



Galt Joint Union Elementary School District
1018 C Street, Suite 210, Galt CA 95632 | 209-744-4545

School Registration 2023-2024

Enrollment and Eligibility

Registration for the 2023-24 school year begins at 8:00 a.m. on [Tuesday, January 24, 2023](#)

Online Registration at: https://ca-galt.edupoint.com/PXP2_OEN_Login.aspx

Registration packets can also be picked up at any school site or [downloaded here](#). Registrations will be time-stamped and dated.

- Enrollment in Kindergarten requires that a child be 5 years of age on or before September 1, 2023.
- Enrollment in Transitional Kindergarten requires that a child be 5 years of age between September 2, 2023 and April 2, 2024.
- Transitional Kindergarten for all students is at Fairsite School Readiness Center at 902 Caroline Street

Registration Priority and Placement – PLEASE NOTE

GJUESD cannot guarantee placement for every child at their home school if excessive enrollment exists. There is a possibility that your child may be reassigned to another GJUESD school. Priority will be given to completed registrations based on the order returned after registration begins.

Records Needed for Enrollment

1. Proof of Residency

The following documents establish proof of residency in an attendance zone:

Education Code Section 48204.1,

- Property tax payment receipts;
- Rental property contract, lease, or payment receipts;
- Utility service contract, statement, or payment receipts;
- Pay stubs;
- Voter registration;
- Correspondence from a government agency; or
- Declaration of residency executed by the parent or legal guardian of the pupil.

2. Proof of Age

Under Education Code section 48002, the following documents establish age:

- Certified copy of a birth record;
- Statement by the local registrar or a county recorder certifying the date of birth;
- Baptism Certificate;
- Passport; or
- Affidavit of the parent, guardian, or custodian of the minor

3. Immunization Record (immunization requirement attached)

4. Kindergarten and First-Grade Dental Screenings (information attached)

5. Kindergarten and First-Grade Physical Exam

State law requires that for each child enrolling in the first grade, the parent or guardian must present a certificate signed by a physician, verifying that the child has received a physical examination within the last 18 months.

Galt Joint Union Elementary School District

1018 C Street, Suite 210, Galt, CA 95632 Phone (209) 744-4545 Fax (209) 744-4553 www.galt.k12.ca.us

Student Registration Form

Student Legal Name: Last _____ Suffix _____
 First _____ Middle _____
 Previous Legal Name _____
 Birth Date ____/____/____ Age _____ Gender: Male Female Grade _____

Household 1:

Physical Address _____ City _____ State _____ Zip _____
 Mailing (if different) _____ City _____ State _____ Zip _____

Primary Contact Last Name _____ First Name _____
 Relationship to Student _____ Legal Guardian: Yes No
 Lives with Student: Yes No Language Spoken _____
 Primary Phone (select one): Home Cell Work Home Phone (_____) _____
 Cell Phone (_____) _____ Work Phone (_____) _____ ext _____
 Text Phone (_____) _____ Email _____
 Employer _____ City _____

Contact Last Name _____ First Name _____
 Relationship to Student _____ Legal Guardian: Yes No
 Lives with Student: Yes No Language Spoken _____
 Primary Phone (select one): Home Cell Work Home Phone (_____) _____
 Cell Phone (_____) _____ Work Phone (_____) _____ ext _____
 Text Phone (_____) _____ Email _____
 Employer _____ City _____

Other Students Living in the Home	Relationship to Student	Grade	School Name
1.			
2.			
3.			
4.			
5.			

Household 2: If applicable, please complete.

Physical Address _____ City _____ State _____ Zip _____
 Mailing (if different) _____ City _____ State _____ Zip _____

Primary Contact Last Name _____ First Name _____
 Relationship to Student _____ Legal Guardian: Yes No
 Lives with Student: Yes No Language Spoken _____
 Primary Phone (select one): Home Cell Work Home Phone (_____) _____
 Cell Phone (_____) _____ Work Phone (_____) _____ ext _____
 Text Phone (_____) _____ Email _____
 Employer _____ City _____

Contact Last Name _____ First Name _____
 Relationship to Student _____ Legal Guardian: Yes No
 Lives with Student: Yes No Language Spoken _____
 Primary Phone (select one): Home Cell Work Home Phone (_____) _____
 Cell Phone (_____) _____ Work Phone (_____) _____ ext _____
 Text Phone (_____) _____ Email _____
 Employer _____ City _____

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Student Registration Form

Household 2: (continued)

Other Students Living in the Home	Relationship to Student	Grade	School Name
1.			
2.			
3.			
4.			
5.			

