



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



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

SCAN QR CODE
TO ENROLL

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



Enroll a New Student

<https://bit.ly/RSDPreRegistrationForm>

FOR MORE INFORMATION

www.rosemead.k12.ca.us
(626) 312-2900



REGISTERING FOR THE
2025-26
SCHOOL YEAR

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

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

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

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 (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



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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

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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

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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**



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

<https://forms.gle/81krWQapc7teQt7K6>

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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		

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.

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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.

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:

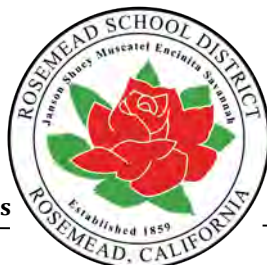
- **Tetanus, Diphtheria, Pertussis (Tdap) —1 dose**
(Whooping cough booster usually given at 11 years and up)
- **Varicella (Chickenpox) — 2 doses**
(Usually given at ages 12 months and 4-6 years)

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.

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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/ls/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:

Fax Numbers:

Human Resources: 626-307-6148 • Education Services, Special Education & Student Support Services: 626-312-2913
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- 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,

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

Hoori Chalian, M.Ed.

Coordinator

Special Education & Student Support Services

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: <input type="checkbox"/> Male <input type="checkbox"/> Female										
Child's Race/Ethnicity:	<table><tr><td><input type="checkbox"/> White</td><td><input type="checkbox"/> Native American</td></tr><tr><td><input type="checkbox"/> Black/African American</td><td><input type="checkbox"/> Multi-racial</td></tr><tr><td><input type="checkbox"/> Hispanic/Latino</td><td><input type="checkbox"/> Native Hawaiian/Pacific Islander</td></tr><tr><td><input type="checkbox"/> Asian</td><td><input type="checkbox"/> Unknown</td></tr><tr><td><input type="checkbox"/> Other (please specify)</td><td></td></tr></table>			<input type="checkbox"/> White	<input type="checkbox"/> Native American	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Multi-racial	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Asian	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other (please specify)	
<input type="checkbox"/> White	<input type="checkbox"/> Native American												
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Multi-racial												
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/Pacific Islander												
<input type="checkbox"/> Asian	<input type="checkbox"/> Unknown												
<input type="checkbox"/> Other (please specify)													

Continued on Next Page

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

IMPORTANT NOTE: Consider each box separately. Mark each box.

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

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

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

Parent notified that child has urgent dental care need on:	MM – DD – YYYY
A follow-up appointment for this child has been scheduled for:	MM – DD – YYYY
Did child receive needed treatment? <input checked="" type="radio"/> Yes <input type="radio"/> No (If no, entity responsible for follow-up will be encouraged to check back in with parent) <input type="radio"/> 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.

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.

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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

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

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, 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



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

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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.

Fax Numbers:

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

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: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"><input type="checkbox"/> Regular</div> <div style="text-align: center;"><input type="checkbox"/> Chopped</div> <div style="text-align: center;"><input type="checkbox"/> Ground</div> <div style="text-align: center;"><input type="checkbox"/> Pureed</div> </div>																			
11. Foods to be Omitted and Appropriate Substitutions: <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 50%; text-align: center; padding-bottom: 10px;">Foods To Be Omitted</th> <th style="width: 50%; text-align: center; padding-bottom: 10px;">Suggested Substitutions</th> </tr> </thead> <tbody> <tr><td style="border: none; height: 15px;"><hr/></td><td style="border: none; height: 15px;"><hr/></td></tr> <tr><td style="border: none; height: 15px;"><hr/></td><td style="border: none; height: 15px;"><hr/></td></tr> <tr><td style="border: none; height: 15px;"><hr/></td><td style="border: none; height: 15px;"><hr/></td></tr> <tr><td style="border: none; height: 15px;"><hr/></td><td style="border: none; height: 15px;"><hr/></td></tr> <tr><td style="border: none; height: 15px;"><hr/></td><td style="border: none; height: 15px;"><hr/></td></tr> <tr><td style="border: none; height: 15px;"><hr/></td><td style="border: none; height: 15px;"><hr/></td></tr> <tr><td style="border: none; height: 15px;"><hr/></td><td style="border: none; height: 15px;"><hr/></td></tr> </tbody> </table>				Foods To Be Omitted	Suggested Substitutions	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
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<hr/>	<hr/>																		
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.

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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

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








UNIFORM POLICY

(All Schools)

Acceptable and Unacceptable School Attire



<u>SCHOOL</u>	<u>TOPS</u>	<u>BOTTOMS</u>
	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.	
	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.	
	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

<u>SCHOOL</u>	<u>TOPS</u>	<u>BOTTOMS</u>
	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.	
	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. <i>If the above options are not chosen, the regular school uniform must be worn on Fridays.</i>	



UNIFORM POLICY

(All Schools)

Acceptable and Unacceptable School Attire

<u>UNACCEPTABLE ATTIRE</u> <u>(APPLICABLE TO ALL SCHOOLS)</u>	
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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



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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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 Verification
- 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 eligibility status.

Contact us now for more details

(626) 312-2900, ext. 235

New enrollment at

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



EXCITEMENT



LEARNING



FUN

3907 Rosemead Blvd.
Rosemead, CA 91770
Phone: 626-312-2900
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Veronica Peña
John Quintanilla

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.

Fax Numbers:

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



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.

Habrà 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.