

School Name \_\_\_\_\_

Date \_\_\_\_\_

# Faculty Qualification

Name \_\_\_\_\_

Position \_\_\_\_\_

Family

\_\_\_\_\_

Education

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Experience

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Experience in Child Care and Education

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Professional Training

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Skills/Hobbies

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal Traits

\_\_\_\_\_

\_\_\_\_\_

Other

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# **Course of Study**

## **Elementary Grades 1-6**

Bible  
English  
Arithmetic  
Social Science  
Science  
Fine Arts  
Health  
Physical Education

## **Secondary Grades 7-12**

Bible  
English  
Arithmetic  
Social Science  
Science  
Fine Arts  
Health  
Physical Education  
Foreign Language  
Applied Arts  
Career/ Technical  
Parenting Skills

## Course of Study - Grades 1-6

<b>Bible</b>	<ul style="list-style-type: none"><li>• Learn basic biblical doctrines, including salvation</li><li>• Learn the books of the Bible</li><li>• Memorize important Scripture verses</li><li>• Participate in regular fellowship</li><li>• Learn Christian character and demonstrate spiritual growth</li></ul>
<b>English</b>	<ul style="list-style-type: none"><li>• Learn how to read, write, and communicate orally</li><li>• Read independently from a variety of kinds of materials</li><li>• Understand the importance and uses of written communication</li><li>• Learn to speak in individual, small group, and public settings</li><li>• Learn the basic skills of spelling, grammar, and penmanship</li><li>• Begin a foundation of good composition skills</li></ul>
<b>Arithmetic</b>	<ul style="list-style-type: none"><li>• Master the basic arithmetic operations of counting, addition, subtraction, multiplication, and division</li><li>• Learn the practical uses of arithmetic such as time, money, measurements, etc.</li></ul>
<b>Social Science</b>	<ul style="list-style-type: none"><li>• Study basic local, state, U.S., and world history</li><li>• Study the concept of community and our place in it</li><li>• Learn basic geography skills</li><li>• Study basics of government and economics</li></ul>
<b>Science</b>	<ul style="list-style-type: none"><li>• Study the basic concepts of science, including research and experimentation, across the disciplines of biology, chemistry, and physics, using hands-on activities</li><li>• Develop an appreciation for God's creation</li></ul>
<b>Fine Arts</b>	<ul style="list-style-type: none"><li>• Introduce various art media such as drawing, painting, sculpting, dancing, music, and more</li><li>• Teach appreciation for beauty</li></ul>
<b>Health</b>	<ul style="list-style-type: none"><li>• Learn basics of hygiene and nutrition</li><li>• Learn basic body parts</li></ul>
<b>Physical Education</b>	<ul style="list-style-type: none"><li>• Learn the value of regular exercise and develop a habit of physical fitness</li></ul>





School Name\_\_\_\_\_

Record of Absences

Student Name\_\_\_\_\_

Student Address\_\_\_\_\_

Year Enrolled\_\_\_\_\_

Year	Grade	Number of Absences
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
	11	
	12	

**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
<b>POLIO</b> (OPV or IPV)					
<b>DtaP/DTP/DT/Td</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****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.**

## WAIVER OF HEALTH EXAMINATION FOR SCHOOL ENTRY

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

## PARENT OR GUARDIAN:

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

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

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

Please check one of the following:

- ☐ I choose not to have my child receive a health examination as part of the school entry requirement.
- ☐ I would like my child to receive a health examination, but I am unable to obtain it.

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

\_\_\_\_\_

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

\_\_\_\_\_  
Date

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

CHDP website: [www.dhcs.ca.gov/services/chdp](http://www.dhcs.ca.gov/services/chdp)





# California Pre-Kindergarten and School Immunization Record

Staff must record the required vaccine dose information and status of requirements for each pupil. See reverse side for guidance.

<b>Pupil Name</b> (Last, First, Middle):	<b>Statewide Student Identifier</b> (SSID):	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	<b>Race:</b> <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
<b>Name of Parent/Guardian</b> (Last, First):	<b>Birthdate</b> (Month/Day/Year):	<b>Gender:</b>	

