



State of California—Health and Human Services Agency
California Department of Public Health

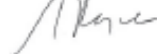


KAREN L. SMITH, MD, MPH
Director and State Health Officer

EDMUND G. BROWN JR.
Governor

July 2, 2015 (letter revised August 24, 2015)

TO: Interested Parties

FROM: Sarah Royce, M.D., M.P.H., Chief 
Center for Infectious Diseases
Division of Communicable Disease Control, Immunization Branch

SUBJECT: **Senate Bill 277**

Governor Brown signed Senate Bill (SB) 277 on June 30, 2015. Effective January 2016, SB

277 will:

- No longer permit immunization exemptions based on personal beliefs for children in child care and public and private schools;
- Permit personal belief exemptions submitted before January 1, 2016 to remain valid until a pupil reaches kindergarten or 7th grade;
- Remove immunization requirements for:
 - Students in home-based private schools
 - Students enrolled in an independent study program who do not receive classroom-based instruction
 - Access to special education and related services specified in an individualized education program

Students in the above categories will still need to provide immunization records to their schools before entry, and schools will still need to report to the California Department of Public Health (CDPH) the immunization status of all students at the existing checkpoints of child care, kindergarten and 7th grade;

- Allow medical and personal beliefs exemptions from any new immunization requirement initiated by CDPH for attendance at school or child care.

Additional information about the implementation of SB 277 will become available by 2016.

The language of SB 277 is available at
https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB277.

The Governor's signing message is available at
http://gov.ca.gov/docs/SB_277_Signing_Message.pdf.

Immunization laws currently in effect may be found at
<http://www.shotsforschool.org/immunizationlaws/>.



Oak Run Elementary School

P.O. Box 48 • Oak Run, CA 96069 • Phone (530) 472-3241 • Fax (530) 472-1087 • oakrunschool.org

June 9, 2022

Dear Parent or Guardian:

Re: New immunization requirements for 2022-2023

Under a new law known as SB 277, beginning January 1, 2016 exemptions based on personal beliefs will no longer be an option for the vaccines that are currently required for entry into child care or school in California. Most families will not be affected by the new law because their children have received all required vaccinations. Personal beliefs exemptions on file for a child already attending child care or school will remain valid until the child reaches the next immunization checkpoint at kindergarten (including transitional kindergarten) or 7th grade.

For more information about SB 277, please see the Frequently Asked Questions available at:
<http://www.shotsforschool.org/laws/sb277faq/>.

For more information about school immunization requirements and resources, please visit the California Department of Public Health's website at www.shotsforschool.org, or contact your [local health department](#) or [county office of education](#).

Thank you for helping us to keep our children and community healthy.

Sincerely,

Misti Livingston

Superintendent/Principal



Important Health Information Kindergarten & First Grade Teachers

- Children are required by California State Law to have a comprehensive school entry health exam by the time they are in first grade.
- These screening exams detect problems early when they may be easier to treat. In about 30% of these exams, health providers identify problems in such areas as hearing, vision, development and dental health.
- The Child Health & Disability Prevention Program (CHDP) provides **free** health exams to children of Medi-Cal families and uninsured income eligible families. Many working families do qualify. For example, a family of four with a monthly income of \$5,376, or an annual income of \$64,505 (before taxes) will qualify.
- Encourage your students and their parents to take care of this important requirement. For more information on the school entry requirement and the CHDP program, talk to your school secretary, nurse, or the CHDP office.
- Educate students about the importance of good health and what happens when they go to the doctor for a well child check-up.

Shasta County CHDP
225-5122



Kindergarten Parents!

Kids need shots to start kindergarten and need a complete health check-up for school.

Get your child ready to learn and do his or her best!

Make an appointment for a check-up and have the doctor fill out the attached form.

Take the form back to school.

Money problems? You may qualify for a free exam. Talk to your doctor or call 225-5122. Your child is all set!

Questions? Need help finding a doctor? Shasta County Public Health, Child Health & Disability Prevention Program (CHDP) can help!

Call CHDP at 225-5122
Or 1-800-300-5122



Oak Run Elementary School

P.O. Box 48 • Oak Run, CA 96069 • Phone (530) 472-3241 • Fax (530) 472-1087 • oakrunschool.org

Oral Health Notification Letter

Dear Parent or Guardian:

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

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

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

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

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

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

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

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

If you have questions about the new oral health assessment requirement, please contact Tiffany Fulkerson (530) 472-3241 or tfulkerson@oakrunschoool.org.

Sincerely,

Misti Livingston

Superintendent/Principal

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	SCHOOL
ZIP code			

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**

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.

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)

☐ 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
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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.

INFORME DEL EXAMEN DE SALUD PARA EL INGRESO A LA ESCUELA

Para proteger la salud de los niños, la ley de California exige que antes de ingresar a la escuela todos los niños tengan un examen médico de salud. Por favor, pídale al examinador de salud que llene este informe y entregelo a la escuela—este informe será archivado por la escuela en forma confidencial.

PARTE I PARA SER LLENADO POR EL PADRE/LA MADRE O EL GUARDIÁN

NOMBRE DEL NIÑO/NIÑA—Apellido		Primer Nombre	Segundo Nombre	FECHA DE NACIMIENTO—Mes/Día/Año	
DOMICILIO—Número y Calle		Ciudad	Zona Postal	Escuela	

PARTE II PARA SER LLENADO POR EL EXAMINADOR DE SALUD

EXAMEN DE SALUD AVISO: Todas las pruebas y evaluaciones excepto el análisis de sangre para el plomo deben ser hechas después de la edad de 4 años y 3 meses.	REGISTRO DE INMUNIZACIONES Aviso al Examinador: Por favor dé a la familia, una vez completado, o a la fecha, el Registro de Inmunización de California en papel amarillo. Aviso a la Escuela: Por favor apunte las fechas de inmunización sobre el Registro de Inmunización de la escuela de California en papel azul.
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PRUEBAS Y EVALUACIONES REQUERIDAS	FECHA(mm/dd/aa)
Historia de Salud	/ /
Examen Físico	/ /
Evaluación de Dientes	/ /
Evaluación de Nutrición	/ /
Evaluación del Desarrollo	/ /
Pruebas Visuales	/ /
Pruebas con Audiómetro (auditivas)	/ /
Evaluación de Riesgo y prueba Tuberculosis*	/ /
Análisis de Sangre (para anemia)	/ /
Análisis de Orina	/ /
Análisis de Sangre para el plomo	/ /
Otra	/ /

VACUNA	FECHA EN QUE CADA DOSIS FUE DADA				
	Primero	Segundo	Tercero	Quarto	Quinto
POLIO (OPV o IPV)					
DTaP/DTp/DT/d (difteria, tétano y [acelular] pertusis [tos ferina]) O (tétano y difteria solamente)					
MMR (sarampión, paperas, rubéola)					
HIB MENINGITIS (Hemófilo, Tipo B) (Requerida para centros de cuidado para niños y centros preescolares solamente)					
HEPATITIS B					
VARICELLA (Viruelas locas)					
OTRA (e.g. prueba TB, de ser indicado)					
OTRA					

PARTE III INFORMACIÓN ADICIONAL DEL EXAMINADOR DE SALUD (optional)

RESULTADOS Y RECOMENDACIONES
Llene esta parte si el padre/la madre o el guardián ha firmado el consentimiento para divulgar (distribuir) la información de salud de su niño/niña.