Emergency Contacts: List individuals, other than parents/guardians, authorized to pick up your student. Must be 18 years of age or older.

First Name and Last Name	Relationship	Primary Phone (select one)
1.		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work (_____) _____
2.		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work (_____) _____
3.		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work (_____) _____

Court Order:

Is there a court order regarding custody of this student? Yes No

Is there a restraining order regarding a birth parent or other party? Yes No

If yes to either question above, you must provide the school with a copy of the most current court order within 10 days of registering your student. Please initial. _____

If no court order is provided, information will be released to this parent upon request.

Court orders must be resubmitted to the school at the beginning of each school year.

(federal and state requirement)

Residence: Where is your student/family currently living? Select one.

Single Family Permanent Residence (house, apartment, condominium, mobile home)

Temporary Shelters (transitional housing)

Hotels/Motels

Temporarily Doubled Up (sharing the housing of other persons due to the loss of housing or economic hardship)

Temporarily Unsheltered (car, campsite)

Foster Family Home or Kinship Placement

Other _____

Previous School:

District/School Name _____ Fax (_____) _____

Address _____ Phone (_____) _____

City _____ State _____ Zip _____

Grade(s) Enrolled _____ Start Date ____/____/____ Exit Date ____/____/____

Enrollment History:

Date student first enrolled in a TK-12 school in California. ____/____/____ Grade _____

Has student previously enrolled in the Galt Joint Union Elementary School District? Yes No

Has student advanced a grade earlier than expected? Yes No Grade _____

Has student repeated a grade? Yes No Grade _____

Has student participated in the Gifted and Talented Program (GATE)? Yes No

Has student been expelled from a previous school district? Yes No Expulsion pending? Yes No

School _____ Reason _____

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Student Registration Form

(federal and state requirement)

California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential and will affect your student's language academic program placement and services. (Ed. Code 52164)

Home Language Survey:

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

What language do you prefer to receive verbal and written correspondence? English Spanish

(federal and state requirement)

Ethnicity and Race: Please answer *both* questions.

1. What is your student's ethnicity?
 - Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, other Spanish culture or origin, regardless of race.
 - Not Hispanic or Latino
2. What is your student's race? Regardless of student's ethnicity, select one or more race categories.
 - American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

- Chinese Korean Asian Indian Cambodian Other Asian
 Japanese Vietnamese Laotian Hmong Filipino

Black or African American: A person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

- Hawaiian Guamanian Samoan Tahitian Other Pacific Islander

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

(federal and state requirement)

Parent Education Level: Select the highest level completed by either parent/guardian.

- Not a High School Graduate Some College or Associate's Degree Graduate Degree or Higher
 High School Graduate College Graduate Decline to State

Migrant Work: Has a parent/guardian recently engaged in migrant work or been engaged in migrant work (moved and worked seasonally in agriculture, lumber, dairy, or fishery related job) in the past three years?

- Yes No Is your student currently receiving services? Yes No

Armed Forces Family: Is a parent/guardian an Armed Forces member (Army, Navy, Air Force, Marine Corps, or Coast Guard), on active duty or serve on full-time National Guard duty? Yes No

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Student Registration Form

Special Education:

- ❖ Does your student have a current Individualized Education Program (IEP)? Yes No
 If yes, attach current IEP. Please initial. _____ Select all that apply.
- ❖ Does your student have a current 504? Yes No
 If yes, attach current 504. Please initial. _____ Select all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Deaf-Blindness | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Speech or Language Impairment |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Established Medical Disability | <input type="checkbox"/> Other Health Impairment | |

Medical Information: Select all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Circulatory System Disorder | <input type="checkbox"/> Orthopedic Condition |
| <input type="checkbox"/> Allergy/Food | <input type="checkbox"/> Diabetes Type 1/Type 2 | <input type="checkbox"/> Respiratory Disorder/Condition |
| <input type="checkbox"/> Allergy/Other | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Anaphylaxis | <input type="checkbox"/> Endocrine System Disorder | <input type="checkbox"/> Skin Condition |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Gastrointestinal Disorder | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Bladder/Kidney/Liver Disorder | <input type="checkbox"/> Headache | <input type="checkbox"/> Vision Disorder |
| <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Hearing Disorder | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cancer/Tumor | <input type="checkbox"/> Mental Health | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Cardiac/Heart Condition | <input type="checkbox"/> Neurological Disorder | _____ |

Medication: If your student receives daily medication, please list below. Medication cannot be dispensed at the school without a formal request signed by a doctor and parent/guardian. Medication forms are available in the school office.

