月 31 日將此表格交回學校。

原件應保存在孩子的學校記錄中。

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
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

Date

Signature of health examiner

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.

入學健康檢查報告

為了保護兒童的健康，加利福尼亞州法律要求入學時必須進行健康檢查。請讓健康檢查員填寫此報告，然後將其退回學校。學校將作為機密信息進行保存和維護.

部分 I　　由父母或監護人填寫

孩子的名字-最後	Đầu tiên	Ở giữa	出生日期-月/日/年

地址-街道號	市	郵政編碼	學校

部分 II　　由健康檢查人員填寫

健康檢查

注意：除血鉛測試外，所有測試和評估都必須在孩子4歲零3個月後進行。

所需測試/評估	日期 (mm/dd/yy)
健康史	/ /
體格檢查	/ /
牙科評估	/ /
營養評估	/ /
發展評估	/ /
視力篩查	/ /
聽力測驗（聽力）篩查	/ /
結核病風險評估和測試（如果有）	/ /
驗血（貧血）	/ /
尿檢	/ /
血鉛測試	/ /
其他	/ /

免疫記錄

考官注意：請給家人完整或更新的黃色加州免疫記錄。

學校注意事項：請在藍色的加利福尼亞學校免疫記錄（PM 286）中記錄免疫接種日期。

疫苗	給出了每個劑量的日期				
	第一	第二	第三	第四	第五
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)					
其他(e.g., TB Test, if indicated)					
其他					

部分 III　　健康檢查員的其他信息 *(可選的)*　　*和*　　父母或監護人發布健康信息

結果與建議

如果患者或監護人已經簽署了發布健康信息的信息，請填寫。

☐ 考試表明學校課程活動沒有任何問題.

☐ 在檢查中或經過進一步評估後發現的對學校教育或體育鍛煉很重要的條件是：（請說明）

我允許健康檢查人員與學校共享有關健康檢查的其他信息，如第1部分所述III.

☐ 如果您不希望健康檢查員填寫零件，請選中此框III.

父母或監護人簽名　　日期

健康檢查員的姓名，地址和電話號碼

日期

健康檢查員簽名

如果您的孩子無法獲得學校健康檢查，請致電當地衛生部門的"兒童健康與殘疾預防（CHDP）計劃"。如果您不希望孩子接受健康檢查，則可以簽署孩子學校上的豁免表格（PM 171 B）.

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

PHILIP D'AGOSTINO, Ed.D, Superintendent of Schools

February 2025

LETTER TO HOUSEHOLDS
Household Income Data Collection Form

Dear Parent or Guardian:
We are pleased to inform you that Rosemead School District will continue to provide free meals to all Rosemead School District students for the 2025-2026 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 new families to complete the 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, 2025, the District will be at risk for funding reductions that may impact many vital programs and services.

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,

John Rivera

John Rivera, RDN
Director, Nutrition & Wellness

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

PHILIP D'AGOSTINO, Ed.D, Superintendent of Schools

2025年2月

致住戶的信
家庭收入數據收集表

尊敬的家長或監護人：
我們很高興地通知您，Rosemead 學區將在 2025-2026 學年繼續為所有 Rosemead 學區學生提供免費膳食，無論學生的膳食資格或家庭收入狀況如何。

這對羅斯米德學區意味著什麼？
儘管本學年所有 18 歲及以下的兒童都可以獲得免費膳食，但我們要求新家庭填寫家庭收入數據收集表，因為所提供的資訊有助於確保羅斯米德學區獲得所有可用的國家資金，以支援我們現在和未來的教育計劃和服務。如果此表格未在 2025 年 9 月 30 日之前填寫並返回給羅斯米德學區，該學區將面臨資金減少的風險，這可能會影響許多重要的計劃和服務。

我們要求您花點時間填寫表格並儘快提交給您的家庭學校，以便我們可以繼續獲得這筆關鍵資金，並可以繼續為所有學生提供高品質的教育計劃和服務。

如果我們可以提供任何進一步的說明，請致電 （626） 312-2900 聯繫營養服務辦公室。

真誠地,

John Rivera

John Rivera, RDN
營養與健康總監

Household Income Data Collection – Rosemead School District 2025-2026

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, b-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.

家庭收入数据采集 – 样表 Rosemead School District 2025-2026

第 1 部分：请填写有关家中学生的如下信息

姓	名	出生日期（月/日/年）
		/ /

学校（如不在校，填写“无”）	年级	班级	学校代码

第 2 部分：请填写有关家庭成员数量和家庭收入的如下信息

关于家庭成员数量以及家庭年收入的计算，如需帮助，请阅读本表背面的说明。

1. **选择家中成人与儿童的总人数：**

圈出其中一项： **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** **其他____**

2. **家庭年总收入：$**

第 3 部分：父母或监护人信息与签字

兹证明（承诺）本表所填信息均为真实信息且已涵盖所有家庭收入。本人了解学校可能根据本人所提供的信息获取州立基金或联邦基金，且本表内容可能会受到审查。

填写本表的已成年家庭成员签名 **填写本表的已成年家庭成员正楷姓名** **日期**

住宅电话号码：	移动手机号码：	电子邮箱：

本表中所提交的信息属保密性学历档案资料，因此受与学历档案相关的所有联邦隐私法以及加州隐私法的保护，包括但不限于《家庭教育权和隐私权法案》（FERPA，1974）修订版[20 U.S.C. § 1232g; 34 CFR Part 99]；《加州教育法典》第 6.5 章第 27 部分第 4 节第 2 条[开始于第 49060 款等等]；《加州信息法》（《加利福尼亚州民法典》第 1798 款等等）以及《加州宪法》第 1 条第 1 款。

“家庭成员数量”中应包含哪些人？

其中必须包括您自己以及在您的家庭中生活且共同享有您家庭收入与支出的所有人员（例如孩子、（外）祖父母、其他亲属、朋友），无论是否存在血缘关系。在您家庭中生活且经济独立的其他人员（例如不与您的子女共同享有家庭收入且按比例支付费用的人员）*不应*包含在内。

*“家庭总收入”中应包含哪些项？*家庭总收入包含以下各项收入：

- **工作总收入：**即您的总收入，而非实得工资。总收入是指在扣除税款和其他款项前的工资数额。工资条上列有此项信息，如果您无法确定，您的上级主管可以为您提供该信息。仅私营业务、农场或租赁收入允许填写净收入。
- **福利、子女抚养费与赡养费：**您的家庭中每个人通过上述渠道获得的金额，包括通过领取 CalWORKs 福利金获得的任何收入。
- **养老金、退休金、社会保障、补充保障收入（SSI）、退伍军人福利（VA 福利）以及伤残福利：**包括您的家庭中每个人通过上述渠道获得的收入。
- **所有其他收入：**包括工人的赔偿金、失业救济金、罢工津贴、来自非家庭成员的定期资助，以及所获得的任何其他收入。家庭通过食物券（CalFresh）、妇幼特别营养补充计划（WIC）、联邦教育福利以及抚养补贴所获得的收入不含在内。
- **军人住房津贴和风险工资：**包括出外住房津贴。军人私有化住房计划或风险工资*不含*在内。
- **加班费：**如果经常获得加班费，应将加班费计算在内。