- ☐ El examen reveló que no hay condiciones que concierten las actividades de los programas escolares.
- ☐ Las condiciones encontradas en el examen o después de una evaluación posterior que son de importancia para la actividad escolar o física son: (por favor explique)

Yo le doy permiso al examinador de salud para que comparta con la escuela la información adicional de este examen como es explicado en la Parte III.	
<input type="checkbox"/> Por favor marque esta caja si Ud. no desea que el examinador llene la Parte III.	

Firma del padre/madre o guardián	Fecha
Firma del examinador de salud	
Fecha	

*de ser indicado

Si su niño o niña no puede obtener el examen de salud llame al Programa de Salud para la Prevención de Incapacidades de Niños y Jóvenes (Child Health and Disability Prevention Program) en su departamento de salud local. Si Ud. no desea que su niño(a) tenga un examen de salud, puede firmar la orden (PM 171 B), formulario que se consigue en la escuela de su niño(a).
CHDP website: www.dhcs.ca.gov/services/chdp

Oral Health Assessment Form

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

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

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

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

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

Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
<div style="display: flex; justify-content: space-between; align-items: flex-end; padding-top: 20px;"> <div style="width: 33%; border-top: 1px solid black; text-align: center;"> Licensed Dental Professional Signature </div> <div style="width: 33%; border-top: 1px solid black; text-align: center;"> CA License Number </div> <div style="width: 33%; border-top: 1px solid black; text-align: center;"> Date </div> </div>			

Section 3: Waiver of Oral Health Assessment Requirement

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

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

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

If asking to be excused from this requirement: ► _____

Signature of parent or guardian *Date*

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Return this form to the school *no later than May 31* of your child's first school year.
Original to be kept in child's school record.

WAIVER OF HEALTH EXAMINATION FOR SCHOOL ENTRY

CHILD'S NAME—Last		First		Middle		DATE OF BIRTH—Month/Day/Year	
ADDRESS—Number, Street		City		ZIP Code		SCHOOL	
						Teacher	

PARENT OR GUARDIAN:

Please fill out this form if you want to excuse your child from the health examination required by California law for school entry. **SIGN AND RETURN THIS FORM TO THE SCHOOL** where it will be maintained as confidential information.

NOTE: SIGNING THIS WAIVER **DOES NOT** EXCUSE YOUR CHILD FROM RECEIVING THE IMMUNIZATIONS REQUIRED BY CALIFORNIA LAW FOR CHILDREN IN SCHOOL. ALSO, SIGNING THIS WAIVER WILL NOT DENY YOUR CHILD THE VISION AND HEARING TESTS DONE BY THE SCHOOL.

I have been informed about the health examination recommended by health professionals and required by state law. I have been informed about where my child can receive a health examination and about the income levels for receiving it at no cost to me.

Please check one of the following:

☐ I choose not to have my child receive a health examination as part of the school entry requirement.

☐ I would like my child to receive a health examination, but I am unable to obtain it.

Reason (see Health and Safety Code, Section 124085):

Signature of parent or guardian

Date

INQUIRE AT THE SCHOOL OFFICE OR YOUR LOCAL HEALTH DEPARTMENT IF YOU WANT MORE INFORMATION.

CHDP website: www.dhcs.ca.gov/services/chdp

SHASTA COUNTY DOCTORS & CLINICS - 2016

That Provide CHDP Health Assessments

Shasta County Public Health — CHDP Program 225-5122 or 1-800-300-5122

These Doctors & Clinics may not have room for new Medi-Cal patients, or may only see established patients.
Some offices may have a long waiting list.

ANDERSON:

Anderson Medical Assoc.
2830 East Street
365-2545

Anderson Walk-in Clinic
3082 McMurray Dr.
378-1182

Shasta Comm. Health
Center
2801 Silver Street
378-0486

BURNEY:

Burney Health Center
37491 Enterprise Dr
335-5457

Pit River Health Services,
Inc.
(Open to General Public)
36977 Park Avenue
335-3651 or
(800) 843-7447

COTTONWOOD:

Lassen Medical Group
20833 Long Branch Dr.
347-3418

HAPPY VALLEY:

Shasta Comm. Health Center
16300 Cloverdale Road
246-5910

FALL RIVER MILLS:

Fall River Valley Health Clinic
Hospital Annex-Hwy. 299E
336-6535

REDDING:

Churn Creek Health Center
3184 Churn Creek Road
224-2700

Hill Country Health & Wellness
317 Lake Blvd., Suite A
337-6243

Mercy Family Health Center
2480 Sonoma St.
225-7800
(New patient acceptance
application required)

REDDING (Continued)

Redding Rancheria Tribal Health
1441 Liberty Street
224-2700 (Native Americans
and their households)

Shasta Community Health Ctr
1035 Placer Street
246-5710

ROUND MOUNTAIN:

Hill Country Health & Wellness
29632 Hwy. 299 East
337-6243

317 Lake Blvd. Ste. A
Redding, CA 96002

SHASTA LAKE CITY:

Shasta Comm. Health Center
4215 Front Street
246-5896

SHINGLETOWN:

Shingletown Medical Center
31292 Alpine Meadows
474-3390



PARENTS! PLAN AHEAD!

Give Your Child a
Healthy Start



Children starting
Kindergarten or
First Grade need a
Health Exam
And
Immunizations

Shasta County Public Health
Child Health & Disability
Prevention - CHDP
(530) 225-5122

It's the Law!

California requires that every child entering first grade have a health exam.

Immunizations should be done by the time children enter Kindergarten.



If you do not want your child to have a health exam, you must sign a waiver form at the school

Healthy Children Learn Better!

Children may look well but have hidden health problems. If a health problem is found early, it can often be treated more easily.

Give your child a healthy and happy start in school. Schedule the health exam now!

Free Health Check-Ups

- Children who receive Medi-Cal are eligible for a free exam. Uninsured children from low to moderate income families may also be eligible. Many working families do qualify.
- Call the Child Health & Disability Prevention (CHDP) program to find out if you qualify.

Where to go?

Many private doctors do CHDP check-ups. If you qualify for a free CHDP check-up, you can make an appointment with your doctor, if he is a CHDP provider, or one of the doctors or clinics listed on the back. Call early for an appointment . . . Don't wait until the last minute!

Need Help?

- Finding a Doctor
- Making an appointment

Call CHDP
(530) 225-5122

What does the Dr. do?