Medication	Dosage	Time(s) Given
1.		
2.		

Medical Authorization: As a legal custodian of _____, a minor, I hereby authorize the principal or his/her designee, into whose care the aforementioned minor pupil has been entrusted, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist. I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that the Galt Joint Union Elementary School District, its employees, and its Board assume no liability of any nature in relation to the transportation or treatment of said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, x-ray, or treatment provided in relation to this authorization shall be my responsibility.

Preferred Doctor _____ Phone (_____) _____
 Preferred Hospital _____ City _____
 Health Insurance Carrier _____
 Group/Medical Record Number _____ Policy Number _____

- In the event of an accident or emergency, I give permission for school staff or my emergency contact to obtain necessary emergency medical care for my student.
- I do not consent to medical care for my student. I release the School/District from liability. Please initial. _____

Medical Authorization: Parent/Guardian Signature _____

Student Registration: By signing below, I authorize the release of all student records and certify the information given on this form is true and correct.

Print Name _____ Date ____/____/____

Parent/Guardian Signature _____



ORAL HEALTH NOTIFICATION LETTER

Dear Parent or Guardian:

Having a healthy mouth helps your child do well in school. To ensure your child is ready for school, California law Education Code Section 49452.8 requires that your child have an oral health assessment or dental check-up in his or her first year in public school (kindergarten or first grade). Every child needs an oral health assessment from a licensed dentist or other licensed or registered dental health professional and a completed Oral Health Assessment form to meet this requirement.

If your child has not had an oral health assessment in the past 12 months, they will need one before May 31. Take the attached Oral Health Assessment form to your child's dentist to complete if your child has had an oral health assessment or dental check-up in the past 12 months. The following information will help you find a dentist:

1. Call the Medi-Cal Telephone Service Center at 1-800-322-6384 or visit Smile California – Find a Dentist (<https://smilecalifornia.org/find-a-dentist/>) to find a dentist that accepts Medi-Cal. To help enroll your child in Medi-Cal, you can apply by mail or go to your local Social Services office or online at Apply for Medi-Cal. (<https://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx>)
2. For additional resources that may be helpful, contact your local public health department and click Apply for Health Coverage (<https://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx>) to find yours.

When you take your children to the dentist, bring the Oral Health Assessment form to be completed.

If you cannot take your child for an oral health assessment, please fill out the separate Waiver of Oral Health Assessment Requirement form, and return the form to your child's school. Your child's identity will not be in any report. Schools keep students' health information private. You can get more copies of the form at your child's school or online from the California Department of Education. (<https://www.cde.ca.gov/ls/he/hn/oralhealth.asp>)

We want your child to be healthy and ready for school! Even though they fall out, baby teeth are important. Children need healthy baby teeth to eat, talk, smile and feel good about themselves. Children with cavities may have pain, difficulty eating, stop smiling, and have problems paying attention and learning at school.



Here is important advice to help your child stay healthy:

- Take your child to the dentist. Dental check-ups can help keep your child's mouth healthy and pain-free.
- Choose healthy foods for the entire family, like fresh fruits and vegetables.
- Brush teeth at least twice a day with toothpaste that contains fluoride.
- Limit candy and sweet drinks like punch, juice, or soda. Sweet drinks and candy contain a lot of sugar, which causes cavities and leaves less room for your child to have healthy foods and drinks. Sweet drinks and candy can also cause weight problems, which may lead to other diseases, such as diabetes. Give your child healthy choices like water, milk, and fruit instead.

If you have questions about the new oral health assessment requirement, please contact the Health Services Department at 209-744-4521.

Oral Health Assessment Form

California law (*Education Code Section 49452.8*) says every child must have a dental check-up (assessment) by May 31st of his/her first year in public school. A California licensed dental professional must do the check-up and fill out Section 2 of this form. If your child has had a dental check-up in the last 12 months, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out the separate Waiver of Oral Health Assessment Requirement Form.