按每月、每半月、每两周、每周获得的收入如何计算到家庭收入里面？

- 根据上文的分类，确定家庭收入的各个来源。家庭获得收入的周期有所不同的，必须按照如下方式换算成年收入：
  - 如果按每月计算，乘以 12 得出总数
  - 如果按每半月计算，乘以 24 得出总数
  - 如果按每两周（每两个星期）计算，乘以 26 得出总数
  - 如果按每周计算，乘以 52 得出总数
- 将各项收入换算为年收入，然后相加得出家庭年总收入，填入第 2 部分第 2 项的相应位置。

如果您的收入发生了变化，包括正常获得的工资/薪水，例如，通常您每个月的收入为 1,000 美元，但是上个月由于耽误了一些工作而只收入了 900 美元，则忽略不计，仍按每月收入 1,000 美元计算。如果经常获得加班费，应将加班费计算在家庭收入内。如果您已经失业，或者工时或工资降低，请填写 0 或降低后的当前收入。

有关家庭成员数量和家庭总收入的其他信息，请查阅在美国农业部指导与资源网页上发布的学校供餐资格手册
http://www.fns.usda.gov/cnd/guidance/default.htm。

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

PHILIP D'AGOSTINO, Ed.D, Superintendent of Schools

STUDENTS WITH FOOD ALLERGIES OR INTOLERANCES

If your child has a food allergy or intolerance, please do the following:

- ☐ Have a licensed physician, physician assistant, or nurse practitioner complete and sign the attached **Medical Statement to Request Special Meals and/or Accommodations**
- ☐ Return the completed Medical Statement form to the school office, cafeteria, or Nutrition Services office

Question? Please call Nutrition Services at (626) 312-2900, ext. 254.

ESTUDIANTES CON ALERGIAS O INTOLERANCIAS ALIMENTARIAS

Si su hijo tiene una alergia o intolerancia a los alimentos, haga lo siguiente:

- ☐ Pídale a un médico, asistente médico o enfermera practicante con licencia que complete y firme la Declaración médica adjunta para solicitar comidas especiales y / o adaptaciones
- ☐ Regrese el formulario de Declaración Médica completado a la oficina de la escuela, a la cafetería o a la oficina de Servicios de Nutrición

¿Pregunta? Llame a Servicios de Nutrición al (626) 312-2900, ext. 254.

HỌC SINH CÓ DI ỨNG HOẶC KHÔNG DUNG NẠP THỰC PHẨM

Nếu học sinh có dị ứng hoặc không dung nạp thực phẩm, xin tuân thủ các điều sau đây:

- ☐ Yêu cầu bác sĩ được cấp phép, y sĩ, hoặc y tá thực hành điền và ký vào **Giấy Giám Định Y Khoa Đề Nghị Đồ Ăn và/hoặc Điều Chỉnh Đặc Biệt**
- ☐ Nộp lại Giấy Giám Định Y Khoa cho văn phòng nhà trường, nhà ăn, hoặc văn phòng Bộ Phận Dịch Vụ Dinh Dưỡng

Nếu quý vị có bất cứ câu hỏi hoặc thắc mắc nào, xin vui lòng gọi điện cho Bộ Phận Dinh Dưỡng, theo số (626) 312-2900, ext. 254.

學生對食物過敏或不能忍受

假如貴子弟有食物過敏或不能忍受某些食物，請執行下列事項：

- ☐ 讓有 執照的醫生，醫生助理，或執業護士 填妥並簽署 **健康聲明書以要求特殊的餐飲和/或調適**。
- ☐ 交回填妥的表格給學校辦公室，餐廳，或營養服務部

任何疑問請打電話給營養服務部,(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:

☐ **Regular** ☐ **Chopped** ☐ **Ground** ☐ **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.

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.

要求的醫療聲明
特殊膳食和/或住宿

1. 學校或機構	2. 網站名稱	3. 網站電話號碼
4. 兒童或參與者的姓名		5. 年齡或出生日期
6. 父母或監護人的姓名		7. 電話號碼

8. 受影響的兒童或參與者的身體或精神障礙的描述:

9. 飲食處方和/或調節的解釋，以確保正確實施:

10. 為上述兒童或參與者指示食物質地:

☐ **定期** ☐ **切碎** ☐ **地** ☐ **泥狀**

11. 要省略的食物和適當的替代:

要省略的食物	建議的替換

12. 要使用的自適應設備:

13. 國家許可醫療保健專業人員的簽名*	14. 列印名稱	15. 電話號碼	16. 日期

***為此，加利福尼亞州的州許可醫療保健專業人員是有執照的醫生，醫生助理或執業護士.**

此表格上的資訊應更新，以反映參與者當前的醫療和/或營養需求.

指示

1. **學校或機構**：列印向家長提供表格的學校或機構的名稱.
2. **地點**：列印將提供餐點的地點的名稱.
3. **網站電話號碼**：列印將提供餐點的網站的電話號碼.
4. **兒童或參與者的姓名**：列印與資訊相關的兒童或參與者的姓名.
5. **兒童或參與者的年齡**：列印兒童或參與者的年齡。對於嬰兒，請使用出生日期.
6. **父母或監護人的姓名**：列印要求孩子或參與者的醫療聲明的人的姓名.
7. **電話號碼**：列印父母或監護人的電話號碼.
8. **受影響的兒童或參與者的身體或精神障礙的描述**：描述身體或精神障礙如何限制兒童或參與者的飲食.
9. **飲食處方和/或調節的解釋，以確保正確實施**：描述由州醫療保健專業人員規定的特定飲食或調節.
10. **指示紋理**：如果孩子或參與者不需要任何修改，請選中"常規".
11. **要省略的食物**：列出必須省略的特定食物（例如，排除液態奶）.
    建議的替代：列出要包含在飲食中的特定食物（例如，鈣強化果汁）.
12. **國家許可醫療保健專業人員的簽名**：請求特殊膳食或住宿的州許可醫療保健專業人員的簽名.
13. **國家許可醫療保健專業人員的簽名**：請求特殊膳食或住宿的州許可醫療保健專業人員的簽名.
14. **列印名稱**：國家許可的醫療保健專業人員的列印名稱.
15. **電話號碼**：國家許可的醫療保健專業人員的電話號碼.
16. **日期**：州許可醫療保健專業人員簽署表格的日期.

