



BONITA UNIFIED SCHOOL DISTRICT

115 West Allen Avenue San Dimas, California 91773 (909) 971-8200 Fax (909) 971-8329

New Student Registration 2022-2023 School Year GRADES 1 – 12

Dear Parents or Guardians:

Welcome to the Bonita Unified School District and the 2022-2023 school year. This packet contains paperwork and instructions to initiate the enrollment process for your child.

Please contact your neighborhood school or the Office of Student Services if you have questions. Information and most necessary forms can also be found in the "Permit and Enrollment Information" section under "Parents and Students" on the Bonita Unified website: do.bonita.k12.ca.us.

When you come to your school for registration please bring the following:

- All forms from this packet completed and signed
- Verification of Date of Birth (using any of the methods allowed in California Education Code 48002)
- Proof of Residence (escrow papers, rental or lease agreement, or utility bill)
- Immunization Records (must be verified by your medical care provider)

Note: All immunizations must be up-to-date before a child will be assigned to a class.

We are looking forward to working with you and your child this year.

Sincerely,

Mark Rodgers
Senior Director, Student Services
909-971-8330, ext. 5321



Bonita Unified School District
STUDENT REGISTRATION INFORMATION, GRADES TK-12

FOR OFFICE USE:

Student ID#: _____ Grade: _____ Grid: _____ Enrollment Date: _____ Permit: _____
BIRTHDATE VERIFICATION: _____ Birth Cert. _____ Baptismal Cert. _____ Passport _____ Age Affidavit _____ IMMUNIZATIONS COMPLETE: _____

STUDENT NAME: Last: _____ First: _____ Middle: _____

Date of Birth: _____ Gender: _____

RESIDENT ADDRESS: _____
Number & Street Apt # City Zip

MAILING ADDRESS: _____
Number & Street Apt # City Zip

EDUCATIONAL PROGRAMS

Does the student have an IEP? ☐ YES ☐ NO

Does the student have a 504 Plan? ☐ YES ☐ NO

Has the student been identified for GATE? ☐ YES ☐ NO

If this student has siblings who already attend a BUSD school, please list them here:

Name: _____ School: _____

Name: _____ School: _____

Name: _____ School: _____

ETHNICITY AND PARENT EDUCATION LEVEL

Parent Education Level:

☐ Not a High School Graduate ☐ High School Graduate ☐ Some College
☐ College Graduate ☐ Graduate School ☐ Decline to State

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino
Race (check one or more):

☐ Amer. Indian/Alaskan ☐ Asian Indian ☐ Black/African American
☐ Cambodian ☐ Chinese ☐ Filipino
☐ Guamanian ☐ Hawaiian ☐ Hmong
☐ Japanese ☐ Korean ☐ Laotian
☐ Other Asian ☐ Other Pacific Islander ☐ Samoan
☐ Tahitian ☐ Vietnamese ☐ White

PARENT/GUARDIAN INFORMATION

Name _____ Relationship to Student _____

Resident Address (if different from above) _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-Mail _____

OTHER PARENT/GUARDIAN INFORMATION

Name _____ Relationship to Student _____

Resident Address (if different from above) _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-Mail _____

OTHER INFORMATION

Is there a court order or custody agreement that defines or limits access of a parent/guardian to the student? ☐ YES ☐ NO
If "YES", please provide a copy of the court order or custody agreement (attach to this form)

Is this student under the terms of an expulsion from another district? ☐ YES ☐ NO
If "YES", please provide a copy of all expulsion documentation provided by the other district (attach to this form)

PARENT SIGNATURE

I hereby verify that all of the information on this form is accurate to the best of my knowledge. I further agree to notify the school of any changes to address, phone numbers, and/or emergency information within 24 hours of the change.

Parent/Guardian Signature _____

Date _____

FOR OFFICE USE:

Withdrawal Date: _____ Cum Sent To: _____ Date Sent: _____

Name of District

School Name: _____ Address: _____



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HOME LANGUAGE SURVEY

Name of Student: _____
(Surname / Family Name) (First Given Name) (Second Given Name)

Age of Student: _____ Grade Level: _____ Teacher Name: _____

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



BONITA UNIFIED SCHOOL DISTRICT
DEPARTMENT OF HEALTH SERVICES

HEALTH AND DEVELOPMENT QUESTIONNAIRE

Name of Student: _____			Birthdate: _____
_____	_____	_____	
_____	_____	_____	_____
School: _____		Grade: _____	Age: _____
Parent Primary Phone: _____		Parent E-Mail: _____	

1. Does your child have a regular source of medical care? ☐ YES ☐ NO

Name of Provider/Clinic: _____

Date of Most Recent Visit or Upcoming Visit: _____

Reason for Last or Upcoming Visit: _____

2. Does your child have any health problems? ☐ YES ☐ NO

If "yes", please describe below:

3. Does your child take any medications? ☐ YES ☐ NO

If "yes", please describe below:

4. Does your child have a potentially life-threatening health condition? ☐ YES ☐ NO

If "yes", please describe below:

5. *Additional Comments:*

Parent/Guardian Signature: _____

Date: _____



BONITA UNIFIED SCHOOL DISTRICT
FOSTER YOUTH SUPPORT

FOSTER YOUTH SCREENING QUESTIONS

Please complete the box below, then answer the six questions to the best of your ability.

