



**TRANSITIONAL KINDERGARTEN  
& KINDERGARTEN**

**REGISTRATION**

**PACKETS ARE DUE**

**FRIDAY**

**MARCH 17, 2017**

**BY 3:30 PM**

**GO TO [www.canyonrimpta.com](http://www.canyonrimpta.com) to get the registration forms**



## *Canyon Rim Elementary*

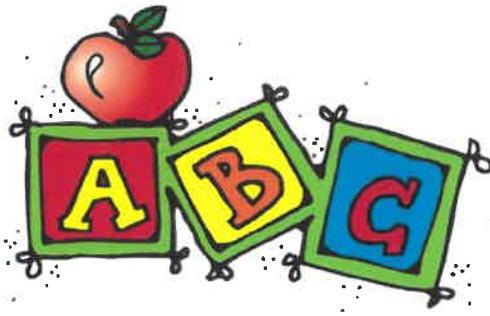
**THIS IS TO INFORM YOU THAT KINDERGARTEN/TRANSITIONAL KINDERGARTEN REGISTRATION FOR THE 2017/2018 SCHOOL YEAR WILL BEGIN WEDNESDAY, MARCH 1, 2017.**

**PLEASE BE SURE TO BRING THE FOLLOWING ITEMS WHEN REGISTERING FOR KINDERGARTEN:**

- 1. BIRTH CERTIFICATE**
- 2. VERIFICATION OF ADDRESS (TWO FORMS: CURRENT UTILITY BILLS, ESCROW PAPERS, ETC.)**
- 3. IMMUNIZATION RECORDS SIGNED/STAMPED BY DOCTOR.**

**CANYON RIM ASKS FOR YOUR HELP IN SPREADING THE NEWS REGARDING KINDERGARTEN/TRANSITIONAL KINDERGARTEN REGISTRATION TO YOUR NEIGHBORS/FRIENDS WHO HAVE CHILDREN OF KINDERGARTEN/TRANSITIONAL KINDERGARTEN AGE AND WHO ARE IN OUR ATTENDANCE AREA. BE SURE AND REGISTER FOR KINDERGARTEN/TRANSITIONAL KINDERGARTEN FROM 3/1/17 THRU 3/17/17. PLEASE GO TO OUR PTA WEB SITE: [www.canyonrimpta.com](http://www.canyonrimpta.com) TO PRINT AND COMPLETE OUR KINDERGARTEN/TRANSITIONAL KINDERGARTEN REGISTRATION PACKET.**

**The birthdate requirement for Transitional Kindergarten is: Sept. 2 – Dec. 2, 2012 (students with these birthdates can only attend Transitional Kindergarten.) Students with birthdates between December 3 and September 1, 2012 may attend Kindergarten or TK**

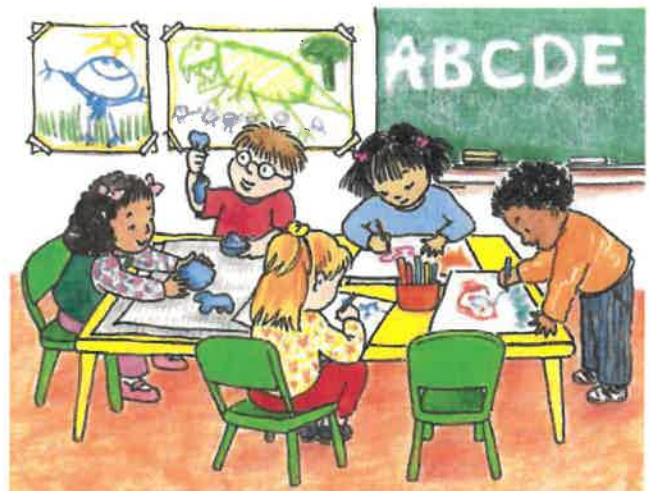


**Welcome to Kindergarten! We want to also welcome you to Canyon Rim Elementary. You have an exciting year to look forward to - one of growth and pride.**

**We need you to schedule your child for an assessment appointment. The Kindergarten teachers will be administering our assessment test. This test will help us place your child for the 2017/2018 school year. We will test your child with you present to relieve any apprehensions on the part of your child. There is nothing you need to do to prepare your child. The testing should not be stressful and takes about 15 minutes. Please try not to bring any siblings along with you that could distract your future Kindergartner while testing.**

**It is very important that we test your child during the two week testing period, so please make every effort to find a time that works best for you. We prefer at least one parent to bring your child in, however, if that is not possible a grandparent or other relative may accompany your child. The office staff will schedule your appointment once your packet is complete.**

**Sincerely,  
The Kindergarten Team**





## OUSD Online Registration

1. From the Online Student Enrollment page, choose **"Enroll a New Student"**\*

*\*Only choose **"Login"** in if you have already created an account with your email & password and are returning to complete, review, or reprint an application, or to enroll an additional student.*

A screenshot of the "Welcome to Aeries AIR - Online Student Enrollment" page. The page contains several paragraphs of text explaining the registration process. At the bottom right, there are two buttons: "Enroll a New Student" and "Login". A grey arrow points from the "Enroll a New Student" button towards the left.