引用來自1973年《康復法》第504條、1990年《美國殘疾人法》（ADA）和2008年《美國殘疾人法修正案》。

殘疾人被定義為具有身體或精神障礙的任何人，這種損害大大限制了一項或多項主要的生活活動，有這種損害的記錄，或被視為具有這種損害。

身體或精神障礙是指（a）影響以下一個或多個身體系統的任何生理障礙或狀況，美容毀容或解剖學損失：神經系統;肌肉骨骼;特殊感覺器官;呼吸;言語;器官;心血管;生殖，消化，泌尿生殖;血和淋巴;皮膚;和內分泌;或（b）任何精神或心理障礙，如智力遲鈍，器質性腦綜合征，情緒或精神疾病以及特定的學習障礙。

主要的生活活動包括但不限於照顧自己，執行體力勞動，看，聽，吃，睡，走路，站立，舉起，彎曲，說話，呼吸，學習，閱讀，集中注意力，思考，交流和工作。

主要的身體功能已被添加到主要的生活活動中，包括免疫系統的功能;正常細胞生長;和消化，腸道，膀胱，神經，腦，呼吸，迴圈，內分泌和生殖功能。

"**有這種損害的記錄**"是指一個人有或已被分類（或錯誤分類）為具有精神或身體損害史，嚴重限制了一項或多項主要的生活活動。

3907 Rosemead Blvd.
Rosemead, CA 91770
Phone: 626-312-2900
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PHILIP D'AGOSTINO, Ed.D, Superintendent of Schools

February, 2025

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.

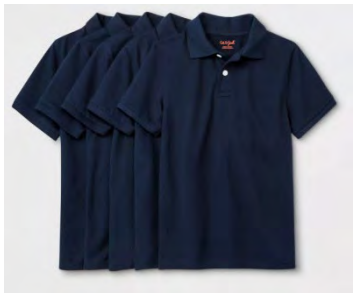
All parents/guardians will receive a complete copy of the Rosemead School District School Uniform Policy in their student's first day packet. This information is provided in advance in order to assist you with planning for uniform needs for the next school year.

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

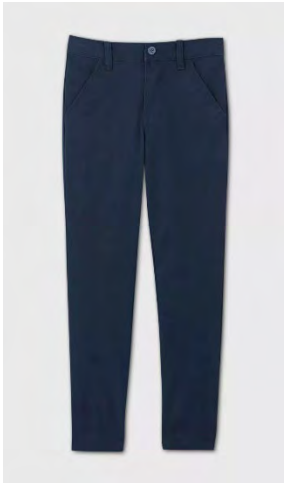
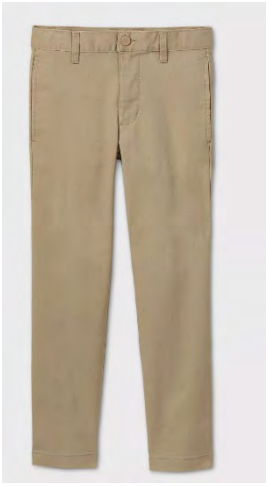
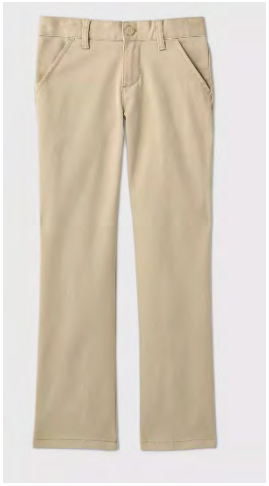
Sincerely,

Hoori Chalian, M.Ed.
Coordinator
Special Education & Student Support Services

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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PHILIP D'AGOSTINO, Ed.D, Superintendent of Schools

2025年2月

親愛的柔絲蜜學區的家長/監護人：

柔絲蜜學區有硬性規定的制服政策。所有的學生都必須穿學校制服。穿制服的管理方針是為了維護整個校園的健康、安全、有保障為所有學生的福利著想。

這些指導方針將遵循學校的制服規定：

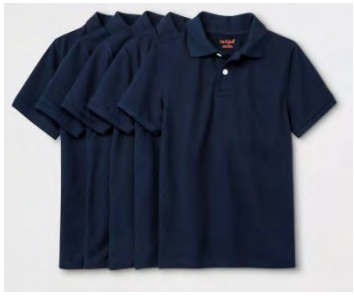
- 深藍色或沒有花紋、白色有領的襯衫，（沒有領子的襯衫是不允許的）
- 深藍色的長褲(卡其布/燈芯絨)
- 深藍色襯衫，短褲，裙褲或吊帶褲
- 在校期間必需穿上安全的鞋子以便學生得以參加所有學校的活動。有輪子的鞋子/冰鞋是不准穿來學校的。

所有的家長或監護人在學生的第一天資料袋裏都會收到一份完整的柔絲蜜學區制服規定。事先提供這份資料是為了幫助您準備下一個學年所需的制服。
如有更進一步的問題，請與學校校長聯絡。

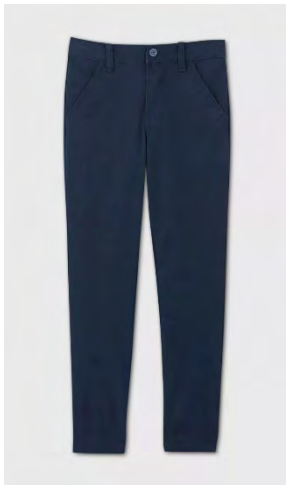
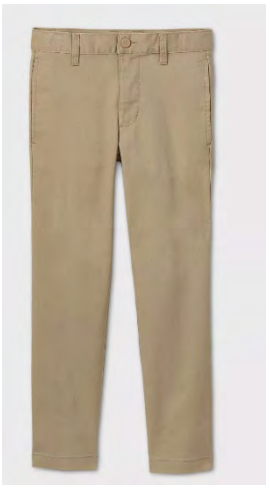
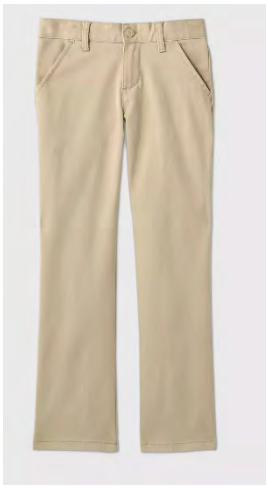
誠摯的，

Hoori Chalian, M.Ed.
協調者
特殊教育和學生支持服務

深藍色或沒有花紋、白色有領的襯衫，（沒有領子的襯衫是<u>不</u>允許的）




深藍色的長褲(卡其布/燈芯絨)

深藍色襯衫，短褲，裙褲或吊帶褲





UNIFORM POLICY
(All Schools)