Name of student: _____ Last First Middle	Birthdate: _____
School: _____	Grade: _____

- Does the youth you are enrolling live in a group home?
☐ Yes ☐ No ☐ Not Sure
- Is the youth you are enrolling in foster care or on probation?
☐ Yes ☐ No ☐ Not Sure
- Does the youth you are enrolling receive visits from the social worker or a probation officer?
☐ Yes ☐ No ☐ Not Sure
- Does the youth you are enrolling regularly attend court to discuss where they live?
☐ Yes ☐ No ☐ Not Sure
- Does the youth you are enrolling have an attorney or other court representative who helps determine where they live?
☐ Yes ☐ No ☐ Not Sure
- Does the youth you are enrolling live with someone other than his/her parents?
☐ Yes ☐ No ☐ Not Sure

Parent/Guardian Signature: _____

Date: _____



BONITA UNIFIED SCHOOL DISTRICT

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Dear Parent or Guardian,

As you are preparing to enroll your child into Kindergarten within the Bonita Unified School District, we are informing you of the state laws that require all children to be up to date on vaccinations required for entry.

Attached you will find the document "*Parents Guide to Immunizations Required for School Entry*". Please review this document and your child's vaccination records with your primary health care provider.

There are new regulations related to Medical and Personal Belief Waivers that have gone into effect.

Medical Waivers/Exemption

Senate Bill 276, 714

Starting January 1, 2021, Schools will no longer accept any type of written medical waiver exemption statement from a licensed physician. The physician must complete a standardized exemption form that contains specific information and they must submit those forms electronically to the California immunization Registry. (CAIR) Parents can create an account and log in to CAIR-ME to submit a request for a medical exemption. Next the child's doctor can complete the medical exemption in CAIR-ME and print a copy for the parents to give to the child's school. Medical exemptions may be issued in CAIR-ME no more than 12 months before a child's first enters a grade span.

Grade spans are birth-preschool, TK-K-6th and 7th-12th.

Schools may not admit students who are not fully immunized on the basis of a medical exemption. Medical exemptions are reviewed based on the specific criteria by clinical staff at CHDP with expertise in immunizations.

Exemptions based on temporary medical conditions will be valid for one year only. Exemptions based on permanent medical conditions will be valid for one grade span. When the child with a permanent exemption completes one grade span and seeks to enroll in the next, the physician must complete a new electronic exemption form.

Personal Belief Waivers

Senate Bill 277 prohibits schools from accepting any type of personal belief waiver for entry into school.

For further information visit: Shotsforschool.org

PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY



Starting July 1, 2019

Students Admitted at TK/K-12 Need:

- **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap, or Td) — 5 doses**
(4 doses OK if one was given on or after 4th birthday.
3 doses OK if one was given on or after 7th birthday.)
For 7th-12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
- **Polio (OPV or IPV) — 4 doses**
(3 doses OK if one was given on or after 4th birthday)
- **Hepatitis B — 3 doses**
(Not required for 7th grade entry)
- **Measles, Mumps, and Rubella (MMR) — 2 doses**
(Both given on or after 1st birthday)
- **Varicella (Chickenpox) — 2 doses**

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

Students Starting 7th Grade Need:

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

In addition, the TK/K-12 immunization requirements apply to 7th graders who:

- previously had a valid personal beliefs exemption filed before 2016 upon entry between TK/Kindergarten and 6th grade
- are new admissions

Records:

California schools are required to check immunization records for all new student admissions at TK/Kindergarten through 12th grade and all students advancing to 7th grade before entry. Parents must show their child's Immunization Record as proof of immunization.

COVERAGE OPTIONS

If you do not have a source of health care coverage or have recently lost your employer-sponsored health care coverage, here are some options you can explore. Contact the specific programs for more information.

COVERED CALIFORNIA:

As of 2020, new state assistance for low- and middle-income Californians is available, making coverage more affordable than ever before. It also means that many people who didn't qualify for aid in the past can now receive financial help. A simple online questionnaire can let you know immediately if you're eligible for financial help toward your health insurance coverage.

Due to COVID-19, Covered California has made it so that you can apply for health insurance through May 15, 2021 if you are uninsured and eligible. For reasons such as: needing coverage due to COVID-19; losing Medi-Cal or job-based coverage; getting married or registering a domestic partnership; moved or had a baby, you can get health insurance that will start on the first day of the month following enrollment so that you won't have a gap in coverage.