- The health check-up includes:
- A head-to-toe physical exam
 - Dental screening
 - Growth & Nutrition assessment
 - Hearing & Vision screening
 - Urine & blood tests
 - TB skin test
 - Immunizations, as needed



Make sure to take the Report of Health Examination for School Entry form to the doctor to be filled out, then return it to school.

**Shasta County Health & Human Services
Public Health Branch**

Immunization Clinic Schedule

**2650 Breslauer Way
(530) 225-5591**

Monday & Tuesday 8:00 – 11:00 a.m. and 1:00 – 4:30 p.m.

Wednesday 8:00 – 11:00 p.m.

Thursday 4:00 – 6:30 p.m.

Friday 8:00 – 11:00 a.m.

No Appointments Necessary

Child Health & Disability Prevention Program (CHDP) (530) 225-5122



Shasta County Denti-Cal Dentists

This list is in alphabetical order by region and name. Some offices may or may not have room for patients at the present time.
Please call the office for specific information. If you would like help locating other dentists in Shasta County, please call the
Denti-Cal number: 1-800-322-6384

ANDERSON:

Anderson Family Health & Dental
Center
2965 East St.
(530) 365-3147

BURNEY:

Pit River Health Services, Inc.
36977 Park Ave.
(530) 335-3651 or
(800) 843-7447 Ext. 2

Mountain Valleys Health Centers
Burney Dental Center
20615 Commerce way
(530) 335-3521

REDDING:

David Lee, D.D.S.
2138 Court St., Suite A
(530) 241-1129 (Children 16+)

Li Min Hou, D.D.S.
1627 Hilltop Dr., Suite A
(530) 223-2989
(Only extractions/dentures)

REDDING Continued:

Lila Wilson, D.D.S.
2100 Hilltop Dr., Suite A
(530) 605-3350
(Children ages 4-12)

Redding Rancheria Tribal Health
Dental Clinic
1441 Liberty St.
(530) 226-1750
(Native Americans and their
households)

Shasta Community Health Center
Dental Clinic
1400 Market St. RM #8103
(530) 247-7253

Western Dental Centers
1350 Churn Creek Road Ste. 135
(530) 224-9700 or (530) 510-4963

Candace L. Crowden RDHAP
2051 Hilltop Dr., A-06
Redding, CA 96002
(530) 945-4029
(Home visits)

ROUND MOUNTAIN:

Hill Country Community Clinic
29632 State Hwy 299 E
530-337-5750 Ext. 3

SHASTA LAKE CITY:

Shasta Lake Family Health &
Dental Center
4215 Front St.
(530) 276-9129

TEHAMA COUNTY RED BLUFF:

Northern Valley Indian Health, Inc.
2500 Main St.
(530) 529-2657 Ext. 4
(All patients welcome)

Greenville Rancheria Dental
343 Oak St.
(530) 528-3488
(All patients welcome)

**SHASTA COUNTY
OPTOMETRISTS
ACCEPTING VSP
AND/OR MEDI-CAL**



**Child Health and Disability Prevention Program 2016
CHDP (530) 225-5122**

These optometrists may have room for Medi-Cal patients.
Some offices may have age limits on children.
Please call office for specific information

ANDERSON

Bernet, Daniel, O.D.
2890 Ventura St.
Anderson, CA 96007
365-6471
VSP/Medi-Cal

BURNEY

Henry Patterson, O.D.
37333 State Hwy. 299E
Burney, CA 96013
335-2233
VSP/Medi-Cal

COTTONWOOD

Farrar, Michael, O.D.
3650 Main St., Ste C
Cottonwood, CA 96022
347-7347
VSP/Medi-Cal

FALL RIVER MILLS

Brown, Bill, O.D.
43124 Hwy 299 E.
F.R.M., CA 96028
336-5220
VSP/Medi-Cal

REDDING

Enterprise Optometry
Center
Martin, Mitch, O.D.
3080 Victor Ave
Redding, CA 96002
222-3166
VSP/Medi-Cal

Lannin, Janani, O.D.
1950 Court Street
Redding, CA 96001
241-0778
(Children over age 5)
VSP/Medi-Cal

Ward, Thomas, O.D.
2132 Eureka Way
Redding, CA 96001
244-4234
VSP/Medi-Cal

Richard Martin, O.D.
2005 Court Street, Suite A
605-4230
VSP/Medi-Cal

PALO CEDRO

Palo Cedro Eye Clinic
Dr. Allisyn Feucht, O.D.
9372 Deschutes Rd
Palo Cedro, CA 96073
547-2020
VSP/Medi-Cal Pending

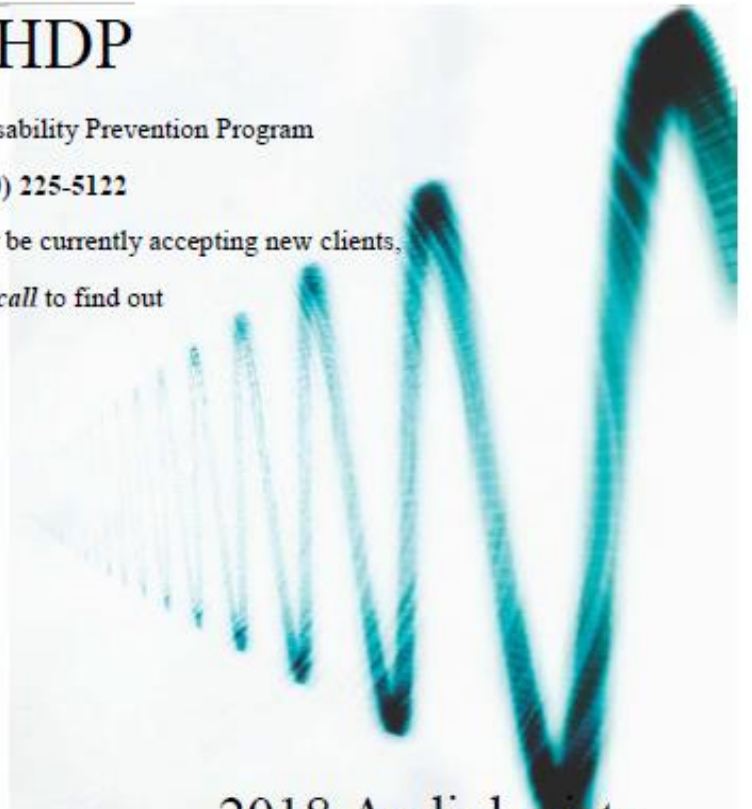
Shasta County Public Health Branch

CHDP

Child Health and Disability Prevention Program

(530) 225-5122

These Audiologists *may not* be currently accepting new clients,
please call to find out