Acceptable and Unacceptable School Attire

SCHOOL	TOPS	BOTTOMS
Encinita Elementary	**TOPS**: Navy blue or white plain collared shirts. White t-shirt underneath a collared shirt.	**BOTTOMS**: Navy blue or Tan/Khaki - pants, skirts, skorts, shorts, or jumpers. (Dresses, skirts, skorts, and shorts - must be below fingertip length when arms are straight down). All bottoms must be hemmed.
	SUN PROTECTIVE HATS: Plain wide-brimmed hats with projective rim or edge that surrounds the entire circumference of the hat for outdoor use only during P.E. or recess. **FRIDAYS**: Students wear their Red Spirit Eagle shirts.	
Janson Jaguars	**TOPS**: Navy blue or white plain collared shirts.	**BOTTOMS**: Navy blue or khaki shorts, skorts, skirts, or pants. (Dresses, skirts, skorts, and shorts - must be below fingertip length when arms are straight down). All bottoms must be hemmed.
	SWEATERS: Plain blue or white sweatshirts and sweaters.	
Savannah Elementary	**TOPS**: Navy blue or white plain collared shirts.	**BOTTOMS**: Navy blue or Tan/Khaki - pants, skirts, skorts, shorts, or jumpers. (Dresses, skirts, skorts, and shorts - must be below fingertip length when arms are straight down). All bottoms must be hemmed.
	SWEATERS: Burgundy Savannah sweatshirts, plain blue or white sweatshirts, and sweaters.	

UNIFORM POLICY
(All Schools)

Acceptable and Unacceptable School Attire

SCHOOL	TOPS	BOTTOMS
Shuey Elementary	**TOPS**: Navy blue or white plain collared shirts.	**BOTTOMS**: Navy blue or Tan/Khaki - pants, skirts, skorts, shorts, or jumpers. (Dresses, skirts, skorts, and shorts - must be below fingertip length when arms are straight down). All bottoms must be hemmed.
	FRIDAYS: Students wear their Shuey Shark shirts.	
Muscatel Middle School	**TOPS**: Navy blue or white collared polo or button-down Oxford shirts. Undergarments/ shirts navy, gray, or white.	**BOTTOMS**: Navy blue or Tan/Khaki pants or shorts. (Dresses, skirts, skorts, and shorts - must be below fingertip length when arms are straight down). All bottoms must be hemmed.
	FRIDAYS: Muscatel spirit day students may wear school t-shirts, club t-shirts, school sweatshirts, green shirts, or blouses with a collar accompanied by uniform pants, shorts, skorts, skirts, or Bermudas. *If the above options are not chosen, the regular school uniform must be worn on Fridays.*	

UNIFORM POLICY
(All Schools)

Acceptable and Unacceptable School Attire

UNACCEPTABLE ATTIRE
(APPLICABLE TO ALL SCHOOLS)

- Bandanas
- Bare midriffs or see-through tops
- Beanies
- Belts - military nylon belts with metal buckle
- Black hooded sweatshirts
- Caps
- Colored shirts, shorts, or pants underneath uniforms
- Exercise clothing
- Facial-piercing jewelry (eyebrow, nose, lips), plugs or spiked earrings, metal chains, spiked jewelry
- Fake nails (acrylic, gel, press-on)
- Gang-related, vulgar printing/sexually suggestive/violent pictures on clothing
- Gloves - black
- Hair dye
- Halter tops, off-the-shoulder shirts, spaghetti straps, midriff shirts/blouses, see-through tops, revealing tops
- Jackets with logos
- Jeans
- Leggings
- Oversized clothing
- Patches or buttons advertising alcohol or illegal substances or bearing suggestive, offensive, or demeaning slogans
- PE clothing outside of PE class
- Rubber bands attached to bottoms
- Saggy clothing
- Shirt with designs
- Shoes - open-toe
- Shoes - with wheels/skates
- Short dresses
- Short shorts
- Short skirts
- Short skorts
- Spikes - any clothing or accessories containing spikes
- Sunglasses
- Socks higher than mid-calf
- Sweaters with hoodies (hoody must be kept off of head)
- Sweaters with logos
- Sweatpants
- Tank tops
- Tights with shorts, skirts, or skorts
- Undergarments exposed
- Unsafe jewelry or accessories

統一政策
（所有學校）
可接受和不可接受的校服

學校	襯衫	褲子
	襯衫: 海軍藍或白色平領襯衫。 有領襯衫下面穿白色T恤。	**褲子**: 海軍藍或棕褐色/卡其色 - 褲子、裙子、短褲、短褲或套頭衫。 （連衣裙、裙子、短褲和短褲 - 手臂伸直向下時必須低於指尖長度）。所有底部都必須包邊。
	防曬帽: 普通寬邊帽，帶有突出的邊緣或邊緣，環繞帽子的整個圓周，僅在體育或休息期間在戶外使用。 **週五**: 學生們穿著他們的紅靈鷹襯衫。	
	襯衫: 海軍藍或白色平領襯衫。	**褲子**: 海軍藍色或卡其色短褲、短褲、裙子或褲子。 （連衣裙、裙子、短褲和短褲 - 手臂伸直向下時必須低於指尖長度）。所有底部都必須包邊。
	毛衣: 純藍色或白色運動衫和毛衣。	
	襯衫: 海軍藍或白色平領襯衫。	**褲子**: 海軍藍或棕褐色/卡其色 - 褲子、裙子、短褲、短褲或套頭衫。 （連衣裙、裙子、短褲和短褲 - 手臂伸直向下時必須低於指尖長度）。所有底部都必須包邊。
	毛衣: 勃艮第薩凡納運動衫、純藍色或白色運動衫和毛衣。	

統一政策

（所有學校）

可接受和不可接受的校服

學校	襯衫	褲子
	襯衫: 海軍藍或白色平領襯衫。	**褲子**: 海軍藍或棕褐色/卡其色 - 褲子、裙子、短褲、短褲或套頭衫。 （連衣裙、裙子、短褲和短褲 - 手臂伸直向下時必須低於指尖長度）。所有底部都必須包邊。
	週五: 學生們穿著他們的Shuey Shark襯衫。	
	襯衫: 海軍藍色或白色領Polo衫或紐扣牛津襯衫。內衣/襯衫海軍藍、灰色或白色。	**褲子**: 海軍藍或棕褐色/卡其色 - 褲子、裙子、短褲、短褲或套頭衫。 （連衣裙、裙子、短褲和短褲 - 手臂伸直向下時必須低於指尖長度）。所有底部都必須包邊。
	週五: 馬斯卡特爾精神日的學生可以穿學校 T 恤、俱樂部 T 恤、學校運動衫、綠色襯衫或有領襯衫，並搭配制服褲、短褲、短褲、裙子或百慕達。 *如果未選擇上述選項，則周五必須穿普通校服。*	