Required Vaccine	Date Each Dose Was Given (MM/DD/YY)					Permanent Medical Exemption	Notes for School Requirements
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	4 <sup>TH</sup>	5 <sup>TH</sup>		
IPV / OPV (Polio)			Age: ____ yrs.			<input type="checkbox"/>	4 doses meet TK/K-12 requirement, as do: 3 doses, if ≥1 dose given at age ≥4 years.
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)			Age: ____ yrs.	Age: ____ yrs.		<input type="checkbox"/>	5 doses meet TK/K-12 requirement, as do: 4 doses, if ≥1 dose given at age ≥4 years; 3 doses, if ≥1 Tdap dose at age ≥7 years; Tdap dose may meet 7 <sup>th</sup> Grade requirement.
MMR (Measles, Mumps, Rubella)	Age: ____ mo.					<input type="checkbox"/>	2 doses meet TK/K-12 requirement. Doses must be given at age ≥1 year.
Hib ( <i>Haemophilus influenzae</i> type b)						<input type="checkbox"/>	Required for pre-kindergarten only. At least 1 dose must be given at age ≥1 year.
Hep B (Hepatitis B)						<input type="checkbox"/>	3 doses meet TK/K–12 requirement.
VAR / VZV (Varicella/Chickenpox)						<input type="checkbox"/>	2 doses meet TK/K–12 requirement.
Tdap – 7 <sup>th</sup> Grade (Tetanus, Diphtheria, Pertussis)	Age: ____ yrs.					<input type="checkbox"/>	1 dose given at age ≥7 years meets requirement for 7 <sup>th</sup> grade advancement and 7 <sup>th</sup> –12 <sup>th</sup> grade admission.

Status of Requirements	Staff Initials <i>I reviewed pupil's immunization record</i>	Has All Required Vaccine Doses	Requires Follow-up			Follow-up Date(s) (See conditional admission schedule or exemption end)	Other <i>See codes on reverse side</i>	Date Requirements Met
			Temporary Medical Exemption	Missing Doses Not Currently Due—Conditional	Missing Doses Are Overdue—Needs Doses Now			
<b>Pre-Kindergarten</b> (Child Care or Preschool)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP	
<b>TK/K-12</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home	
<b>7<sup>th</sup> Grade</b> (Advancement or Admission)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home	

## Guidance For Completing Form CDPH 286

### Review the pupil's immunization record for admission to:

- Pre-kindergarten (child care or preschool);
- Transitional kindergarten/kindergarten through 12<sup>th</sup> grade (TK/K-12);
- (Or advancement to) 7<sup>th</sup> grade.

1. **Complete the pupil's identification section.** The Statewide Student Identifier (SSID) is a 10-digit number assigned to TK/K-12 public school pupils by the California Department of Education.
2. **Complete the vaccine and dose section** using information from the pupil's immunization record provided by a parent or guardian, prior school, or an immunization registry.
  - a. Record the date (month/day/year) of each dose the pupil has received, even if the pupil has an exemption to one or more required vaccines. Any vaccine given four or fewer days prior to the minimum required age is valid.
  - b. Check the Permanent Medical Exemption (PME) box(es) for vaccines that are permanently exempt for medical reasons. If all vaccines are exempted, then fill in the date for "Date Requirements Met" in the appropriate row in the Status of Requirements section. This date is usually the date records are determined to be complete. File the medical exemption form specifying the exempted immunization(s) in the pupil's record.
3. **Complete the appropriate row in the Status of Requirements section.**
  - a. Enter the initials of the staff reviewing the pupil's record.
  - b. If the pupil meets admission requirements, check the designated box and enter the date under "Date Requirements Met." This date is usually the date records are determined to be complete.
  - c. If the pupil does not have all required doses but is not due for any doses at the time of admission, check the "Missing Doses Not Currently Due—Conditional" box and fill in the "Follow-up Date(s)" space. Review records at least every 30 days. Once the pupil meets all admission requirements, fill in the date for "Date Requirements Met."
  - d. If the pupil has a Temporary Medical Exemption, check the designated box and write the expiration date in the "Follow-up Date(s)" space. Once the pupil meets all admission requirements, fill in the date for the "Date Requirements Met."
  - e. If the pupil is due for doses and subject to exclusion, check the "Missing Doses Are Overdue—Needs Doses Now" box and fill in the "Follow-up Date(s)" space.

- f. If the pupil does not have all required immunizations and does not meet criteria for conditional admission (including a temporary medical exemption) and is:

- **IEP:** Accessing special education services required by the pupil's individualized education program, or
- **IND:** Enrolled in an independent study program and does not receive classroom-based instruction, or
- **Home:** Enrolled in a home-based private school

Then, using the codes above, check the appropriate box under "Other" and fill in the date for "Date Requirements Met."

**Maintain a roster of all pupils who are unimmunized for immediate identification in case of disease outbreak or exposure in the community.**

### TRANSFER PUPILS

**Transferring from a school in-state or another state:** Review the immunization information and supporting documentation for exemptions included in the pupil's record or other immunization record, verifying the pupil has met immunization requirements for the pupil's age/grade. If the pupil has a Permanent Medical Exemption (PME), then add the pupil's name to your facility's roster of unimmunized pupils.