For more information visit [Covered California's website](#) or call **1-800-300-1506**.

MEDI-CAL:

Medi-Cal offers free or low-cost health coverage for low-income California residents, including children, pregnant women, families and seniors. Most people with Medi-Cal pay no premiums or co-payments. You can apply for Medi-Cal at any time of the year. If you are determined eligible for Medi-Cal, your coverage is effective back to the first day of the month in which the application was submitted.

How to apply for Medi-Cal or Covered California:

- **Online**

The application is easy and online at [Covered California's website](#).

- **By Mail**

Apply using the [Single Streamlined Application](#), which can be located in multiple languages on the [DHCS website](#).

- **By Phone or In Person**

Apply by phone by calling **1-800-300-1506** or in person at your local county office. You can find your [local county office information](#) on the [DHCS website](#).

- Contact a Certified Agent through AgentConnect: **1-800-700-7258**.

In addition to applying online or through your county social services department, individuals also can apply for Medi-Cal through a qualified hospital provider, using the Hospital Presumptive Eligibility Program. Applications can be filled out in a hospital and, if found eligible, coverage begins immediately, without having to wait for a full Medi-Cal application to process. However, in order to maintain coverage for more than two months, you must complete and submit a Medi-Cal application using one of the methods listed above. You can only be determined eligible for Hospital Presumptive Eligibility once per year, so it is important to submit your Medi-Cal application before your coverage expires.

A list of hospitals where you can sign up can be found on the [DHCS website](#).

Visit the [DHCS website](#) for more information.

COVID-19 UNINSURED GROUP:

Individuals can also apply for the Coronavirus (COVID-19) Uninsured Group through a qualified provider. The COVID-19 Uninsured Group covers COVID-19 diagnostic testing, testing-related services, and treatment services, including hospitalization and all medically necessary care, at no cost to the individual, for up to 12 months or until the end of the COVID -19 public health emergency, whichever comes first.

Information about the [COVID-19 Uninsured Group](#) can be found on the [DHCS website](#).

FEDERAL COBRA AND CAL-COBRA:

There are federal and state laws that let people continue their employer-sponsored health care coverage when a job ends or hours are reduced. The individual is required to pay the premiums themselves. People have 60 days to sign up for COBRA coverage once their previous coverage has ended.

Visit the [Department of Managed Health Care \(DMHC\) website](#) for more information or call the Department of Managed Health Care at **1-888-466-2219**.

MEDICARE:

Medicare is the federal program that provides health care coverage for people who are 65 or older or under 65 with a disability, including End Stage Renal Disease (ESRD).

Visit the [Medicare website](#) for more information or call **1-800-MEDICARE (1-800-633-4227)**.

How To Get Help With Your Health Coverage Options

The **California Department of Managed Health Care (DMHC)** provides assistance to all California health care consumers through the DMHC Help Center. The Help Center helps consumers better understand their health care rights, explains health care benefits and resolves health plan issues. Assistance is available in all languages and all services are free. Contact the DMHC Help Center by calling **1-888-466-2219** or visit www.HealthHelp.ca.gov.

The **California Department of Insurance (CDI)** regulates health insurance policies in California. CDI's Consumer Complaint Center helps consumers resolve complaints against their health insurers. Contact the CDI Consumer Complaint Center by calling **1-800-927-4357** or visiting www.insurance.ca.gov.

The **Health Consumer Alliance (HCA)** offers free assistance by phone or in person to help people who are struggling to get or maintain health coverage and resolve problems with their health plans. If you are concerned about your immigration status, the HCA provides free, confidential consultation and information. Contact the HCA at **1-888-804-3536** or visit healthconsumer.org.

this way to health insurance.



A STEP-BY-STEP GUIDE

we've got you covered.

Covered California was created to help Californians compare, afford and enroll in brand-name health insurance plans. Most people who enroll receive financial help, and everyone is guaranteed the same, high-quality coverage.

we're here to help.

For help at any point during the enrollment process, call 800.300.1506 or visit CoveredCA.com. We offer free, expert assistance online, in-person, and over the phone in 13 languages as well as for the hearing-impaired.

step one. see if you qualify for help paying for health coverage.

You could pay as little as \$0/month for your plan, and you won't pay more than 8.5% of your income for our benchmark Silver plan. You may also qualify for low or no-cost Medi-Cal.



To estimate your monthly payment with our calculator tool, scan the QR code or visit CoveredCA.com/#quick-calculator

A STEP-BY-STEP GUIDE TO HEALTH INSURANCE.

step two. explore your coverage options.

Covered California offers four levels of coverage: Bronze, Silver, Gold and Platinum. Insurance companies pay a portion of covered services, and the benefits offered within each level are the same no matter which insurance company you choose.