統一政策
（所有學校）
可接受和不可接受的校服

不可接受的著裝
（適用於所有學校）

- 頭巾
- 裸露的腹部或透明上衣
- 無簷小便帽
- 腰帶 - 帶金屬扣的軍用尼龍腰帶
- 黑色連帽衛衣
- 帽
- 制服下的彩色襯衫、短褲或褲子
- 運動服
- 面部穿孔首飾（眉毛、鼻子、嘴唇）、塞子或尖刺耳環、金屬鏈、尖刺首飾
- 假指甲（丙烯酸、凝膠、壓合）
- 與幫派有關的粗俗印刷/性暗示/衣服上的暴力圖片
- 手套 - 黑色
- 染髮劑
- 掛脖上衣、露肩襯衫、細肩帶、中膊襯衫/襯衫、透視上衣、暴露上衣
- 帶徽標的夾克
- 牛仔褲
- 綁腿
- 超大號服裝
- 宣傳酒精或非法物質或帶有暗示性、冒犯性或貶低性口號的貼片或按鈕
- 體育課以外的體育服裝
- 橡皮筋附在底部
- 鬆弛的衣服
- 有圖案的襯衫
- 鞋子 - 露趾
- 鞋子 - 帶輪子/溜冰鞋
- 短裙
- 短褲
- 短裙
- 短骷髏
- 釘子 - 任何含有釘子的衣服或配飾
- 墨鏡
- 襪子高於小腿中部
- 帶連帽衫的毛衣（連帽衫必須遠離頭部）
- 帶有徽標的毛衣
- 運動褲
- 背心
- 緊身褲搭配短褲、裙子或短褲
- 內衣暴露在外
- 不安全的珠寶或配飾

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PHILIP D'AGOSTINO, Ed.D, Superintendent of Schools

INTRA-DISTRICT TRANSFER GUIDELINES

An Intra-District transfer may be granted for a student to attend a school in the Rosemead School District (RSD) other than the RSD School of Residence. However, you must enroll at your school of residence until class sizes are determined.

The Intra-District transfer request period is open all year long, starting on February 1st for the next school year. Transfers may be issued at any time for the school year. The application can be downloaded from this website: https://www.rosemead.k12.ca.us/Page/824

Information regarding the specific reasons may be obtained from Special Education & Student Support Services at (626) 312-2900 or registration@rosemead.k12.ca.us.

POLICY

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

APPLICATION INSTRUCTIONS

1. An RSD inter-district permit application must be completed on-line. Paper applications will not be accepted. You can submit a request by visiting our website at: https://www.rosemead.k12.ca.us/Page/824
2. You must enroll at your school of residence until it's been determined there is space available at the requested school.
3. Upon administrative approval at the requested school, you will receive an email confirmation.

ADDITIONAL INFORMATION

Students Must:

- Maintain satisfactory school attendance/report to school/class on-time every day.
- Make continuous progress toward grade level standards (elementary) and/or maintain a minimum 2.0 GPA with no D or F grades (secondary).
- 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).
- Comply with all classroom and school rules and policies.
- 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:

- Provide adequate transportation so the student can maintain satisfactory school attendance/report to class on time and is picked up from school on time.

- Ensure that your student attends school.
- 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.
- Excuse a 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.
- Provide a time and place for quiet study time for completion of homework and study assignments.
- Provide school officials with accurate and true information.
- Cooperate with school and district officials and maintain a positive working relationship.
- Attend parent conferences when requested.
- Insist your student complies with the school dress code.

PERMIT CANCELLATION

Permits may be cancelled, revoked, or denied renewal for the following reasons:

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

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PHILIP D'AGOSTINO, Ed.D, Superintendent of Schools

區域內轉移指南

學生可獲准進行學區內轉學，以在 RSD 住宿學校以外的 Rosemead 學區 (RSD) 的學校就讀。 但是，在確定班級規模之前，您必須在您的居住學校註冊。

學區內轉學申請期全年開放，從下一學年的 2 月 1 日開始。 轉學可以在學年的任何時間發出。 該應用程序可以從這個網站下載: https://www.rosemead.k12.ca.us/Page/824

有關具體原因的信息，請致電 (626) 312-2900 registration@rosemead.k12.ca.us 聯繫特殊教育和學生支持服務部.

政策

- 許可證不帶有交通特權。
- 家長應確保您的學生每天全天都準時上學。

應用說明

1. RSD 跨區許可證申請必須在線完成。 不接受紙質申請。 您可以通過訪問我們的網站提交請求：https://www.rosemead.k12.ca.us/Page/824
2. 在確定所申請的學校有空位之前，您必須在您的居住學校註冊。
3. 在申請學校獲得行政批准後，您將收到一封確認電子郵件。

附加信息

學生必須:

- 保持令人滿意的上學/每天準時到學校/上課。
- 朝著年級水平標準（小學）不斷進步和/或保持最低 2.0 GPA，沒有 D 或 F 等級（中學）。
- 在學業有困難或有可能獲得 D 或 F（中學）成績時，向老師和輔導員尋求幫助並參加輔導。
- 遵守所有課堂和學校的規則和政策。
- 在課堂和校園中展示適當的公民身份和行為 - 成績報告（小學）的成功技能沒有多個“1”或多個“不滿意”公民成績（中學）的成績單。
- 遵守 RSD 紀律政策的所有條件（父母/監護人簽名存檔）。

家長必須:

- 提供充足的交通工具，以便學生能夠保持令人滿意的出勤率/按時上課並按時從學校接機。
- 確保您的學生上學。
- 在缺勤當天上午 9:30 之前致電考勤辦公室，告知學校缺勤原因 - 或在返校當天提供說明缺勤原因的說明。
- 僅出於正當理由原諒學生。 強烈建議不要因疾病或緊急情況而缺勤。 家長應在正常的學校假期期間計劃家庭假期。

- 為完成家庭作業和學習任務提供安靜的學習時間和地點。
- 向學校官員提供準確和真實的信息。
- 與學校和學區官員合作，保持積極的工作關係。
- 應要求參加家長會議。
- 堅持你的學生遵守學校的著裝規範。

許可證取消

由於以下原因，許可證可能會被取消、撤銷或拒絕續簽:

- 錯誤發布
- 偽造信息或文件
- 許可標準的任何變化
- 曠課(即無故缺勤)
- 違反學校規章制度
- 未能取得令人滿意的學業進步
- 學生在正常上課時間(包括放學前和放學後)以外的時間被接送

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PHILIP D'AGOSTINO, Ed.D, Superintendent of Schools

INTER-DISTRICT PERMIT GUIDELINES

The Rosemead School District (RSD) offers a wide range of options to meet the educational needs and goals of students and families. Most students' needs can be met by their school of residence. The Special Education & Student Support Services office is responsible for the policy and procedures involving transfer requests and the issuance of permits.