**Transferring from your school:** Provide this form or an equivalent immunization record as specified in 17 CCR section 6070(b) and any exemption documentation as part of the pupil's record.

If a pupil transfers from one school to another within California, the pupil's record shall be transferred by the former school no later than 10 school days following the date of request from the school where the pupil intends to enroll (California Education Code section 49068).

**Foster children:** California law requires schools to immediately enroll foster children transferring to their school even if the child is unable to produce immunization records normally required for school entry. Within two business days of the foster child's request for enrollment, the educational liaison for the new school shall contact the school last attended to obtain all records. The educational liaison for the school last attended shall provide all records to the new school within two business days of receiving the request (California Education Code section 48853.5(f)(8)(C)).

The California Department of Public Health places strict controls on the gathering and use of personally identifiable data. Personal information is not disclosed, made available, or otherwise used for purposes other than those specified at the time of collection, except with consent or as authorized by law or regulation. The Department's information management practices are consistent with the Information Practices Act (Civil Code Section 1798 et seq.), the Public Records Act (Government Code Section 6250 et seq.), Government Code Sections 11015.5 and 11019.9, and with other applicable laws pertaining to information privacy.



# California Pre-Kindergarten and School Immunization Record

Staff must record the required vaccine dose information and status of requirements for each pupil. See reverse side for guidance.

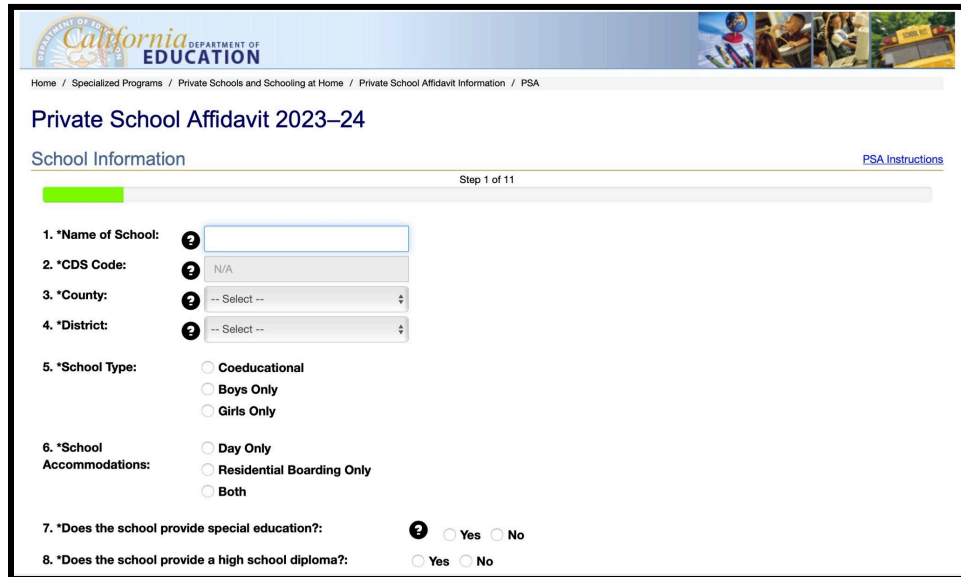
<b>Pupil Name</b> (Last, First, Middle): <b>Doe, Jane</b>	<b>Statewide Student Identifier</b> (SSID): <b>N/A</b>	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input checked="" type="checkbox"/> Non-Hispanic/Non-Latino	<b>Race:</b> <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaska Native <input checked="" type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
<b>Name of Parent/Guardian</b> (Last, First): <b>Doe, Janet</b>	<b>Birthdate</b> (Month/Day/Year): <b>09/03/2010</b>	<b>Gender:</b> <b>Female</b>	