2. On the next screen, the 2015-2016 school year is pre-selected for you. Please click **"Next"** to continue. *(Please note that this year online registration is open to **incoming Kindergarten students ONLY.**)*
3. Review the important information pertaining to online enrollment and select **"Next"**.
4. When you get to the login screen, you will create a new account by entering your name, email address, and a password of your choosing. Then select **"Create account"**.

A screenshot of the "Login" page. It features two columns of input fields. The left column is for "Existing user" and includes fields for "Email address" and "Password". The right column is for "Create new account" and includes fields for "Your Name", "Email address", "Password", and "Re-type Password". At the bottom of each column are buttons labeled "Login" and "Create account" respectively.

5. Please read the Terms of Service information. Once you select **"Agree,"** click **"Next"** and your account is created. You can now begin to enter your child's information. \*\*

**\*\* Online enrollment is the first step to enrolling your child in O.U.S.D.** Upon completion of the online enrollment, visit your local home school office to provide copies required documentation: birth certificate or passport, immunization record/card, and proof of residency. **Only upon providing documentation to your local school site is enrollment complete.**

## Orange Unified School District – Canyon Rim Elementary Pupil Registration Form – 2017-18

Legal Last Name	First Name	Middle Name	AKA
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Current Street Address:	City:	Zip Code:
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Primary Phone Number:	E-Mail Address:	Parent Portal? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Student lives with:** Father:  Step-Father:  SCS Approved Caregiver Affidavit:   
 Mother:  Step-Mother:  Foster Group Home  Foster Parent:

Father:	Work Phone #:	Cell Phone #:
Mother:	Work Phone #:	Cell Phone #:
Step-Father:	Work Phone #:	Cell Phone #:
Step-Mother:	Work Phone #:	Cell Phone #:
Caregiver/Guardian:	Work Phone #:	Cell Phone #:

**Please check the best description of the highest level of education for the parent/guardian with whom the student named above resides:**

- |  |   |
|--|---|
| 1. <input type="checkbox"/> Not a high school graduate | 4. <input type="checkbox"/> College graduate                      |
| 2. <input type="checkbox"/> High school graduate       | 5. <input type="checkbox"/> Graduate school/Postgraduate training |
| 3. <input type="checkbox"/> Some college               | 6. <input type="checkbox"/> Decline to state                      |

### PREVIOUS SCHOOL INFORMATION

Last School Attended: _____
School Address: _____
Withdrawal Date: _____ SSID Student ID Number: _____
<b>Has your student ever been suspended or expelled?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____

**Programs in which student has been enrolled:**

Special Education Services (IEP)  IEP for Speech / Hearing  504 Modification  ELD  Honors/GATE  None

**Has this student previously been enrolled in Orange Unified School District:** Yes:  No:

If Yes, School Name: \_\_\_\_\_ Date last attended: \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent ID (Calif. ID # or other):** \_\_\_\_\_ **Verified by:** \_\_\_\_\_

Grade: \_\_\_\_\_ Male:  Female:

Birth Date: \_\_\_\_\_ Birthplace: City, and State \_\_\_\_\_

\_\_\_\_\_, Yes, I elect to receive the Parent/Student Handbook and other documents electronically through Parent Portal eDocs program. I am aware this is a one-time consent and I can change my decision and start receiving these documents by mail at any time by contacting the school office.

### FOR OFFICE USE ONLY

**Please initial all completed items:**

	Address Verification (Utility bill-Gas, Electric etc.)
	Residence Verification Form (If parent does not have Utility bill, etc.)
	Name Verification (Birth Certificate)
	Immunization Records
	Other Required Health Records Kinder & 1 <sup>st</sup> gr
	Transcripts or Report Cards
	Withdrawal Grades
	Special Ed-Current IEP & Psych Report
	504 Modification Plan
	Home Language Survey
	Emergency Card
	Inter District Transfer (Admin. Approved Form)
	Open Enrollment (Admin. Approved Form)
	Court Documents: Foster Care
	Court Documents: Custody Orders, Other
	Court Documents: Restraining Order
	AIR Online Registration Documents
	Administrative Placement by