- **OUTGOING Inter-District Permits** may be granted for students to attend a school district other than the RSD.
- **INCOMING Inter-District Permits** may be granted for students to attend the RSD instead of their district of residence.

APPLICATION INSTRUCTIONS

1. An RSD inter-district permit application must be completed on-line. Paper applications will not be accepted. You can submit a request by visiting our website at: https://www.rosemead.k12.ca.us/Page/581
2. An application must be submitted within the designated application period:
   - The OUTGOING inter-district (RSD resident requesting a permit to attend a school district outside of RSD) permit application period for the following school year is from February 1 to April 30 each year for all students.
     - Parent employment will be the only OUTGOING permit application category accepted outside of this application window.
   - The INCOMING inter-district (resident of another school district requesting a permit to attend an RSD school) permit application period begins on February 1 for the following school year.
3. For applications submitted outside of the designated application periods:
   - Requests for OUTGOING permits, other than parent employment, will be processed on a case-by-case basis and may take up to 30 days to process.
   - Requests for INCOMING permits will be considered on an on-going basis and continue throughout the school year. There is no closing date.
4. Parents may only request one school in one school district for either an INCOMING/OUTGOING application.
5. Only one OUTGOING/INCOMING application may be submitted per student per school year.
6. Subsequent OUTGOING/INCOMING applications will be marked duplicate and will not be processed.
7. Required documentation for the OUTGOING/INCOMING application depends on the type of permit requested. Parent/guardian must email all required documentation before your application is reviewed to registration@rosemead.k2.ca.us within 30 calendar days, or the application will be considered abandoned without the opportunity to appeal.
8. Parents are responsible for adhering to all application timelines, procedures and policies.

ADDITIONAL INFORMATION

- Education Code section 46600 allows students utilizing a valid permit at a specific school to continue at that school without applying for a new permit; this includes students with disabilities. Upon school change or matriculation, a new permit is required.
- Permits issued by the RSD **do not carry transportation privileges**. Parents/guardians are responsible for transporting the student(s), including those with disabilities, to and from school and attending school conferences and meetings, including Individualized Education Program (IEP) Team meetings, as requested.
- The RSD must consider integration, space and cost factors involved prior to granting a permit for any student, including those with disabilities.

- In situations involving divorced or separated parents, a student may attend the school in the residence area of either parent. No permit is necessary for the student to remain at one school or to transfer to the other.
- A non-parent guardian must be court-appointed to have the educational rights for the student in order to make a permit application request. Guardianship is only recognized through an official court order for either temporary or permanent guardianship. A notarized letter from a parent giving the educational rights to another adult is not legally sufficient to establish guardianship.
- Parents are expected to make sure that their student is on time and in school for the full school day every day.

RULES AND REGULATIONS

Students Must:

- Maintain satisfactory school attendance/report to school/class on-time every day.
- Make continuous progress toward grade level standards (elementary) and/or maintain a minimum 2.0 GPA with no D or F grades (secondary).
- 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).
- Comply with all classroom and school rules and policies.
- 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).
- Comply with all conditions of the RSD Discipline Policy (parent/guardian signature on file).

Parent Must:

- Provide adequate transportation so the student can maintain satisfactory school attendance/report to class on time and is picked up from school on time.
- Ensure that your student attends school.
- 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.
- Excuse a 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.
- Provide a time and place for quiet study time for completion of homework and study assignments.
- Provide school officials with accurate and true information.
- Cooperate with school and district officials and maintain a positive working relationship.
- Attend parent conferences when requested.
- Insist your student complies with the school dress code.

INCOMPLETE APPLICATIONS

- *Incomplete applications will not be processed*. Parents are encouraged to check INBOX, SPAM or JUNK email boxes for correspondence.
- Parents will be notified if their application is incomplete. If all required documents are not submitted within 30 days of the notification, the OUTGOING/INCOMING application will be considered abandoned and parents may not reapply or appeal.

STUDENTS WITH SPECIAL NEEDS

- OUTGOING Permit requests for students with special education and/or medical needs will be reviewed and processed as any other permit request.
- INCOMING permit requests must first qualify on their own merit and are then forwarded to Special Education for Special Needs Review and a final application decision.

APPLICATION DECISIONS

- The permit decision will be e-mailed to the parent. The requested district will be notified.
- If the email is not returned to our office, the RSD will consider the notification to have been delivered. Please be

aware of spam/junk mail settings.

- It is the responsibility of the parent to provide a valid email address.
- Notification of the District's final decision on current year requests will be provided within 30 calendar days of receipt of the request.
- Notification of the District's final decision on future year requests will be provided no later than 14 calendar days after the commencement of instruction in the school year for which the permit is sought.
- Upon receipt of an approved OUTGOING/INCOMING permit, the parent may not request another permit application or a change to the existing permit to indicate a different school, district or permit type for the same school year.

APPEALS INFORMATION

- If a permit request is denied by RSD, the parent has the right to appeal the decision. If you decide to appeal, you can contact the Los Angeles County Office of Education at:

Child Welfare and Attendance Unit
Division of Student Support Services
Los Angeles County Office of Education
12830 S. Columbia Way
Downey, CA 90242-2890
(562) 922-6233

PERMIT CANCELLATION

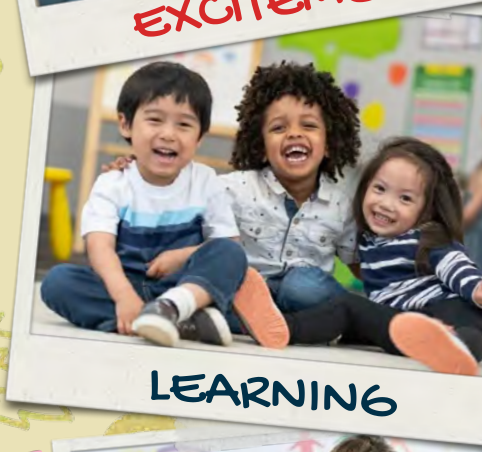
Permits may be cancelled, revoked, or denied renewal for the following reasons:

- Issued in error
- Falsified information or documentation
- Any change to the permit criteria
- Truancy (i.e., unexcused absences)
- Infractions of school rules and regulations
- Failure to make satisfactory academic progress
- The student is dropped off or picked up beyond regular school hours including before and after school programs

Open to ages 3-4

PRESCHOOL REGISTRATION 2025-2026

ROSEMEAD SCHOOL DISTRICT OFFERS BOTH FULL AND PART TIME DAY PROGRAMS FOR 3 AND 4 YEAR OLD CHILDREN (CHILD MUST TURN 3 BY SEPT. 1, 2025)



WHEN: Begins May 1, 2025
TIME: 8:30am – 12:00pm
LOCATION: 3907 Rosemead Blvd., Suite 150
Rosemead, CA 91770
Translator will be on site

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

- Child's Birth Certificate and siblings birth certificates
- Proof of income for the family (pay stubs for the previous month before application date)
- Address Verfication
- Forms CD9600 (this form is available in English, Spanish, Chinese and Vietnamese on the Rosemead School District website:https://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 eligiblity status.