Required Vaccine	Date Each Dose Was Given (MM/DD/YY)					Permanent Medical Exemption	Notes for School Requirements
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	4 <sup>TH</sup>	5 <sup>TH</sup>		
<b>IPV / OPV</b> (Polio)	01/03/2015		Age: ____ yrs.			<input type="checkbox"/>	4 doses meet TK/K-12 requirement, as do: 3 doses, if ≥1 dose given at age ≥4 years.
<b>DTaP / DTP</b> – Age 0-6 years <b>Tdap / Td</b> – Age 7+ years (Diphtheria, Tetanus, Pertussis)	01/03/2015		Age: ____ yrs.	Age: ____ yrs.		<input type="checkbox"/>	5 doses meet TK/K-12 requirement, as do: 4 doses, if ≥1 dose given at age ≥4 years; 3 doses, if ≥1 Tdap dose at age ≥7 years; Tdap dose may meet 7 <sup>th</sup> Grade requirement.
<b>MMR</b> (Measles, Mumps, Rubella)	Age: ____ mo.					<input type="checkbox"/>	2 doses meet TK/K-12 requirement. Doses must be given at age ≥1 year.
<b>Hib</b> ( <i>Haemophilus influenzae</i> type b)						<input type="checkbox"/>	Required for pre-kindergarten only. At least 1 dose must be given at age ≥1 year.
<b>Hep B</b> (Hepatitis B)						<input type="checkbox"/>	3 doses meet TK/K-12 requirement.
<b>VAR / VZV</b> (Varicella/Chickenpox)						<input type="checkbox"/>	2 doses meet TK/K-12 requirement.
<b>Tdap</b> – 7 <sup>th</sup> Grade (Tetanus, Diphtheria, Pertussis)	Age: ____ yrs.					<input type="checkbox"/>	1 dose given at age ≥7 years meets requirement for 7 <sup>th</sup> grade advancement and 7 <sup>th</sup> –12 <sup>th</sup> grade admission.

Status of Requirements	Staff Initials <i>I reviewed pupil's immunization record</i>	Has All Required Vaccine Doses	Requires Follow-up			Follow-up Date(s) (See conditional admission schedule or exemption end)	Other <i>See codes on reverse side</i>	Date Requirements Met
			Temporary Medical Exemption	Missing Doses Not Currently Due—Conditional	Missing Doses Are Overdue—Needs Doses Now			
<b>Pre-Kindergarten</b> (Child Care or Preschool)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP	
<b>TK/K-12</b>	<i>JD</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> IND <input checked="" type="checkbox"/> Home	9/1/2007
<b>7<sup>th</sup> Grade</b> (Advancement or Admission)	<i>JD</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> IND <input checked="" type="checkbox"/> Home	9/1/2013

# Private School Affidavit

## Sample Screenshot



The screenshot shows the 'Private School Affidavit 2023-24' form, Step 1 of 11, titled 'School Information'. The form is from the California Department of Education. It includes a progress bar and a 'PSA Instructions' link. The form fields are as follows:

- 1. \*Name of School: [Text input field]
- 2. \*CDS Code: [Dropdown menu showing 'N/A']
- 3. \*County: [Dropdown menu showing '-- Select --']
- 4. \*District: [Dropdown menu showing '-- Select --']
- 5. \*School Type: [Radio buttons for Coeducational, Boys Only, Girls Only]
- 6. \*School Accommodations: [Radio buttons for Day Only, Residential Boarding Only, Both]
- 7. \*Does the school provide special education?: [Radio buttons for Yes, No]
- 8. \*Does the school provide a high school diploma?: [Radio buttons for Yes, No]

For help filing in October, see the instructions published by CHEA every late September or October 1st.

You are not applying to form a school, you are not getting approval to form a school, and it's not that you are not officially a school until this form is filed. This questionnaire is basically a notification, not an application!

This is a form that the state requires so they can keep a list of all private schools and some basic information about them.

Christian Home Educators of California (CHEA) website  
cheaofca.org



**ELEMENTARY PROPOSED COURSE OF STUDY**

**STUDENT'S NAME:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**BIRTHDATE:**\_\_\_\_/\_\_\_\_/\_\_\_\_ **AGE:**\_\_\_\_ **GRADE:**\_\_\_\_ **ACADEMIC YEAR:**\_\_\_\_

SUBJECT	BOOK TITLE	PUBLISHER	LEVEL	SEMESTER	
				1	2
<b><u>BIBLE</u></b> APPLICATION MEMORY					
<b><u>ENGLISH</u></b> READING      COMPOSITION PENMANSHIP   SPELLING LITERATURE					
<b><u>ARITHMETIC</u></b> CALCULATIONS PROBLEM SOLVING					
<b><u>SOCIAL SCIENCE</u></b> HISTORY GEOGRAPHY					
<b><u>SCIENCE</u></b> LIFE SCIENCE PHYSICAL SCIENCE EARTH SCIENCE					
<b><u>FINE ARTS</u></b> APPRECIATION ART MUSIC					
<b><u>HEALTH</u></b> NUTRITION PERSONAL HYGIENE SAFETY					
<b><u>PHYSICAL EDUCATION</u></b> MOTOR SKILLS SPORTS KNOWLEDGE					

<b><u>COMMENTS:</u></b>
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