



# Lincoln Unified School District

## Enrollment Services

6225 North Harrisburg Place, Suite B  
Stockton, CA 95207

### Welcome Parents of Transitional Kindergarten, Kindergarten or 1<sup>ST</sup> grade students

It is our pleasure to welcome you and your family to the Lincoln Unified School District.

The District's goal is to keep families together at the school of their choice whenever possible. Further, we will continue to honor the concept of neighborhood schools whenever possible.

#### Kindergarten placement opportunities for the 2022-23 school year include:

- Brookside School (K-8)
- Don Riggio School (K-8)
- Mable Barron School (TK-8)\*
- John McCandless Charter School (TK-8)\* – *No transportation provided*
- Claudia Landeen School (K-8)
- John R. Williams School (TK-6)\*
- Tully C. Knoles School (TK-8)\*
- John R. Williams School Dual Language Program (K-6)
- Colonial Heights School (K-8)
- Lincoln Elementary School (K-6)

*\*Transitional Kindergarten sites subject to change*

#### Part A:

Name of student: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ 2022-23 Grade \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

I prefer placement for my child in one of the following **three different schools**, in this order:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**Please do NOT list the same school twice.**

Please initial:

\_\_\_\_\_ If I am requesting a school other than my neighborhood school, transportation will be my responsibility.

#### Part B: Names of siblings:

Name	School	Grade	Name	School	Grade
------	--------	-------	------	--------	-------

Name	School	Grade	Name	School	Grade
------	--------	-------	------	--------	-------

My child has siblings attending my first-choice school:  yes  no

#### Part C:

I prefer: Morning kindergarten      Afternoon kindergarten Every effort will be made to honor your request.

#### Part D:

Overcrowding at the neighborhood or choice school may require placement at another Lincoln Unified school. The District will provide transportation from the school of residence for students on overflow status. Choices may be limited for placement of students receiving some special services or enrolled in special programs, based on the location and availability of those services or programs. **We will make every effort to maintain the class and school placement you have received during the enrollment process. However, should your child's class experience overcrowding, the District may need to adjust this placement during the first three weeks of school.** \_\_\_\_\_ Please initial

Signature	Parent/Guardian's Name (print)	Date
-----------	--------------------------------	------



## Student Registration Procedures

Please provide the following documents to register your student in a Lincoln Unified school:

1. Completed and signed Student Information Sheet
2. Student's birth certificate, passport, or Parent Affidavit of Student Age (signed under penalty of perjury)  
*Kindergarten students must be 5 years of age on or before September 1 of their kindergarten year; Transitional Kindergarten students must have birth dates between September 2 and February 2 of their transitional kindergarten year. Ed code §48000 - §48003*
3. Student's complete and up-to-date immunization record
4. Parent/Guardian's photo ID
5. Proof of residence within Lincoln Unified boundaries in parent/guardian's name:  
***Original statements required; accepted documentation includes:***
  - *Two bills dated within 30 days, or*
  - *Rental agreement dated within 30 days AND one piece of current mail dated within 30 days, or*
  - *Two pieces of correspondence from a government agency dated within 30 days*

### **Additionally needed for Transitional Kindergarten, Kindergarten, and First Grade**

6. Student's *Physical Examination for School Entry* form completed by physician
7. Student's *Oral Health Assessment* form completed by dental health professional

---

When proof of residence is in another person's name, they must be available in person to provide the following:

1. Any of the above options for proof of residence
2. Photo ID
3. Signature for a Residence Verification Letter, that is provided at time of registration, which includes the following information:
  - Address
  - Name of the individuals now claiming residence at that address
  - Acknowledgement that Lincoln Unified School District staff may conduct periodic home visits
  - Acknowledgement that the Residence Verification Letter is signed under penalty of perjury  
*Letter must be signed in front of a Lincoln USD employee (who will sign as a witness)*