Contact us now for more details
(626) 312-2900, ext. 235

New enrollment at
https://www.rosemead.k12.ca.us/

2025-2026 Registraciónde Preescolar

Cuando: 1 de mayo de 2025
Hora: 8:00 am– 12:00pm
Los traductores estarán en el lugar para ayudar
Lugar: 3907 Rosemead Blvd. Suite 150, Rosemead, CA 91770

El Distrito Escolar de Rosemead ofrece programas diurnos de tiempo completo y parcial para niños de 3 y 4 años (el niño debe cumplir 3 años antes del 1 de septiembre de 2025)

Por favor de traer los siguientes documentos para determinar si su familia es elegible para el Programa Preescolar Estatal:

- Certificado de nacimiento del niño y certificados de nacimiento de los hermanos
- Comprobante de ingresos de la familia (talones de pago del mes anterior antes de la fecha de solicitud)
- Cartilla de Vacunación (**tarjeta amarilla**)
- Verificación de domicilio
- Formas CD 9600 (esta forma está disponible en Inglés, Español, Chino y Vietnamita en el sitio Web del Distrito Escolar de Rosemead http://www.rosemead.k12.ca.us y en la Oficina de Desarrollo del Niño.

*Completando la aplicación CD9600 **no** garantiza la inscripción en el Programa Preescolar Estatal. Usted será notificado dentro de 30 días de completar el CD9600 del estatus de su elegibilidad. Para obtener más información, comuníquese con Desarrollo Infantil al 626-312-2900, ext. 235.*

2025-2026 Đăng Ký Lớp Mẫu Giáo

Khi nào: 1 Tháng Năm, 2025
Thời Gian: 8:00 sáng - 12:00 trưa
Các dịch giả sẽ có mặt tại chỗ để giúp đỡ
Địa điểm: 3907 Rosemead Blvd. Suite 150, Rosemead, CA 91770

Học khu Rosemead cung cấp cả chương trình toàn thời gian và bán thời gian cho trẻ em 3 và 4 tuổi (Trẻ phải tròn 3 tuổi trước ngày 1 tháng 9 năm 2025)

Đề nghị đem theo các giấy tờ sau để xác định xem liệu gia đình quý vị có hội đủ tiểu chuẩn cho Chương Trình Mẫu Giáo Bang:

- Giấy khai sinh của con và giấy khai sinh của anh chị em ruột
- Bằng chứng về thu nhập của gia đình (cuống phiếu lương của tháng trước trước ngày nộp đơn)
- Sổ tiêm chủng chích ngừa (**thẻ vàng**)
- Xác nhận địa chỉ
- Mẫu Đơn CD 9600 (biểu mẫu này có cả bằng tiếng Anh, tiếng Tây Ban Nha, tiếng Hoa, và tiếng Việt trên Website của Phòng Giáo Dục Rosemead http://www.rosemead.k12.ca.us và ở Văn Phòng Phát Triển Trẻ.

*Đơn CD9600 đã điền **không** đảm bảo việc nhập học vào Chương Trình Mẫu Giáo Bang. Quý vị sẽ được thông báo trong vòng 30 ngày kể từ ngày nộp đơn CD9600 về tình trạng hội đủ tiêu chuẩn của quý vị. Để biết thêm thông tin, hãy liên hệ với Child Development theo số 626-312-2900, máy lẻ. 235.*

2025-2026 學前班註冊

何時: 5 月 1， 2025
時間: 8:00 am– 12:00pm
翻譯人員將在現場提供說明
地點: 3907 Rosemead Blvd. Suite 150, Rosemead, CA 91770

羅斯米德學區為 3 歲和 4 歲的兒童提供全日制和非全日制日間課程（兒童必須在 2025 年 9 月 1 日之前年滿 3 歲）

- 孩子的出生證明和兄弟姐妹的出生證明
- 家庭收入证明（申请日期前一个月的工资单）
- 疫苗注射記錄 (黃卡)
- 地址證明
- CD 9600 表格 (在柔絲蜜學區的網頁有此表格的英文，西班牙語，中文，和越南文版本) http://www.rosemead.k12.ca.us 以及在兒童啟發部辦公室可以取得。

*完成 CD9600 申請表**並不**保證可以登記在州立學前班的課程。在完成 CD9600 表格的 30 天內將會通知您是否符合資格。如需更多信息，请致电 626-312-2900，分机号与儿童发展部联系。 235.*

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

PHILIP D'AGOSTINO, Ed.D, Superintendent of Schools

BEFORE SCHOOL CARE AND AFTERSCHOOL PROGRAMS

Before School Care

The Rosemead School District offers before-school care at all elementary school sites, beginning at 7:00 a.m. This program is available for a quarterly fee. Parents may enroll their child in before-school care starting **July 1, 2025**. Detailed enrollment information will be available on the Rosemead School District website.

Late Start Days

Late Start Days are provided at all Rosemead School District campuses, with **18 Late Start Days** scheduled throughout the year. This program is offered at no cost to families, but students must be enrolled to participate.

Parents can enroll their children during the district's Welcome Back to School Fairs or by accessing the enrollment link on the Rosemead School District website.

After School Programs

ASES (After School Education and Safety Program)

The ASES Program operates at **Encinita Elementary, Janson Elementary, Muscatel Middle, Savannah Elementary, & Shuey Elementary** and is provided at no cost to families. Students must attend the full program daily, which runs until **6:00 p.m.**

Participants benefit from:

- Homework assistance
- Enrichment activities
- Structured physical activities
- A healthy light supper

Enrollment Process:

- **Enrollment Information Release:** April 7, 2025
- **Enrollment Period:** May 1 – May 16, 2025

Information on how to enroll will be distributed to school sites and will also be available on the Rosemead School District website starting **April 7, 2025**.

For more details and updates, please visit the Rosemead School District, Child Development Department website: https://www.rosemead.k12.ca.us/domain/41 or call (626) 312-2900.

