



John S. Malcom Elementary

32261 Charles Road, Laguna Niguel, CA 92677

Phone: (949) 248-0542 – Fax: (949) 248-7697

Absence line: (949) 443-3847 or e-mail: malcomabsence@capousd.org

Dear Transitional Kindergarten & Kindergarten Parents,

Welcome to John S. Malcom Elementary School! This is an exciting time for students and their families. A completely new world opens up for students each day, bringing new experiences and new friends. Transitional Kindergarten and Kindergarten is a crucial foundation in the life of a child. Your child will develop new skills, make academic discoveries, and learn to interact cooperatively with others.

At Malcom, we believe in educating the whole child, and embracing that responsibility with care and enthusiasm. Your child begins his/her educational journey with a support team comprised of family members and school staff. We encourage you to become involved at Malcom Elementary by volunteering in some capacity and to stay informed by reading all the information that comes home.

In order to register your student for the upcoming school year, you will need to complete the online registration as well as to complete the attached forms. Return these forms together with the online proof of registration to our front office. These forms will ultimately become part of your child's cumulative file. Please be as thorough as possible to ensure your child's first school records are accurate and complete.

Be sure to mark your calendars. **August 18** is a special orientation day for parents and students. You and your student will have the opportunity to meet the teacher, visit the classroom, and participate in a few activities. More information about that day's schedule will be provided before the school year starts.

The first full day of school for TK & Kinder students will be Wednesday, August 19.

TK: 7:45 am - 11:38 am (Early Bird) or 9:15 am - 1:08 pm (Late Owl) **Kinder:** 7:45 am - 1:55 pm

We are so happy to have you join the Malcom Family, and we look forward to a wonderful year of learning and growing!

Sincerely,

Laurie Lowy
Principal



Capistrano Unified School District
John S. Malcom Elementary School
32261 Charles Rd. Laguna Niguel, CA 92677 - (949) 248-0542

List of Requirements for New Student Registration

○ Verification that you have completed the online registration

*Be sure to include parents/guardians in the emergency contacts section, as well as any other adult who are authorized to pick up your student at school. **The link for the online registration can be found on the Capistrano Unified School District website.***

○ Please fill out forms that are provided with the registration package:

1. Enrollment Information *(Required)*
2. Developmental and Social History Survey *(Required)*
3. Home Language Survey *(Required)*
4. McKinney-Vento Form *(Required)*
5. Oral Health Form (To be completed BEFORE the student enters 1st grade)
6. Form for Indigenous Families *(only if applies)*

○ Student's Original Birth Certificate or Passport

○ Proof of Residency

2 Forms are required: ONE utility bill (gas, water or electricity) **and ONE** Rental Contract or Mortgage Payment. Both documents must be in the name and address of a parent and must be current. **BP 5111.1(b)**

○ Immunization Records

Please call the office for an appointment to complete registration

(949) 248-0542



John S. Malcom Elementary School

32261 Charles Road, Laguna Niguel, CA 92677

NEW STUDENT ENROLLMENT INFORMATION GRADES TK - 5

STUDENT'S NAME: _____ GRADE: _____ DOB: _____
PARENT'S NAME: _____ PHONE: _____

Does your child have a current IEP or has your child participated in any of the following programs?
(Your child must have a current Individualized Educational Plan (IEP) Please provide a copy of your
child's most recent IEP)

- ☐ Resource Specialist Program (RSP)
- ☐ Special Day Class (SDC)
- ☐ Speech Therapy

Have I attached a copy of the IEP? (Circle) YES NO

MEDICAL INFORMATION

Does your child have any medical needs (limitations, allergies, etc.) we should be aware of? Please list
anything the school needs to know: _____

GENERAL

Has your child participated in a 504 Plan? _____

My child was retained (held back) in _____ grade. Comments: _____

Are there custody issues we should be aware of? _____. Comments: _____

_____. (Please provide supporting documentation)

Please share any behavioral concerns or other pertinent information regarding your child, which would
help teachers better know him/her.