**Parent/Guardian: Please be aware that you will be required to provide one of the listed options for proof of residence in your name within 45 days of signing a Residence Verification Letter. In addition, please be advised Lincoln Unified School District representatives may do a home visit to verify residence.**

• FOR OFFICE USE •

ID# \_\_\_\_\_ Grade \_\_\_\_\_ Area \_\_\_\_\_ Birth Ver \_\_\_\_\_ Immun \_\_\_\_\_ Tdap \_\_\_\_\_ Phys \_\_\_\_\_ Oral \_\_\_\_\_ Res Verif \_\_\_\_\_ Photo ID \_\_\_\_\_ Spec Svcs \_\_\_\_\_  
Reg Date/Initial \_\_\_\_\_ / \_\_\_\_\_ Caregiver \_\_\_\_\_ Court Docs \_\_\_\_\_ Email to: SPED InsSrvs CWA HlthSrvs SRO/Sec Date emailed: \_\_\_\_\_

Enrollment Services • 6225 N Harrisburg Pl, Ste B • Stockton, CA 95207  
**STUDENT INFORMATION SHEET for TRANSITIONAL KINDERGARTEN-GRADE 8**

Student's Legal Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_  
*As identified on birth certificate* Last First Middle Suffix (Jr., Sr., III) Month Day Year 2022-23

Home Address \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Nonbinary \_\_\_\_\_ Student's Email \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Mother's Name \_\_\_\_\_ Student Resides With: Yes  No

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ Email \_\_\_\_\_

Parent ED Level  Not a high school graduate  High school grad  Some college  College grad  Post grad/grad school

Father's Name \_\_\_\_\_ Student Resides With: Yes  No

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ Email \_\_\_\_\_

Parent ED Level  Not a high school graduate  High school grad  Some college  College grad  Post grad/grad school

Guardian's Name \_\_\_\_\_ Student Resides With: Yes  No

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ Email \_\_\_\_\_

Guardian ED Level  Not a high school graduate  High school grad  Some college  College grad  Post grad/grad school

**EMERGENCY INFORMATION (other than parent/guardian)**

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

**STUDENT'S MEDICAL INFORMATION**

Describe any physical, health, or medical information we should be aware of including medications required during school:

\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Hospital Preference \_\_\_\_\_

NOTE: Lincoln Unified School District *does not* carry health insurance for students. In the event of an emergency, all medical and associated costs are the responsibility of the parent/guardian. You may purchase student accident insurance if you wish. Applications are available in the school office.

**MEDI-CAL ELIGIBILITY**

If my child is or may become eligible for public benefits (Medi-Cal); I authorize the LEA/District to release student information for the limited purpose of billing Medi-Cal/Medicaid and to access Medi-Cal health insurance benefits for applicable services.

Yes  No

**SPECIAL EDUCATION**

Has your child been served in a special program? If so, please specify:  Special Education  GATE  Title I

What Service:  Special Day Class  Resource Specialist Program  Behavior Support Plan  Language, Speech & Hearing

Does your child have an  IEP or  504 Plan?

**RACE/ETHNICITY INFORMATION**

(Providing this information is voluntary and will only be used for reporting student statistics to the California Department of Education as required.)

Is your child Hispanic or Latino? (Choose only one response.)  No, not Hispanic or Latino  Yes, Hispanic or Latino

Please continue to answer by marking one or more of the following boxes to indicate your child's race.

- Black/African American
  - Asian/Asian American
  - Pacific Islander
  - American Indian/Alaskan Native
  - White
- } Circle one: Chinese Japanese Filipino Korean Vietnamese Asian Indian Laotian Cambodian  
Hawaiian Samoan Guamanian Tahitian Other Asian Other Pacific Islander

Student's Birthplace \_\_\_\_\_  
City State Country

Date student first enrolled in a USA school (if previously attended out-of-state or was born in another country) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Has your child previously attended school in California? Yes  No  Date first enrolled in CA schools \_\_\_\_/\_\_\_\_/\_\_\_\_

Is either parent/guardian currently an active member of any branch of the US Armed Forces? Yes  No