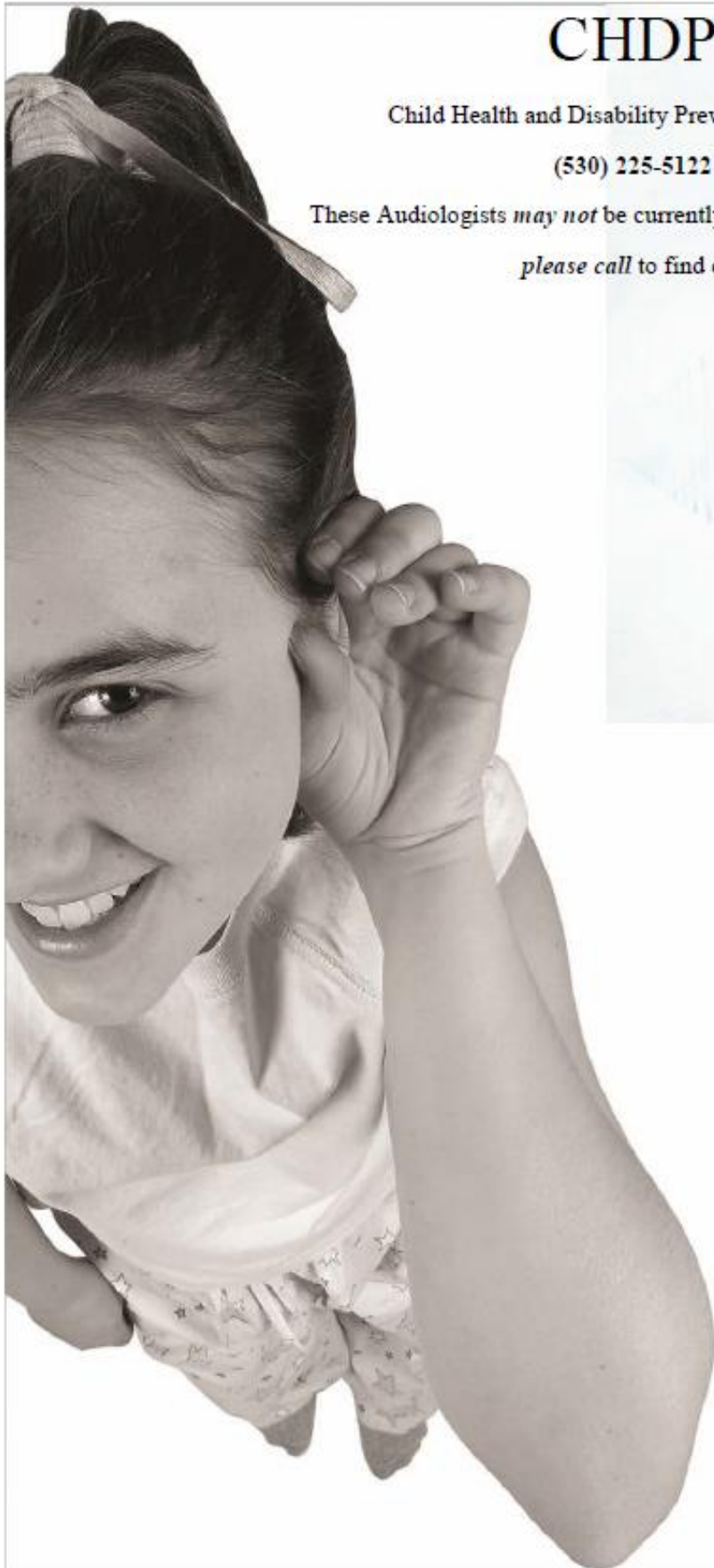
2018 Audiologists Accepting Medi-Cal

Audiology Associates
McWilliams, Rita, Au.D.
3328 Churn Creek Rd, Ste. A
Redding, CA 96002
(530) 221-7380

Audiology Services
Angela Batini M.S.
2510 Airpark Dr. Ste. 101
Redding, CA 96001
(530) 241-6656

Redding hearing Institute
499 Hemsted Dr. Ste. A
Redding, CA 96002
(530) 226-3320

Revised 12/2017



Shasta County Doctors and Clinics Who Provide Child Health & Disability Prevention Program (CHDP) Health Assessments - 2018

These doctors and clinics *may not* have room for new Medi-Cal patients, or may only see established patients.
Some offices may have a long waiting list

ANDERSON:

Anderson Medical Assoc.
2830 East Street
365-2545

Anderson Walk-in Clinic
3082 McMurray Dr.
378-1182

Anderson Family Health
Center
2965 East Street
378-0486

BURNEY:

Burney Health Center 37491
Enterprise Dr
335-5457

Pit River Health Services,
Inc.
(Open to General Public)
36977 Park Avenue
335-3651 or (800) 843-7447

COTTONWOOD:

Lassen Medical Group
20833 Long Branch Dr.
347-3418

FALL RIVER MILLS:

Fall River Valley Health Clinic
Hospital Annex-Hwy. 299E
336-6535

REDDING:

Churn Creek Health Center
3184 Churn Creek Road
224-2700 or 768-2436

Hill Country Health & Wellness
317 Lake Blvd., Suite A
241-4100
M-T-TH: 8:00am - 5:00pm
W: 1:00pm - 5:00pm
Closed Friday

Hill County Health & Wellness
1401 Gold Street
319-7066
T-TH-F: 8:00am - 5:00pm
Closed Monday

Mercy Family Health Center
2480 Sonoma St.
225-7800
(New patient acceptance
application required)

REDDING: (Continued)

Redding Rancheria Tribal
Health
1441 Liberty Street
224-2700 (Native Americans
and their households)

Shasta Community Health
Center
1035 Placer Street
246-5710

ROUND MOUNTAIN:

Hill Country Health &
Wellness
29632 Hwy. 299 East
337-6243

SHASTA LAKE CITY:

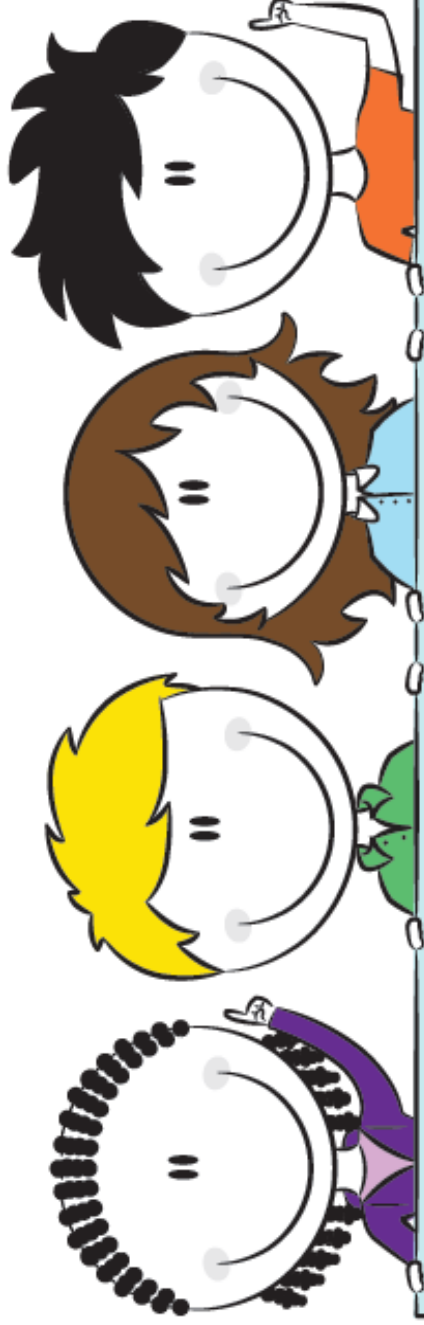
Shasta Comm. Health Center
4215 Front Street
246-5896