Are you available to volunteer in your child's classroom? _____

Parent/Guardian's Signature

Date

(Continued on reverse side)



John S. Malcom Elementary School

Development and Social History

Student's Name: _____ M or F Date of Birth: _____

Will your child attend the YMCA Childcare program? YES NO

Is your child: right-handed left-handed both

What do you consider your child's greatest strengths?

What are your child's special interests? Example: coloring, painting, reading, building, pets, etc.

Are there any concerns you would like to share?

Has your child attended preschool? YES NO How long:
School & District: City/State:

Can your child write his/her first name using capital and lower-case letters? YES NO

Can your child identify any letters? YES NO

Can your child identify any numbers? YES NO

(TK ONLY) Would you *PREFER your student to be: Early Bird or Late Owl

*We cannot guarantee placement in preference.

What major experiences, if any, has your child had?

(i.e. disturbance in the immediate family situation; loss of a close relative/friend, accident)

(Continued on reverse side)

CAPISTRANO UNIFIED SCHOOL DISTRICT

HOME LANGUAGE SURVEY

Name of Student _____

Last Name	First Name	Middle	Grade	Date of Birth	Age
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Today's Date	Entering School (CUSD)	Prior School Name	Prior School District Name
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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(s) did your child learn when he/she first began to talk?

2. Which language(s) does your child most frequently speak at home?

3. Which language do you (parents or guardians) most frequently use when speaking with your child?

4. Which language is most often spoken by adults in the home?

Signature of Parent/Guardian _____ Date _____



**Capistrano Unified School District
McKinney-Vento Assistance Act
Declaration Form (Confidential) – Required
ONE FORM MUST BE COMPLETED FOR EACH STUDENT**

COMPLETE ONLINE



Completar en línea

Student ID # _____

The **McKinney-Vento Act** defines “homeless children and youth” as anyone who lacks a fixed, regular, and adequate night-time residence. Students and families that are doubled up living with other families due to economic hardship, living in shelters, motels/hotels, living in a car, park or in a public place not designed for sleeping, an unaccompanied youth, a migrant child, etc. may qualify for services. This form assists school personnel in complying with legal guidelines for school enrollment for children who meet the eligibility criteria for services. The information provided below will help the District determine what services you and/or your child may be eligible to receive. This could include additional educational services through Title I, Part A and/or the federal McKinney-Vento Assistance Act. The information provided on this form will be kept confidential and only shared with appropriate school district site staff.

School: _____ **Grade:** _____

Student’s Name: _____ **Date of Birth:** _____

Home Phone: (_____) _____ **Cell:** (_____) _____

Name of Parent / Guardian: _____

Address/Current Location: _____

Please check only ONE option:

Currently, are you and/or your family living in any of the following situations?

_____ Sharing a home/apartment or renting a room with others due to economic hardship, loss of housing, natural disaster, lack of adequate housing, or similar situation (Doubled-up)

_____ Temporarily living in a motel / hotel, due to the loss of housing, economic hardship, natural disaster, or similar situation

_____ Live in an emergency, transitional, or domestic violence shelter

_____ Live in a car, trailer, park, campground, abandoned building, or other inadequate accommodations

_____ Student under 18 not living with parents, legal guardian, or caretaker (Unaccompanied Youth)

_____ None of the above or own/rent a home/apartment that is permanent (ONE family only)

The undersigned parent/guardian certifies that the information provided above is correct and accurate.

Signature of Parent / Guardian

Date

Your child may have the right to:

- Immediate enrollment in the school they last attended (school of origin) or the local school where you are currently staying, even if you do not have all the documents normally required at the time of enrollment.
- Continue to attend the school or origin, if requested by you and it is in the best interest of the student.
- Receive transportation to and from the school of origin (from available options), the same special programs, and services, if needed, as provided to all other children, including free meals.
- Receive the full protections and services provided under all federal and state laws, as it relates to homeless children, youth, and their families.