This assessment will let you know if there are any dental problems that need attention from a dentist. This assessment will also be used to evaluate the District's oral health programs. Children need good oral health to speak with confidence, express themselves, and be healthy and ready to learn. Poor oral health has been related to lower school performance, poor social relationships, and less success later in life.

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:	Year child starts kindergarten: _____
Parent/Guardian First Name:	Parent/Guardian Last Name:	Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
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"/> Other (please specify) <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <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:	Untreated Decay (Visible Decay Present) <input type="checkbox"/> Yes <input type="checkbox"/> No	*Caries Experience (Visible decay and/or filling 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)
_____ Licensed Dental Professional Signature _____ CA License Number _____ Date		
<i>*Check "Yes" for Caries experience if there is the presence of untreated decay or fillings. Check "No" for Caries experience if there is no untreated decay and no fillings.</i>		

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

Parent notified that child has urgent dental care need on: (enter date)	
A follow-up appointment for this child has been scheduled for: (enter date)	
Did the child receive the needed treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, the entity responsible for follow-up will be encouraged to check back in with the parent) <input type="checkbox"/> I don't know

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

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

Waiver of Oral Health Assessment Requirement

Please fill out this form if you need to excuse your child from the oral health assessment requirement. Sign and return this form to the school, where it will be kept confidential.

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:	Year child starts kindergarten: _____
Parent/Guardian First Name:	Parent/Guardian Last Name:	Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
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"/> Other (please specify)		
	<input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

Section 2: To be filled out by parent or guardian ONLY IF asking to be excused from this requirement

Please excuse my child from the assessment because (✓check the box that best describes the reason):	
<input type="checkbox"/>	I cannot find a dental office that will take my child's dental insurance plan. My child's dental insurance plan is: <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Covered California <input type="checkbox"/> Healthy Kids <input type="checkbox"/> None <input type="checkbox"/> Other: _____
<input type="checkbox"/>	I cannot afford an assessment for my child.
<input type="checkbox"/>	I cannot find the time to get to a dentist (e.g., cannot get the time off from work, and the dentist does not have convenient office hours).
<input type="checkbox"/>	I cannot get to a dentist easily (e.g., do not have transportation or is located too far away)
<input type="checkbox"/>	I do not believe my child would benefit from an assessment.
<input type="checkbox"/>	Other (please specify the reason not listed above for why you are seeking a waiver of this assessment for your child): _____
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 the child's school record.**



TRANSITIONAL KINDERGARTEN

TRANSITIONAL KINDERGARTEN ADMISSION AGREEMENT

I/We _____,
the parent(s)/guardian(s) of _____, agree and understand
that my child will be attending a two-year program which includes one year of Transitional
Kindergarten and one year of Kindergarten.

I/We understand that:

- ✓ My child will be enrolled in Transitional Kindergarten for the 20____ - 20____ school year.
- ✓ My child will be enrolled in Kindergarten for the 20____ - 20____ school year.

Parent/Guardian Signature

Date

School Personnel Signature

Date



Galt Joint Union Elementary School District Dual Language Immersion Program

Are you interested in the Dual Language Immersion Program for the 2023-2024 school year?

Galt Joint Union Elementary School District offers a Dual Language Immersion Program in Preschool, Transitional Kindergarten (TK), and Kindergarten for the 2023-24 school year, with a progression through 6th grade each following year. Dual Language Immersion is a unique educational program that builds bilingualism and biliteracy in English and Spanish. Dual Language Immersion integrates native English-speaking students and native Spanish-speaking students in the same classroom.

Things to Consider

- Limited Space
- Preschool & TK offered at Fairsite Elementary School
- Kindergarten - 6th grade offered at Valley Oaks Elementary School
- Long-term commitment

Please visit our district website at <https://gjuerd-ca.schoolloop.com/> for additional information and/or to view the DLI Frequently Asked Questions. You can also contact Preschool Administrator Kuljeet Nijjar at knijjar@galt.k12.ca.us or Valley Oaks Vice Principal Laura Márquez at lmárquez@galt.k12.ca.us

Please complete the following if you are interested in participating in the Dual Language Immersion Program for the 2023-2024 school year. A staff member will contact you with additional information.