SHINGLETOWN:

Shingletown Medical Center
31292 Alpine Meadows
474-3390
M-W-TH-F: 9:00am - 5:30pm
T: 9:30am - 5:30pm

SHASTA COUNTY HEALTH AND HUMAN SERVICES AGENCY
CHILD HEALTH & DISABILITY PREVENTION PROGRAM
225-5122 or (800) 300-5122

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**

PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY



Entry Requirements by Age and Grade:

Vaccine	4-6 Years Old Elementary School at Transitional-Kindergarten/ Kindergarten and Above	7-17 Years Old Elementary or Secondary School	7th Grade*
Polio (OPV or IPV)	4 doses (3 doses OK if one was given on or after 4th birthday)	4 doses (3 doses OK if one was given on or after 2nd birthday)	
Diphtheria, Tetanus, and Pertussis (DTaP, DTP, DT, or Tdap)	5 doses of DTaP, DTP, or DT (4 doses OK if one was given on or after 4th birthday)	4 doses of DTaP, DTP, DT, Tdap, or Td (3 doses OK if last dose was given on or after 2nd birthday. At least one dose must be Tdap or DTaP/ DTP given on or after 7th birthday for all 7th-12th graders.)	1 dose of Tdap (Or DTP/DTaP given on or after the 7th birthday.)
Measles, Mumps, and Rubella (MMR or MMR-V)	2 doses (Both doses given on or after 1st birthday. Only one dose of mumps and rubella vaccines are required if given separately.)	1 dose (Dose given on or after 1st birthday. Mumps vaccine is not required if given separately.)	2 doses of MMR or any measles-containing vaccine (Both doses given on or after 1st birthday.)
Hepatitis B (Hep B or HBV)	3 doses		
Varicella (chickenpox, VAR, MMR-V or VZV)	1 dose	1 dose for ages 7-12 years. 2 doses for ages 13-17 years.	

*New admissions to 7th grade should also meet the requirements for ages 7-17 years.

WHY YOUR CHILD NEEDS SHOTS:

The California School Immunization Law requires that children be up to date on their immunizations (shots) to attend school. Diseases like measles spread quickly, so children need to be protected before they enter. California schools are required to check immunization records for all new student admissions at Kindergarten or Transitional Kindergarten **through** 12th grade and all students advancing to 7th grade before entry.

THE LAW:

Health and Safety Code, Division 105, Part 2, Chapter 1, Sections 120325-120380; California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Sections 6000-6075

WHAT YOU WILL NEED FOR ADMISSION:

To attend school, your child's Immunization Record must show the date for each required shot above. If you do not have an Immunization Record, or your child has not received all required shots, call your doctor now for an appointment.

If a licensed physician determines a vaccine should not be given to your child because of medical reasons, submit a written statement from the physician for a **medical exemption** for the missing shot(s), including the duration of the medical exemption.

A personal beliefs exemption is no longer an option for entry into school; however, a valid personal beliefs exemption filed with a school before January 1, 2016 is valid until entry into the next grade span (7th through 12th grade). Valid personal beliefs exemptions may be transferred between schools in California. For complete details, visit ShotsforSchool.org.

You must also submit an immunization record for all required shots not exempted.

Questions? Visit ShotsForSchool.org or contact your local health department (bit.do/immunization).

ARE YOU **AMERICAN INDIAN/ ALASKAN NATIVE ?**



AS YOU REGISTER YOUR CHILD FOR SCHOOL

if you are even in part American Indian (AI)/Alaskan Native (AN), please check that box (along with any others that apply). By checking the box and later showing proof of tribal status, your child is able to participate in a federally funded education program for AI/AN students, called the Title VI: Indian Education Program. Our Indian Education Program wants to meet the educational needs of the Native American students in our public schools. This program helps AI/AN students by providing cultural enrichment as well as assists students with other services. Programs are designed with meaningful parent engagement and input from tribes.

Each program is designed to address the unique needs of American Indian and Alaska Native students. Go to <http://bit.ly/IndianEdT6> for more information.

OAK RUN ELEMENTARY SCHOOL DISTRICT

District Office
Oak Run Elementary School
P.O. Box 48
27635 Oak Run to Fern Road
Oak Run, CA 96069



www.oakrunschool.org
Ph # (530) 472-3241
Fax # (530) 472-1087
Misti Livingston, Superintendent/Principal
mlivingston@oakrunschool.org

REGISTRATION FORM—2022/2023

Student's **Legal** Name: _____ Sex: M or F ☐ Non-Binary
(Last) (First) (Middle)

Birth Date: _____ K/1 must have a Certified Birth Certificate on file. Verified by: _____

Birthplace: _____
(City or County) (State or Country)

Social Security #: _____ Grade: _____ Age: _____ Home Phone #: _____

Physical Address: _____

Mailing Address: _____

Circle which adults have **legal** custody: Father, Mother, Step-Father, Step-Mother, Guardian, Other

Circle which adults **with whom you live**: Father, Mother, Step-Father, Step-Mother, Guardian, Other

Ethnicity (circle one): Hispanic or Latino Not Hispanic or Latino

Race (Circle one or more, regardless of Ethnicity): American Indian or Alaskan Native, Chinese, Japanese, Korean, Vietnamese, Asian Indian, Laotian, Cambodian, Other Asian/Asian American, Native Hawaiian, Guamanian, Samoan, Tahitian, Other Pacific Islander, African American, White

Parents education level: Father: High School Graduate () Some College () College Graduate ()
Mother: High School Graduate () Some College () College Graduate ()

Note: **Some College** is defined as a 2 year degree or actively pursuing a 2 year degree or higher.

Was this child served by: Special Education () Title 1 () Speech ()

Do you own/rent your home? YES NO If No, is this a temporary situation? YES NO

Are you trying to locate a permanent place to live? YES NO

HOME LANGUAGE INFORMATION:

1. What language did your child learn when he/she first learned to talk? _____
2. What language does your child use most frequently at home? _____
3. What language do you use most frequently when you speak to your child? _____
4. What language is spoken most often by the adults in your home? _____

All above information is correct to the best of my knowledge. _____

Parent signature/Date

Continue on other side.