CAPISTRANO UNIFIED SCHOOL DISTRICT

33122 VALLE ROAD, SAN JUAN CAPISTRANO CA 92675
TELEPHONE: (949) 234-9200/FAX: 496-7681 www.capousd.org

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November 2025

Dear Parents and Guardians of Incoming Transitional Kindergarten (TK) and Kindergarten students:

The beginning of school is a very important milestone in your child's life. We all share in the excitement, enthusiasm, and even a little anxiety that accompanies the beginning of school. Good health is a vital component in the quest for school success.

IMMUNIZATIONS:

The California School Immunization Law requires that children be up-to-date on their immunizations to attend school. Per 2016 legislation (SB277), all students must provide proof of immunization or a medical exemption when registering, and prior to attending school.

Beginning January 1, 2021, only Medical Exemptions issued from California Immunization Registry (CAIR-ME) meet requirements. We cannot accept doctor's notes NOT issued through CAIR-ME, blood work or titers, or other documentation to medically exempt the required immunizations. The CAIR-ME web site is a secure site for physicians to issue and manage standardized medical exemptions for children in school or childcare. Parents use the same site to request medical exemptions from vaccination for their children. Schools and childcare facilities can monitor and get updates for medical exemptions issued for children in attendance at their facility. For more details or to request an exemption from your child's physician, please visit <https://cair.cdph.ca.gov/exemptions/home>.

Vaccine		4-6 Years Old Elementary School at Transitional-Kindergarten/ Kindergarten and Above	
Polio (OPV or IPV)		4 doses (3 doses OK if one was given on or after 4th birthday)	
Diphtheria, Tetanus, and Pertussis (DTaP, DTP, DT, or Tdap)		5 doses of DTaP, DTP, or DT (4 doses OK if one was given on or after 4th birthday)	
Measles, Mumps, and Rubella (MMR or MMR-V)		2 doses (Both doses given on or after 1st birthday. Only one dose of mumps and rubella vaccines are required if given separately.)	
Hepatitis B (Hep B or HBV)		3 doses	
Varicella (chickenpox, VAR, MMR-V or VZV)		2 doses (new requirement as of July 1, 2019)	

KINDERGARTEN ORAL HEALTH ASSESSMENT:

California Education Code Section 49452.8 Requires students enrolled in kindergarten in a public school, or in first grade if not previously enrolled in kindergarten, to present proof of having received an oral health assessment within 12 months of initial enrollment. 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 (attached to this letter) to meet this requirement. The Oral Health Assessment is due to the school no later than May 31st of the school year.

If you have any questions about these requirements, please do not hesitate to contact your school principal, the licensed vocational nurse, or the health assistant at your school. You may also visit <http://www.shotsforschool.org> for detailed immunization information. We extend our sincere best wishes to you and your child and look forward to fostering a long-standing partnership with your family.

SERVING THE COMMUNITIES OF:

ALISO VIEJO · COTO DE CAZA · DANA POINT · LADERA RANCH · LAGUNA NIGUEL · LAS FLORES · MISSION VIEJO
RANCHO MISSION VIEJO · RANCHO SANTA MARGARITA · SAN CLEMENTE · SAN JUAN CAPISTRANO