School Enter Date/First Day of Attendance
Perm ID Number:
Cum Requested:

## Orange Unified School District Home Language Survey –English

Student's Last Name:		First Name:	Middle:	School (OUSD):	
Grade:	Age:	School Last Attended (if any):	District Last Attended (if any):	<input type="checkbox"/> Out of State <input type="checkbox"/> Out of Country <input type="checkbox"/> From Private School	
Birth Date:	Place of Birth:	Date Entered U.S. (if Birthplace is not in the USA):	Dated Entered California:	Student#:	Teacher (Elementary):

*The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for the school to provide adequate instructional programs and services. Your cooperation in helping us meet this important requirement is requested. Please answer the following questions and return this form to the school office. Thank you for your help.*

- |  |  |
|--|--|
| 1. Which language did your son or daughter learn when he or she first began to talk? |  |
| 2. What language does your son or daughter most frequently speak at home?            |  |
| 3. What language do you use most frequently when speaking with your son or daughter? |  |
| 4. What language is spoken most often by the adults in the home?                     |  |

**Signature of Parent/Guardian:**

**Date:**

*To comply with federal guidance issued by the U.S. Department of Education regarding the collection of student race and ethnicity data, we request your answers to the following two questions. (Federal Register, Vol. 72, No.202) Also, as part of the California State Assessment Program we are required to submit to the State, information on student ethnicity that is meant to help assure that all student groups are making adequate progress. Please be assured that all responses will be kept confidential.*

**Please answer questions 1 AND 2**

1. **Ethnicity** Is this student Hispanic or Latino? *(Select only one)*  
 No, not Hispanic or Latino       Yes, Hispanic or Latino

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking **one or more** boxes to indicate what you consider your race to be.

2. **Race** What is the race of this student? *(Select one or more)*
- |   |   |  |                                    |
|---|---|--|------------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian Indian           | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Chinese                          | <input type="checkbox"/> Filipino               | <input type="checkbox"/> Guamanian                 | <input type="checkbox"/> Hawaiian  |
| <input type="checkbox"/> Hmong                            | <input type="checkbox"/> Japanese               | <input type="checkbox"/> Korean                    | <input type="checkbox"/> Laotian   |
| <input type="checkbox"/> Other Asian                      | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Samoan                    | <input type="checkbox"/> Tahitian  |
| <input type="checkbox"/> Vietnamese                       | <input type="checkbox"/> White                  |  |                                    |



## REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

### PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

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

### PART II TO BE FILLED OUT BY HEALTH EXAMINER

#### HEALTH EXAMINATION

**NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.**

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
TB Risk Assessment and Test, if indicated	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

#### IMMUNIZATION RECORD

**Note to Examiner:** Please give the family a completed or updated yellow California Immunization Record.

**Note to School:** Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

### PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

#### RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

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

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

Name, address, and telephone number of health examiner

\_\_\_\_\_  
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.**



**ORANGE UNIFIED SCHOOL DISTRICT**  
**Health Services**  
**1401 N. Handy Street**  
**Orange, CA 92867**  
**714/628-5560**

## **ORAL HEALTH ASSESSMENT**

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 may 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.dhs.ca.gov/mcs/medi-Calhome/CountyListing1.htm>.)
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.healthyfamilies.ca.gov/hfhome.asp>.
3. To obtain a list of local dental resources that are either low cost or accept Medi-Cal or Healthy Families, call SmileLineOC (714) 532-7935.

If you have questions about the new oral health assessment requirement, please contact the staff at your child's school.



### 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; margin-top: 10px;"> <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.

**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.*

**Orange Unified School District  
Student Health Inventory**

Date \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Student Name \_\_\_\_\_ Male  Female   
*Last First Middle*