ACKNOWLEDGEMENT OF NOTIFICATION OF RIGHTS:

YOUR SIGNATURE IS ONLY AN ACKNOWLEDGEMENT OF NOTIFICATION OF YOUR RIGHTS. YOUR SIGNATURE DOES NOT INDICATE THAT YOU CONSENT TO YOUR CHILD'S PARTICIPATION IN ANY PARTICULAR PROGRAM.

Yes, I received the **Rights of Parents, Legal Guardians,& Students** handbook.

Parent Signature: _____

ANNUAL FIELD TRIP PERMISSION:

My child has my permission to attend all school sponsored activities away from school during the 2021/2022 school year. I understand that prior notice will be sent home describing each activity in the Weekly Bulletin. I further understand that I will advise the school if my child is not to participate in any of these activities.

Parent Signature: _____

For Office Use Only: Free () Reduced () Full Pay ()

LOCAL I.D. # _____

CSIS #. _____



Oak Run Elementary School

P.O. Box 48 • Oak Run, CA 96069 • Phone (530) 472-3241 • Fax (530) 472-1087 • oakrunschool.org

ATTENDANCE INFORMATION/POLICY

2022/2023 School Year

Board Policy 5113 states that any absence or tardy from school will be excused for only the following reasons:

1. Personal illness (Education Code 48205)
2. Quarantine under the direction of a county or city health officer (Education Code 8205)
3. Medical, dental, optometric, or chiropractic appointments (Education Code 48205)
4. Attendance at funeral services for a member of the immediate family (Education Code 48205)
 - a. Excused absence in this instance shall be limited to one day if the service is conducted in California or three days if the service is conducted out of state. (Education Code 48205)
 - b. "Immediate family" shall be defined as mother, father, grandmother, grandfather, spouse, son/son-in-law, daughter/daughter-in-law, brother, sister or any relative living in the student's immediate household. (Education Code 45194, 48205)
5. Jury duty in the manner provided by law (Education Code 48205)
6. The illness or medical appointment during school hours of a child to whom the student is the custodial parent (Education Code 48205)
7. Upon advance written request by the parent/guardian and the approval of the principal or designee, justifiable personal reasons including but not limited to: (Education Code 48205)
 - a. Appearance in court
 - b. Attendance at a funeral service
 - c. Observation of a holiday or ceremony of his/her religion
 - d. Attendance at religious retreats not to exceed four hours per semester
8. Participation in religious instruction or exercises in accordance with district policy: (Education Code 46014)
 - a. In such instances, the student shall attend at least the minimum school day
 - b. The student shall be excused for this purpose on no more than four days per school month

All other types of absences and tardies are considered to be unexcused. Three or more absences or tardies for any reason other than those mentioned above may mean that your child would be truant. Students become truant after three unexcused absence or tardies. You child will receive a warning letter regarding truancy if it occurs. Truancy on three or more occasions would classify a student as a habitual truant which may result in a referral to the County Schools Attendance Review Board (SARB). (Board Policy 5113.1; Education Code 48273, 48224-48320)

Students who have accumulated ten absences for any reason will receive a warning letter regarding excessive absence. In the event that the absences continue to accumulate, it may result in a referral to the County Schools Attendance Review Board (SARB).

When a student has been absent from school, a note or phone call from the parent/guardian is required to verify the reason for the absence. Please do your best to take care of the verification as quickly as possible, as unverified absences may result in truancy.

If in doubt about any of the items mentioned above, feel free to call the Attendance Office:

Oak Run Elementary at 530-472-3241

PLEASE COMPLETE THE FOLLOWING AND RETURN TO ATTENDANCE OFFICE

Student Name: _____

I HAVE READ AND DISCUSSED THE ATTENDANCE INFORMATION WITH MY STUDENT.

_____	_____
Parent/Guardian Signature	Date

_____	_____
Student Signature	Date

_____	_____
Teacher	Grade

GENERAL RULES OF CONDUCT / SCHOOL BUS RULES

The transportation services that are provided to your child are a privilege and are not mandated by the State. Students will be held accountable for their behavior; therefore it is very important for you to review the rules of conduct with your child.

CCR Title 5, 14103: Authority of the Driver

Section 14103 of the California Code of Regulations, Title 5, State Board of Education states that:

(a) Pupils transported in a school bus shall be under the authority of, and responsible directly to, the driver of the bus, and the driver shall be held responsible for the orderly conduct of the pupils while they are on the bus or being escorted across the street, highway, or road. Continued disorderly conduct or persistent refusal to submit to the authority of the driver shall be sufficient reason for the pupil to be denied transportation. A bus driver shall not require any pupil to leave the bus enroute between home and school or any other destinations.

1. Students must respect and obey the bus driver at all times.
 2. No abusive body contact (slapping, hitting, poking, shoving, pulling hair, etc.)
 3. No use of profane language, vulgar subject matter or obscene gestures.
 4. Students shall not put any part of body out of bus window, use unauthorized exits, or move out of seats while bus is in motion. Seatbelts must be properly fastened if the bus is so equipped.
 5. Students shall not ride any bus after receiving a suspension of riding privileges. ***see STUDENT DISCIPLINE PROCEDURES.**
 6. Students shall not create excessive noise.
 7. Students must follow proper bus stop procedures (lining up properly, no throwing objects or playing in streets, respect for private property at bus stops, etc.)
 8. No unauthorized opening, closing, or tampering of any kind with bus doors, controls, windows or emergency exits.
 9. Students shall not damage or deface the bus.
 10. No lighting of matches, cigarettes, smoking of any substance, or use of any tobacco product.
 11. No throwing any object in, out of, or at the bus.
 12. Students will not be allowed possession or consumption of food and/or beverage on the bus without prior approval of the driver.
 13. Students must have written authorization from a parent/guardian, verified by school office staff, to disembark from the bus at a location other than the student's designated bus stop
 14. No guns, dangerous implements of any kind (knives, or other sharp objects), animals, breakable items, skateboards or scooters are allowed on the bus.
- Any display of a violent act, bullying or possession of a gun or dangerous implement will result in the student's permanent loss of riding privileges.

Student Discipline Procedures

- a. The driver will ensure that student-passenger rules are clearly understood, and effectively enforced. Verbal explanation of the required conduct will be given on the bus by the driver at the beginning of each school year and reviewed as necessary.
- b. Drivers will communicate with disruptive students and attempt to modify their behavior. If the problem continues, a citation of unsatisfactory conduct will be sent home to the parents or guardians and to the school principal.
- c. Reports of misconduct shall be issued to students according to the following procedure:

1st Offense

Parents are notified of the incident. Student is warned and a written notice is sent to his/her parents. This notice must be signed by the parent or guardian and returned to the bus driver within 5 days.

2nd Offense

Parents are notified of the incident. A written citation will be sent home and student's riding privileges will be suspended for (3) three days. This notice must be signed by the parent or guardian and returned to the bus driver within 5 days.

3rd Offense

Parents are notified of the incident. A written citation will be sent home and the student's riding privileges will be suspended for (10) days. This notice must be signed by the parent or guardian and returned to the bus driver within 5 days.

