



Dear Parents of New Elementary Students to Imperial Unified for 2026-2027 School Year:

Imperial Unified School District uses Online Registration to register new students to our District. To enroll your child/ren for the 2026-2027 school year you will need to register online.

**Only biological parents or legal guardians with educational rights will have access to ParentVue.**

**\*Current Synergy ParentVue Account Holder \*Please do not create a new account.**

If you do have a ParentVue account (and have children currently enrolled in Imperial Unified) and will register a new student, please access your ParentVue account and register your student. On the top right-hand side of your ParentVue home page you will find the "Online Registration" tab.



### **New Synergy ParentVue User**

Please note that an email address is required. If you do not currently have (or have never had) children enrolled in Imperial Unified, please create a Synergy ParentVue account at:

[https://ca-imperi-psv.edupoint.com/pxp2\\_oen\\_login.aspx](https://ca-imperi-psv.edupoint.com/pxp2_oen_login.aspx)

Click "**More Options and then Create a new account.**" Complete all the steps of the new account creation process and click **submit**. A confirmation email will be sent to your email account which will contain a link that will allow you to complete the registration process.

### **Registration Process**

You may begin 2026-2027 online registration beginning on March 16, 2026. You may submit required registration documents online during the registration process beginning March 16, 2026. Make sure you select 26-27 SY, otherwise you will have to repeat the process as we are unable to transfer the registrations from one year to another.

You must provide the items listed below.

#### **Registration Documents – Documents must be legible.**

- |   |  |
|---|--|
| (a) Your child's birth certificate or a copy.                         | (f) Report card from previous school if applicable |
| (b) Two current proofs of residency with <u>YOUR</u> name and address | (g) Custody Documents if applicable                |
| (c) Completed immunization record                                     |  |
| (d) Oral Health Assessment Form (TK and Kinder only)                  |  |
| (e) Parent ID   |  |

**Incomplete student applications are not accepted. You must turn in all required documents at one time**, otherwise your child's enrollment will not be completed/approved.

**If you have more than one child to enroll, please enroll all of your students at once whether they are at different schools and/or different grades, otherwise the process to enroll may be delayed.**

**You must enroll in your school of residence.** If you wish to submit an Intradistrict form to attend an elementary school outside of your school of residence, you may submit the form at the District office at 219 North E St **BETWEEN APRIL 1ST AND JUNE 1ST**. You must first complete the enrollment at your school of residency and the enrollment must be accepted by the School of Residency. You will be notified in late summer if it has been approved. Please note that if an Intradistrict is approved, you agree that you will be responsible for providing transportation to and from school for your child/ren.

When enrolling students at different school sites, you must submit paperwork to each individual school for each student.

Kindergarten students must be 5 years old by September 1, 2026.

Transitional Kindergarten students are eligible to enroll if they have their 4th birthday by September 1, 2026.

### Oral Health Assessment Form

California law (*Education Code* Section 49452.8) says every child must have a dental check-up (assessment) by May 31<sup>st</sup> 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 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 by a dentist. This assessment will also be used to evaluate our oral health programs. Children need good oral health to speak with confidence, express themselves, 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. For this reason, we thank you for making this contribution to the health and well-being of California’s children.

#### 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"/> Native American <input type="checkbox"/> Black/African American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please specify)		

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**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 fillings present)  <input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment Urgency: <input type="radio"/> <b>No obvious problem found</b> <input type="radio"/> <b>Early dental care recommended</b> (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="radio"/> <b>Urgent care needed</b> (pain, infection, swelling or soft tissue lesions)		
_____ <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span><b>Licensed Dental Professional Signature</b></span> <span><b>CA License Number</b></span> <span><b>Date</b></span> </div>		

\*Check "Yes" for Caries experience if there is presence of untreated decay or fillings  
 Check "No" for Caries experience if there is no untreated decay and no fillings

**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:	_ _
A follow-up appointment for this child has been scheduled for:	_ _
Did child receive needed treatment? <input type="radio"/> <b>Yes</b> <input type="radio"/> <b>No</b> (If no, entity responsible for follow-up will be encouraged to check back in with parent) <input type="radio"/> <b>I don't know</b>	

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 31st of your child's first school year.**

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

**Waiver of Oral Health Assessment Requirement**

Please fill out this form if you need to excuse your child 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="radio"/> Male <input type="radio"/> Female	
Child's Race/Ethnicity:	<input type="radio"/> White	<input type="radio"/> Black/African American	<input type="radio"/> Hispanic/Latino	<input type="radio"/> Asian	<input type="radio"/> Other (please specify)
	<input type="radio"/> Native American	<input type="radio"/> Multi-racial	<input type="radio"/> Native Hawaiian/Pacific Islander	<input type="radio"/> Unknown	

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**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, the dentist does not have convenient office hours).
<input type="checkbox"/>	I cannot get to a dentist easily (e.g., do not have transportation, 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): _____ _____
<b>If asking to be excused from this requirement:</b>	
<input type="checkbox"/>	_____
<b>Signature of parent or guardian</b>	<b>Date</b>

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.***