Student's First and Last Name: _____

Student's Date of Birth: ___/___/___ Gender: _____

Parent's First and Last Name: _____

Home Address: _____

Parent's Phone Number: _____

Parent's email: _____



NOTICE TO PARENTS OF ENGLISH LEARNERS

Re: Placement in an English Language Classroom

As a parent of an English Learner, it is important to know about your child's placement in the English Learner program at his/her school site. *All students are placed in English language classrooms*. In the District's mainstream program all lessons are taught in English and students receive a daily English Language Development class. A description of the language acquisition programs provided in the Galt Joint Union Elementary School District is listed below.

Structured English Immersion Program:

A language acquisition program for English learners in which nearly all classroom instruction is provided in English. Spanish may be used to assist learner in accessing curriculum. A bilingual instructional assistant may support the learner in his/her primary language. Students receive daily English Language Development and access to grade level academic subject matter content. English Learners in grades TK-8 at the beginning level of English fluency are placed in this program.

Dual Language Immersion Program:

This program is for English Learners whose native language is Spanish. 50% of the students are native Spanish speakers and 50% of the students are native English speakers. Instruction is conducted in Spanish and each year the percentage of English instruction increases. Students also receive a daily English Language Development class. This program begins in Transitional Kindergarten and continues through 8th grade. This program is currently offered at Fairsite (TK) Valley Oaks School (Kinder). *Dual Language Immersion Program Request Forms* are available in the school offices.

Transitional Bilingual Program:

This program is for English Learners whose native language is Spanish. Instruction in reading, writing and spelling is conducted in Spanish. All other subjects are taught in English with Spanish used to help students understand concepts and subject matter. Students also receive a daily English Language Development class. This program is offered in 1st and continues to third grade where students transition to instruction all in English. This program is currently offered at Valley Oaks School. *Transitional Bilingual Program Request Forms* are available in the school offices.

Parents of English learners have a right to decline or opt their children out of the school district's language acquisition program or opt out of particular English learner service(s) within a language acquisition program. However, the school remains obligated to provide the student meaningful instruction until the student is reclassified, inform the parent when progress is not made, and offer the parent programs and services to consider at that time

With questions regarding the Dual Immersion or Bilingual Program, please contact Laura Marquez, 209-745-1564, ext. 304



TRANSPORTATION APPLICATION

Students shall be eligible for transportation service to and from school if the distance between their school-established bus stop and the school is beyond the minimum listed below:

- ***Elementary school students, Grades TK/K-6: 1-mile radius***
- ***Middle school students, Grades 7-8: 2-mile radius***

Return to:

GJUESD Transportation Department
 1019 Beaver Park Way, Galt, CA 95632
 or email the form to: transportation@galt.k12.ca.us

FAMILY INFORMATION

Parent / Guardian Name*	
Home Phone*	
Parent Cell*	
Work Phone	
Address*	
Apt #	
City*	
Email*	
Emergency Contact Name*	
Emergency Contact Phone*	

*required

STUDENT #1 INFORMATION

Student Name*	
Student School*	
Student Grade*	

*required

STUDENT #2 INFORMATION

Student Name	
Student School	
Student Grade	

- *The superintendent or designee may authorize transportation within walking distance when safety problems or hazards exist.*
- *Students attending school through an intra-district or inter-district transfer agreement are not eligible for transportation.*



Galt Joint Union Elementary School District IMMUNIZATIONS

Students entering school must show proof of the following immunizations:

Students Entering TK/Kindergarten

Immunization	Dosage
Diphtheria, Pertussis, and Tetanus (DPT)	Five (5) doses
Polio	Four (4) doses
Measles, Mumps, and Rubella (MMR)	Two (2) doses
Hepatitis B	Three (3) doses
Varicella (chickenpox)	Two (2) doses

Students Entering Grade Seven

Immunization	Dosage
Tetanus, reduced Diphtheria, and acellular Pertussis (Tdap)	One (1) dose
Varicella (chickenpox)	Two (2) doses

All students from out of state must show proof of varicella (chickenpox) immunization.

Under the new law known as SB 277, beginning January 1, 21, All Medical exemptions can only be issued through the California Immunization Registry – Medical Exemption website ([CAIR-ME](#)) by physicians licensed in California. Schools and childcare facilities may only accept medical exemptions issued by CAIR-ME.

All four areas must be addressed in the physician’s letter.

- That the physical condition or medical circumstances of the child are such that the required immunization(s) is not indicated.
- Which vaccines are being exempted. Specify individually.
- Whether the medical exemption is permanent or temporary.
- The expiration date, if the exemption is temporary.