4th Offense

Parents are notified of the incident. A written citation will be sent home and student's riding privileges may be removed permanently. This notice must be signed by the parent or guardian and returned to the bus driver within 5 days.

Any serious offense may result in the suspension of the student's riding privileges regardless of number of offenses. Students shall not ride any bus, including field trip buses, after receiving a riding suspension.

Student _____ Date _____

Parent/Guardian _____ Date _____



Oak Run Elementary School

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DRESS CODE

OAK RUN SCHOOL BOARD POLICY NUMBER 5180

Good appearance, good attitudes and good grooming add to the effectiveness of a student in school and are very conducive to a good learning environment. Students are expected to attend school in neat, clean, appropriate clothing. The following rules are intended to define appropriate student attire and personal grooming. Parents are encouraged to enforce the dress code standards before the children leave for school in the morning. This will allow the school to fully concentrate on the educational development of every child in the district.

If students are unsuitably dressed or their appearance is disruptive or distractive in nature, students will call home and have appropriate clothing brought to them. In areas not covered by the dress code, the on-site administrator shall make judgments at his/her own discretion.

1. Students may wear dresses, skirts, shorts, culottes or pants to school. The length of dresses, skirts and culottes should be no shorter than 3" inseam.
2. Top garments should be long enough to always cover mid-sections of the body, even when arms are raised. Sleeveless shirts will be 1" thick and top garments are to be kept buttoned.
3. No low-cut dresses or blouses.
4. Sagging (pants worn below the waist) is prohibited.
5. Students are not to wear shoes unsuitable for playground activities. Shoes designed for shoe laces must have shoe laces and be tied. Sandals and thongs will be held in place with a manufactured heel strap. Shoes or boots which damage floors are prohibited.
6. Hairstyles for students should be kept clean and neatly groomed.
7. Students should not wear stenciled or pictorial garments which are not in good taste for school environments (for example: clothing with off-color references, profanity, violence or referring to drugs, alcohol or tobacco).
8. Hats or caps will not be worn during the Pledge of Allegiance.
9. It is recognized that certain standards are not applicable to the lower grade levels. The on-site administrator is empowered to amend these standards as necessary for the differing age groups.



Oak Run Elementary School

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Emergency School Closure

All efforts will be made to contact parents in case of emergency; however, closure notifications for non-emergency as well as emergency circumstances will be aired on the following media outlets.

KQMS 1400 AM

KRCR TV 7

KNCQ 97.3 FM

KNVN TV 24

KVIP 98.1 FM

KHSL TV 12

K-LOVE 102.7 FM

KCVU FOX TV 30

Information may be available on www.redding.com as well as phoning the Shasta County Office of Education Superintendent's Office at 225-0258.

School closure decisions will be made and communicated to parents, staff, board members and media outlets by 7:00 am. Please make sure that we have your current contact information to ensure that you receive communication from the office staff.



Oak Run Elementary School

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Letter to Households for Community Eligibility Provision Schools/Districts

Dear Parent or Guardian:

We are pleased to inform you that Oak Run Elementary School District will be implementing a new option available to schools participating in the National School Lunch and School Breakfast Programs called the Community Eligibility Provision (CEP) for 2022-2023 School Year.

Schools that participate in the CEP are able to provide healthy breakfasts **and** lunches each day at no charge for **all** students enrolled in that CEP school during the 2022-2023 School Year.

If we can be of any further assistance, please contact us at (530) 472-3241

Sincerely,

Misti Livingston
Superintendent/Principal

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 http://www.ascr.usda.gov/complaint_filing_cust.html 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
- (3) E-mail: program.intake@usda.gov

This institution is an equal opportunity provider.



Oak Run Elementary School

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LIBRARY DO'S

1. Do remember to give all books the best of care.
2. Do assist us in keeping our library neat and orderly.
3. Do read or study quietly.
4. Do put you book in the return box, do not reshelf.
5. Do return all library or reference materials to the proper place.
6. Do ask for help anytime you need it.
7. Do understand that "misbehaving" in the library is a good way to be kept out of the library.
8. Do return damaged books to the library for repair. We have the necessary materials for any repairing.
9. Do remember that you are responsible for the books you borrow. If a book is lost or damaged beyond repair, you are responsible for the replacement cost.
10. Do remember you can keep you library books for one week. Books must be returned before another one is borrowed.
11. Do enjoy our library and encourage others to use and enjoy it also.

Thank you,

(Please detach and return)

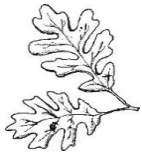
My child, _____ and I have read the Library Do's and understand them. We realize that we are responsible for lost or damaged books.

Parent Signature _____

Student Signature _____

Date _____

Teacher _____



Oak Run Elementary School

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The Oak Run Newsletter

The Oak Run newsletter is sent out weekly. To have the newsletter emailed to you, please provide your email address(s) below. You'll be able to read it online or print it for your reading pleasure every Friday.

Student(s) Names _____

Parent's Name _____

Email Address _____

Email Address _____

The weekly newsletter is also available via Oak Run Elementary School's website under Parents -School's Publications at oakrunschool.org



Oak Run Elementary School

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OAK RUN ELEMENTARY SCHOOL

RELEASE OF LIABILITY

USE OF STUDENT PICTURE OR ART WORK

Name of Student _____

I, the parent/guardian of the above named student, hereby give my consent to Oak Run Elementary School District, its employees and its agents to post or publish any of my child's photographs, booklets, flyers, the Oak Run Elementary School internet website or any other regeneration, and that they may be available to anyone who has access to the internet. I hereby waive and relinquish any and all claims, expenses, demands, liability, cause of action or injury arising out of or relating to such postings or publication; and any and all acts of omissions of the district with respect to such.

Signature of Parent/Guardian

Date

I hereby grant permission for such postings and publication and wave all prior notice.

☐

I do grant permission for the use of photography and artwork for the following-

☐ Oak Run Yearbook

☐ Oak Run Newsletter

☐ Oak Run School Website

☐ Facebook and other Social Media

☐

I do not grant permission

Terms and Conditions

These are examples of inappropriate activity on the ORES D network, but ORES D reserves the right to take immediate action regarding activities 1) that create security and/or safety issues for the ORES D network, Users, Schools, network or computer resources; 2) that expend ORES D resources on content it determines lacks legitimate educational content/purpose; or 3) other activities as determined by ORES D as inappropriate.