**CORRESPONDENCE LANGUAGE PREFERECE**

What language would you like us to use when *speaking* with you? \_\_\_\_\_ . . . when *writing* to you? \_\_\_\_\_

Previous School Attended \_\_\_\_\_  
Name of School School District Phone Date Last Attended

Has your child previously attended a Lincoln Unified School? Yes  No  If so, list name of school(s) and year(s) attended:

Has your child ever been recommended for expulsion or expelled from a school district? Yes  No

Did your child attend a preschool program before entering kindergarten?  
 Yes, Lincoln USD preschool  Yes, other preschool  No, did not attend preschool



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

It is the policy of the Lincoln Unified School District not to unlawfully discriminate on the basis of sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, color, religion, marital status, age, or mental or physical disability in the educational programs or activities which it operates.

## HOME LANGUAGE SURVEY

Name of Student: \_\_\_\_\_  
Last First Middle  
Age of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ [Office Staff – Stu ID: \_\_\_\_\_]

---

### Directions to Parents and Guardians:

The California *Education Code* contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.

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

Please sign and date this form in the spaces provided below, then return this form to your child's teacher. Thank you for your cooperation.

\_\_\_\_\_  
Signature of Parent or Guardian Date



**Lincoln Unified School District Housing Questionnaire**

Student Last Name	First	Middle

**Name of School:** \_\_\_\_\_

The information provided below will help the District determine what services you and/or your child may be eligible to receive. This could include additional educational services through Title I, Part A and/or the federal McKinney-Vento Assistance Act. The information provided on this form will be kept confidential and only shared with appropriate school district and site staff.

Presently, are you and/or your family living in any of the following situations?

- Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or Federal Emergency Management Agency (FEMA) trailer
- Sharing housing with other(s) due to loss of housing, economic hardship, natural disaster, lack of adequate housing, or similar reason
- Living in a car, park, campground, abandoned building, or other inadequate accommodations (i.e. lack of water, electricity, or heat)
- Temporarily living in a motel or hotel due to loss of housing, economic hardship, natural disaster, or similar reason
- Living in a single-home residence that is permanent

I am a student under the age of 18 and living apart from parent(s) or guardian.

- Yes       No

*The undersigned parent/guardian certifies that the information provided above is correct and accurate.*

Print Parent/Guardian Name	Signature	Date

Phone Number	Street Address	City	State	Zip

Your child or children may have the right to:

- Immediate enrollment in the school they last attended (school of origin) or the local school where you are currently staying, even if you do not have all the documents normally required at the time of enrollment.
- Continue to attend their school of origin, if requested by you and it is in the best interest.
- Receive transportation to and from their school of origin, the same special programs and services, if needed, as provided to all other children, including free meals and Title I.
- Receive the full protections and services provided under all federal and state laws, as it relates to homeless children, youth, and their families.

Please list all children currently living with you.

Name	Gender	Birthdate	Grade	School

If you have any questions about these rights, please contact the District's Homeless Liaison:

Suzanne Fagundes, Director of Child Welfare and Enrollment  
(209) 953-8989  
sfagundes@lUSD.net

# NOT BEFORE FEBRUARY 6, 2022 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	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	Text	DATE EACH DOSE WAS GIVEN				
		First	Second	Third	Fourth	Fifth
<b>POLIO</b> (OPV or IPV)						
<b>DtaP/DTP/DT/dT/d</b> (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)						
<b>MMR</b> (measles, mumps, and rubella)						
<b>HIB MENINGITIS</b> (Haemophilus influenzae B) (Required for child care/preschool only)						
<b>HEPATITIS B</b>						
<b>VARICELLA</b> (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.

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

**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)*

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.**



## Oral Health Assessment Form

A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

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

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

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

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

Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>_____</span> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><i>Licensed Dental Professional Signature</i></span> <span><i>CA License Number</i></span> <span><i>Date</i></span> </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.

*Original to be kept in child's school record.*