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

PHILIP D'AGOSTINO, Ed.D, Superintendent of Schools

課前託管和課後計劃

學前託管

羅斯米德學區從上午 7：00 開始在所有小學地點提供課前看護。該計劃按季度收費。從 **2025 年 7 月 1** 日起，家長可以為孩子報名參加課前託管。詳細的註冊資訊將在 Rosemead 學區網站上提供。

延遲開始日期

Rosemead 學區的所有校區都提供延遲開學日，全年安排了 **18 個延遲開學日**。該計劃免費提供給家庭，但學生必須註冊才能參加。

家長可以在學區的歡迎返校博覽會期間為他們的孩子報名，或者通過訪問羅斯米德學區網站上的註冊連結。

課後計劃

ASES（課後教育和安全計劃）

ASES 計劃在 **Encinita 小學、Janson 小學、Muscatel 中學、Savannah 小學和 Shuey 小學進行**，並且免費提供給家庭。學生必須每天參加完整的課程，一直持續到下午 **6：00**。

參與者受益於：

- 家庭作業協助
- 豐富活動
- 結構化的體育活動
- 健康的清淡晚餐

註冊流程：

- **招生資訊發佈**：2025 年 4 月 7 日
- **註冊時間**：2025 年 5 月 1 日至 5 月 16 日

有關如何註冊的資訊將分發到學校網站，並且從 **2025 年 4 月 7** 日開始也將在羅斯米德學區網站上提供。

有關更多詳細資訊和更新，請訪問羅斯米德學區兒童發展部網站：
https://www.rosemead.k12.ca.us/domain/41 或致電 （626） 312-2900。

ASES Open Enrollment

May 12, 2025 until May 23, 2025

To register complete the enrollment form using the QR code

Mandatory Parent Meeting June 3, 2025 @ 5:30 p.m.

Zoom Log in:

Meeting ID: 824 0325 4460

Passcode: 248385

Dear Parent/Guardian,
ASES open enrollment will take place from **May 12–23, 2025**. Please use the QR code to register your child(ren).
Enrollment forms will be sent to your child's teacher if they are currently enrolled in the Rosemead School District. For incoming TK and Kindergarten students, forms will be mailed to your home.
Forms may be returned starting **May 26, 2025**. Additional return instructions are available through the enrollment link.
A **parent meeting** will be held via Zoom on **June 3, 2025, at 5:30 p.m.**

Estimado padre/tutor:
La inscripción abierta para el programa ASES se llevará a cabo del **12 al 23 de mayo de 2025**. Utilice el código QR para registrar a su(s) hijo(s).
Los formularios de inscripción se enviarán al maestro(a) de su hijo(a) si actualmente asiste a una escuela del Distrito Escolar de Rosemead. Para los estudiantes que ingresan a TK o Kindergarten, los formularios se enviarán por correo a su domicilio.
Los formularios se podrán devolver a partir del **26 de mayo de 2025**. Instrucciones adicionales están disponibles en el enlace de inscripción.
Habrá una **reunión de padres** por Zoom el **3 de junio de 2025 a las 5:30 p.m.**

尊敬的家长/监护人：
ASES 项目的开放注册时间为 **2025 年 5 月 12 日至 5 月 23 日**。请使用二维码为您的孩子注册。
如果您的孩子目前就读于 Rosemead 学区，报名表将由老师发放。即将入读 TK 或幼儿园的学生，其表格将邮寄至您的家庭住址。
表格可于 **2025 年 5 月 26 日起**提交。更多递交方式可在报名链接中查看。
家长会议将于 **2025 年 6 月 3 日下午 5:30** 通过 Zoom 举行。

Kính gửi Quý Phụ huynh/Người giám hộ,
Chương trình ghi danh mở ASES sẽ diễn ra từ **ngày 12 đến ngày 23 tháng 5 năm 2025**. Vui lòng sử dụng mã QR để ghi danh cho con em quý vị.
Nếu con quý vị hiện đang học tại Học Khu Rosemead, mẫu đơn ghi danh sẽ được gửi qua giáo viên. Đối với học sinh mới vào lớp TK hoặc Mẫu giáo, mẫu đơn sẽ được gửi đến nhà quý vị.
Quý vị có thể bắt đầu nộp mẫu đơn từ **ngày 26 tháng 5 năm 2025**. Hướng dẫn chi tiết có trong liên kết ghi danh.
Sẽ có một **buổi họp phụ huynh** qua Zoom vào **ngày 3 tháng 6 năm 2025 lúc 5:30 chiều**.

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.

健康中心（公共/私人/免費）
用於學校的體檢和免疫接種以及其他需求

*** 請提前致電所有供應商以獲取有關服務的更多詳細資訊。診所時間和資格可能會發生變化。 ***

Community Health Alliance of Pasadena – Lincoln
2055 Lincoln Ave., Pasadena, CA 91103 - 電話: 626-398-6300. **需要預約請聯繫中心。**現場時間：週一至週五，上午 8：00 至下午 5：00;週六，上午 9：00 至下午 1：00。網站：www.chapcare.org 服務：免疫，體檢和牙科護理。

East Valley Community Health Center / 洛杉磯縣的不同地點
4368 Santa Anita Ave., El Monte, CA 91731 電話(855) 535-5545 網站: https://www.evchc.org/ **首選預約，但接受步入式。**上班時間為週一、週三、週五上午 9：00 至下午 5 點，週二、週四下午 1：00 至晚上 7：00。該診所說明您註冊不同的計劃，以獲得免費或低成本疫苗的資格（*無需查詢移民身份。無需保險。

Monrovia Public Health Center (洛杉磯縣公共衛生中心)
330 Maple Ave., Monrovia, CA 91016 電話(626) 256-1600
一個公共衛生中心，主要用於免費免疫接種和結核病檢測服務。致電詢問服務時間。父母必須攜帶孩子的疫苗接種記錄。疫苗僅通過預約提供，僅在週二上午 8 點至上午 10：30 和下午 12：30-3：30 請致電安排預約。

Tzu Chi Buddhist Clinic
1000 S. Garfield Ave., Alhambra, CA 91801 電話(626) 281-3383
這是一個免費的診所（成人和兒童），牙科診所和疫苗接種。資格以收入為基礎，為兒童提供CHDP考試和免費免疫接種。週二僅限下午 1：15 至下午 5 點預約。使用語言：英語，西班牙文，廣東話，普通話和越南文。

AltaMed Health Services
10454 Valley Blvd. #B, El Monte, CA 91731 電話(626) 453-8466
基於浮動比例的收入，符合條件的申請人可以申請CHDP一項國營計劃，以說明兒童獲得免費或低成本的體檢和免疫接種，診所協助確定資格。也接受大多數保險計劃。需要預約。

Chinatown Service Center (CSC) Health Center
320 S. Garfield Ave. #118, Alhambra, CA 91801 電話(213) 808-1700
該中心為沒有保險的低收入個人提供免費和低成本的健康計劃。 週一至週五上午 8：30 至下午 5：00。需要預約 使用語言：英語，西班牙文，中文，越南語。該診所提供健康檢查（成人和兒科）疫苗接種，結核病測試，牙科護理和行為健康。

Herald Christian Health Center
923 S. San Gabriel Blvd., San Gabriel, CA 91776 (626) 286-8700
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