1. Violating any state or federal law or municipal ordinance, such as: Accessing or transmitting pornography of any kind, obscene depictions, harmful materials, materials that encourage others to violate the law, confidential information or copyrighted materials.
2. Criminal activities that can be punished under law.
3. Selling or purchasing illegal items or substances.
4. Obtaining and/or using anonymous email sites, spamming, spreading viruses.
5. Causing harm to others or damage to their property.
6. Using profane, abusive, or impolite language; threatening, harassing, or making damaging or false statements about others or accessing, transmitting or downloading offensive, harassing, or disparaging materials.
7. Deleting, copying, modifying, or forging other User's names, emails, files or data, disguising one's identity, impersonating other users, or sending anonymous email.
8. Damaging computer equipment, files, data, or the network in any way, including intentionally accessing, transmitting or downloading computer viruses or other harmful files or programs, or disrupting any computer system performance.
9. Using any ORES D computer/mobile devices to pursue "hacking", internal or external to ORES D, or attempting to access information protected by privacy laws.
10. Accessing, transmitting or downloading large files, including "chain letters" or any type of "pyramid schemes".
11. Using websites, email, networks, or other technology for political uses or personal gain.
12. ORES D internet and intranet property must not be used for personal benefit.
13. Users must not intentionally access, create, store or transmit material that may be deemed to be offensive, indecent, obscene, intimidating, or hostile; or that harasses, insults or attacks others.
14. Advertising, promoting non-ORES D sites or commercial efforts and events.
15. Users must adhere to all copyright laws.
16. Users are not permitted to use the network for non-academic related bandwidth intensive activities such as network games or transmission of large audio/video files or serving as a host for such activities.

Cybersafety and Cyberbullying

All Users – Despite every effort for supervision and filtering, all Users and Student’s parents/guardians are advised that access to the network may include the potential for access to content inappropriate for school-aged students. Every User must take responsibility for his or her use of the network and make every effort to avoid those types of content. Every User must report security or Network problems to a teacher or administrator.

Personal Safety – In using the network and Internet, Users should not reveal personal information such as home address or telephone number.

Confidentiality of User Information – Personally identifiable information concerning students may not be disclosed or used in any way on the Internet without the permission of a parent or guardian. Users should never give out private or confidential information about themselves or others on the Internet.

Active Restriction Measures – ORES D will utilize filtering software or other technologies to prevent Users from accessing visual depictions that are (1) obscene, (2) pornographic, or (3) harmful to minors. Attempts to circumvent or ‘get around’ the content filter are strictly prohibited, and will be considered a violation of this policy. ORES D will also monitor the online activities of Users through direct observation and/or other technological means.

Interactive Web 2.0 Tools

Technology provides an abundance of opportunities for Users to utilize interactive tools and sites on public websites that benefit learning, communication, and social interaction.

Users may be held accountable for the use of and information posted on these sites if it detrimentally affects the welfare of individual users or the governance, climate, or effectiveness of the school(s). From time to time, teachers may recommend and use public interactive sites that, to the best of their knowledge are legitimate and safe. As the site is “public” and the teacher and school is not in control of it, all Users must use their discretion when accessing information, storing, and displaying work on the site. All terms and conditions provisions in this policy also apply to User-owned devices utilizing the ORES D network.

Student Use of Mobile Devices

- ORES D has provided some students with iPads for use in school. The ORES D-owned devices follow the stipulations outlined in this policy as well as specific device agreement.
- School Administration may search the devices if they feel school rules have been violated, which may include, but are not limited to, audio and video recording, photographs taken on school property that violate the privacy of others, or other issues regarding bullying, etc.
- Students may not use an audio recording device, video camera, or camera (or any device with one of these, e.g. cell phone, laptop, tablet, etc.) to record media or take photos during school unless they have permission from both a staff member and those whom they are recording.
- These rules apply to student-owned devices as well. A student-owned mobile device is a non-district supplied device used while at school or during school or district-sponsored activities. The students may use the student-owned mobile devices in class only with the teacher’s expressed permission.

Student Supervision and Security

Through the Shasta County Office of Education, ORES D does provide content filtering controls for student access to the internet using ORES D's network as well as reasonable adult supervision, but at times inappropriate, objectionable, and/or offensive material may circumvent the filter as well as the supervision and be viewed by students. Students are to report the occurrence to their teacher or the nearest staff member. Students will be held accountable for any deliberate attempt to circumvent ORES D technology security and supervision.

Students using mobile and cellular devices while at school, during school or district-sponsored activities are subject to the terms and conditions outlined in the document and are accountable for their use.

I have read these rules or have had these rules read to me and I understand them

Signature of:

Student/User _____ Date _____

Parent/Guardian _____ Date _____

STUDENT RESIDENCY QUESTIONNAIRE/AFFIDAVIT

This document is intended to address the McKinney-Vento Assistance Act. Your answers will help determine documents necessary to enroll your child quickly.

Student: _____ (Male ___ Female ___ Non-Binary ___)

Birthdate: _____

Grade: _____

1. Do you and your student live in a fixed, regular, adequate nighttime residence? **Yes**___ **No**___
(If you circled "Yes", stop here. You must provide a gas or electric bill in your name as proof of residence. If you circled "NO", please continue with this form.)

2. Do you and the student live in:

- ☐ shelter
- ☐ motel/hotel
- ☐ temporarily with another family in a house, mobile home, or apartment
- ☐ in a car or RV
- ☐ at a campsite
- ☐ transitional housing
- ☐ other location _____

3. The student lives with:

- ☐ one parent
- ☐ two parents
- ☐ a qualified relative
- ☐ friend(s)
- ☐ an adult that is not the legal guardian
- ☐ alone with no adult(s)

4. I am:

- ☐ the parent/legal guardian of the above-named student
- ☐ a qualified adult relative of the above-named student

(Relationship: _____)

I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge.

Signature: _____ Date: _____

Print Your Name: _____

Residence: _____
Street City Zip

Mailing Address: _____
Street City Zip

Telephone: (_____) _____ Cell Phone: (_____) _____

Oak Run Elementary School District

2022-2023 School Calendar

15

July 2022						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

- Credential Employees**
- ☆ 1st Trimester Ends: Nov 4 (59)
 - ☆ 2nd Trimester Ends: Mar 3 (60)
 - ☆ 3rd Trimester Ends: June 2 (59)

Shaded = Student Attendance Days (180)

August 2022						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

September 2022						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

October 2022						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November 2022						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

December 2022						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

January 2023						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

February 2023						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

March 2023						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April 2023						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

May 2023						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June 2023						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

HOLIDAYS/RECESSES	
Labor Day	Sep 5
Veteran's Day Holiday	Nov 11
<i>(bylaw must be Nov 11 if a weekday)</i>	
Thanksgiving Break	Nov 21-25
Winter Break	Dec 19-Jan 10
Martin Luther King Day	Jan 16
Lincoln Day observed	Feb 20
Washington Day observed	Feb 21
Spring Break	Apr 10-Apr 14
Memorial Day	May 29
Conference Week - Min Days	Nov 14-18

CERTIFICATED DATES	
School Starts:	August 15
School Ends:	June 6
District Work Days	Aug 12 Jun 7
Staff Development Days	Aug 11 Jan 9
Snow Day Makeup:	June 7, 8 & 9
<i>(If snow day makeups are used, then June 6th)</i>	