School Last Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

HEALTH STATUS	NO	YES	DESCRIBE IF YES	NO	YES
ALLERGIES	<input type="checkbox"/>	<input type="checkbox"/>	Allergic to:		
ASTHMA	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Mild <input type="checkbox"/> Severe <input type="checkbox"/></li> <li>• Specify type and/or cause of asthma attack: _____</li> <li>• Takes daily medication: <input type="checkbox"/> <input type="checkbox"/></li> <li style="padding-left: 20px;">○ If yes, specify:</li> <li>• Takes emergency medication: <input type="checkbox"/> <input type="checkbox"/></li> <li style="padding-left: 20px;">○ If yes, specify:</li> </ul>		
BEE STING ALLERGY	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Needs antihistamine tablet if stung <input type="checkbox"/> <input type="checkbox"/></li> <li>• Needs adrenalin injection if stung <input type="checkbox"/> <input type="checkbox"/></li> </ul>		
DENTAL PROBLEM	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Has received dental care <input type="checkbox"/> <input type="checkbox"/></li> <li>• Date of last dental exam: _____</li> </ul>		
DIABETES	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Tests blood routinely <input type="checkbox"/> <input type="checkbox"/></li> <li>• Has glucagon injection <input type="checkbox"/> <input type="checkbox"/></li> </ul>		
EAR INFECTIONS	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/></li> <li>• Under doctor's care: <input type="checkbox"/> <input type="checkbox"/></li> <li>• Date of last doctor's visit: _____</li> </ul>		
EPILEPSY OR SEIZURES	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Takes daily medication <input type="checkbox"/> <input type="checkbox"/></li> <li>• If yes, specify: _____</li> </ul>		
HEART CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Under doctors care <input type="checkbox"/> <input type="checkbox"/></li> <li>• Specify restrictions at school: _____</li> </ul>		
ORTHOPEDIC PROBLEM	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Under doctors care <input type="checkbox"/> <input type="checkbox"/></li> <li>• Specify any restrictions at school: _____</li> </ul>		
SERIOUS INJURY NOW OR IN PAST	<input type="checkbox"/>	<input type="checkbox"/>	• Specify: _____		
OTHER ILLNESS NOW OR IN PAST	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Specify: _____</li> <li>• Takes daily medication <input type="checkbox"/> <input type="checkbox"/></li> <li style="padding-left: 20px;">○ If yes, specify: _____</li> <li>• Takes emergency medication <input type="checkbox"/> <input type="checkbox"/></li> <li style="padding-left: 20px;">○ If yes, specify: _____</li> </ul>		
SURGERY/OPERATIONS	<input type="checkbox"/>	<input type="checkbox"/>	• Specify: _____		
HAS HEALTH CONDITION WHICH PREVENTS PARTICIPATION IN REGULAR P.E.	<input type="checkbox"/>	<input type="checkbox"/>	• Specify condition and limitations: _____		
HAS TROUBLE SEEING AT A DISTANCE	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Wears glasses <input type="checkbox"/> <input type="checkbox"/></li> <li>• Wears contact lenses <input type="checkbox"/> <input type="checkbox"/></li> <li>• Date of last visit with eye doctor: _____</li> </ul>		
HAS TROUBLE SEEING CLOSE UP	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Wears glasses <input type="checkbox"/> <input type="checkbox"/></li> <li>• Wears contact lenses <input type="checkbox"/> <input type="checkbox"/></li> <li>• Date of last visit with eye doctor: _____</li> </ul>		
HAS TROUBLE HEARING	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Wears hearing aids <input type="checkbox"/> <input type="checkbox"/></li> <li>• Specify any needs at school: _____</li> </ul>		
OTHER HEALTH PROBLEM	<input type="checkbox"/>	<input type="checkbox"/>	• Specify problem and any medications: _____		

## Electronic Report Cards & Online Student Handbook Opt-In Form

I, \_\_\_\_\_, (Parent/Guardian Name) choose to opt-in to view my child's report cards, progress reports and student handbook electronically/online. It will be my responsibility to check my Parent Portal account for his/her grades.

I am aware this is a one-time consent and I can, at any time, change my decision in order to start receiving my child's documents by mail. This request to change can be made in person at the front office at my child's school.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID # \_\_\_\_\_

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

Parent/Guardian Email: \_\_\_\_\_



*Please Note:  
This form must be filed  
in the student's file.*

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## Electronic Report Cards & Online Student Handbook Opt-In Form

I, \_\_\_\_\_, (Nombre de Padre/Tutor) elegido por optar para ver los calificaciones de mi hijo/hija, informes de progreso y el Manual del Estudiante electrónicamente/por el internet. Yo tengo la responsabilidad de verificar mi cuenta en el Portal de Padres para obtener los grados de mi hijo/hija.

Soy consciente de que este es un consentimiento de una sola vez y yo puedo, en cualquier momento, cambiar mi decisión con el fin de comenzar a recibir los documentos de mi hijo/hija por correo. Esta solicitud de cambio puede hacerse en persona en la oficina principal de la escuela de mi hijo.

Nombre de Estudiante: \_\_\_\_\_ Grado \_\_\_\_\_ # del Estudiante \_\_\_\_\_

Firma de Padre/Tutor: \_\_\_\_\_ Fecha: \_\_\_\_\_

Email de Padre/Tutor: \_\_\_\_\_



*Tenga en Cuenta:  
Este documento debe ser presentado  
en el expediente del estudiante.*