Choose **Platinum** or **Gold** and you'll pay a higher monthly premium, but you'll pay less for medical services when you need them.

Choose **Silver** or **Bronze** and you'll pay a lower monthly premium, but you'll pay more for medical services when you need them.

A **minimum coverage plan** is available to those under 30, or those 30 and over who have received a hardship exemption from the U.S. Department of Health and Human Services.

Visit [CoveredCA.com](https://coveredca.com) and choose “Shop and Compare” to see which brand-name health plans are right for you.

STANDARD COVERAGE BENEFITS BY LEVEL —

KEY BENEFITS	BRONZE Covers 60% of average annual cost	SILVER Covers 70% of average annual cost	GOLD Covers 80% of average annual cost	PLATINUM Covers 90% of average annual cost
Individual / family deductible	\$6,300 / \$12,600	\$4,000 / \$8,000**	No deductible	No deductible
Annual preventive care visit	No cost	No cost	No cost	No cost
Primary care visit copay	\$65*	\$40	\$35	\$15
Urgent care visit copay	\$65*	\$40	\$35	\$15
Emergency room copay	40% up to deductible	\$400	\$350	\$150
Generic medication copay	\$18	\$16	\$15	\$5
Annual out-of-pocket max for one	\$8,200	\$8,200	\$8,200	\$4,500
Annual out-of-pocket max for a family**	\$16,400	\$16,400	\$16,400	\$9,000

Chart does not include all medical copays and coinsurance rates. For complete information, visit [CoveredCA.com](https://coveredca.com).

*For Bronze Plans, the deductible is waived for the first three primary care or urgent care visits. Additional visits are charged at full cost until deductible is met.

**Silver is the only level where your deductible and other costs may be lower based on your household income.



step three. what you need to enroll.

The following is needed for every household member who is applying for coverage:

- **Home ZIP code**
- **Birth date**
- **Proof of current household income***
- **California ID or driver's license**
- **Social Security number or Individual Taxpayer Identification Number, if you have one**
- **Proof of citizenship or lawful presence (e.g., U.S. passport, certificate of citizenship or naturalization document, green card, or a valid visa)****

AM I REQUIRED TO HAVE HEALTH INSURANCE?

In California, most people are required by law to have health insurance or pay a tax penalty: \$800/adult + \$400/child under 18, up to \$2,400/household, or 2.5% of your annual household income over your California tax filing threshold, whichever is higher.

UNDERSTANDING HMOS, PPOS AND EPOS

Most insurance companies offer three types of plans:

“HMOs”

Health Maintenance Organizations only cover medical services inside the plan's network. HMOs often require members to get a referral from their primary care doctor to see a specialist.

“PPOs”

Preferred Provider Organizations pay for medical services both inside and outside the plan's network, but members pay a higher amount of the cost for out-of-network care. No referral is required to see a specialist.

“EPOs”

Exclusive Provider Organizations generally don't cover care outside the plan's network, but members may not need a referral to see an in-network specialist.

It's important to note that not all HMOs, PPOs and EPOs are the same. Before choosing a plan, use the Shop and Compare tool at CoveredCA.com to get details like what doctors and hospitals are covered and what it will cost to see a doctor out-of-network.

*Proof of current income of all members in the tax household, such as a recent tax return, W-2, or pay stub. A dependent's income should only be included if their income level requires them to file a tax return. A household is defined as the person who files taxes as the primary tax filer and all the dependents claimed on that person's taxes. If you don't file taxes, you can still qualify for free or low-cost insurance through Medi-Cal.

**You can apply for your eligible child or spouse even if you are not eligible. Households that include members who are not lawfully present can also apply.

YOUR PROTECTIONS THROUGH COVERED CALIFORNIA

As part of the Affordable Care Act (ACA), Covered California guarantees that —

- **Preexisting health conditions cannot prevent someone from being covered.**
- **Your plan cannot be canceled because you are sick or injured.**
- **All plans include free preventive care.**
- **Young adults can be covered under their parents' plan until the age of 26.**
- **All private information, including immigration/citizenship status, is kept confidential.**

step four. create an account and enroll.

Enroll in your plan at CoveredCA.com. Simply create a user account and follow the enrollment process with the information in step three.

step five. pay your premium.

Pay your monthly premium in full and on time to ensure that your coverage continues. Failing to pay your premium may disrupt or even cancel your health coverage.

OPEN ENROLLMENT IS

Nov 1 — Jan 31

Medi-Cal and Special Enrollment are available year-round. Special Enrollment allows Californians to get coverage within 60 days of a qualifying life event, such as losing health insurance, a change in household size, or moving to or within California.

For more information on Special Enrollment, visit CoveredCA.com/special-enrollment.

need help?

If you have questions or to find free, local, in-person help, contact:

CoveredCA.com | 800.300.1506