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 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: MM – DD – YYYY										
Address:			Apt.:										
City:		ZIP Code: 											
School Name:	Teacher:	Grade:	Year child starts kindergarten: Y Y Y Y										
Parent/Guardian First Name:	Parent/Guardian Last Name:		Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female										
Child's Race/Ethnicity:	<table><tr><td><input type="checkbox"/> White</td><td><input type="checkbox"/> Native American</td></tr><tr><td><input type="checkbox"/> Black/African American</td><td><input type="checkbox"/> Multi-racial</td></tr><tr><td><input type="checkbox"/> Hispanic/Latino</td><td><input type="checkbox"/> Native Hawaiian/Pacific Islander</td></tr><tr><td><input type="checkbox"/> Asian</td><td><input type="checkbox"/> Unknown</td></tr><tr><td><input type="checkbox"/> Other (please specify)</td><td></td></tr></table>			<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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<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: MM – DD – YYYY	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"/> No obvious problem found <input type="radio"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="radio"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div>_____ Licensed Dental Professional Signature</div> <div>_____ CA License Number</div> <div>MM – DD – YYYY _____ Date</div> </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:	MM – DD – YYYY
A follow-up appointment for this child has been scheduled for:	MM – DD – YYYY
Did child receive needed treatment? <input type="radio"/> Yes <input type="radio"/> No (If no, entity responsible for follow-up will be encouraged to check back in with parent) <input type="radio"/> I don't know	

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: MM – DD – YYYY										
Address:			Apt.:										
City:		ZIP code: 											
School Name:	Teacher:	Grade:	Year child starts kindergarten: Y Y Y Y										
Parent/Guardian First Name:	Parent/Guardian Last Name:	Child's Gender: <input type="radio"/> Male <input type="radio"/> Female											
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<input type="radio"/> Asian	<input type="radio"/> Unknown												
<input type="radio"/> Other (please specify)													

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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):

☐ I cannot find a dental office that will take my child's dental insurance plan. My child's dental insurance plan is:

☐ Medi-Cal ☐ Covered California ☐ Healthy Kids ☐ None

☐ Other: _____

☐ I cannot afford an assessment for my child.

☐ 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).

☐ I cannot get to a dentist easily (e.g., do not have transportation, located too far away).

☐ I do not believe my child would benefit from an assessment.

☐ 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

MM – DD – YYYY

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.

Parents/Guardians – Are Your Kids Ready for School?

Required Immunizations For School Entry



Please bring your child's immunization records with you at the time of registration. You may view and print a digital copy of your child's California vaccine record at: [MyVaccineRecord.CDPH.CA.gov](https://myvaccinerecord.cdph.ca.gov)

Students Entering Transitional Kindergarten or Kindergarten Need Records of:

- ☐ **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.
- ☐ **Polio (IPV or OPV) — 4 doses**
3 doses OK if one was given on or after 4th birthday. Oral polio vaccine (OPV) doses given on or after April 1, 2016, do not count.
- ☐ **Hepatitis B — 3 doses**
- ☐ **Measles, Mumps, and Rubella (MMR) — 2 doses**
Both doses must be given on or after 1st birthday.
- ☐ **Varicella (Chickenpox) — 2 doses**

New and Transfer Students Entering TK/K-12th Grade Need Records of:

- ☐ **All immunizations listed above**
For 7th-12th graders: at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday. Hepatitis B vaccine is required for any grade, except for entry into 7th grade.

Students Starting 7th Grade Need Records of:

- ☐ **Tetanus, Diphtheria, and Pertussis (Tdap) —1 dose**

What other immunizations should I ask my health care provider about?

When you visit your health care provider for back-to-school immunizations, make sure to also ask about other vaccines that help keep your child healthy, including **hepatitis A, COVID-19, and the annual flu vaccine**. Preteens and teens should also get the **human papillomavirus (HPV) vaccine** to protect against certain cancers and **meningococcal vaccines**.

Learn more about [vaccines your child needs](#) and [where to get immunized](#) at [GetImmunizedCA.org](https://getimmunizedca.org).

ED 506 Form**Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program**

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Expected Graduation Year _____ Name of School _____ District Name _____

Tribal Membership

The individual with Tribal membership is the (select only one): ☐ child ☐ child's parent ☐ child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Full Name _____ Physical Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- ☐ Federally Recognized Tribe
- ☐ State Recognized Tribe
- ☐ Terminated Tribe
- ☐ Alaska Native
- ☐ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ☐ Membership or enrollment number establishing membership (**if readily available**): _____, or
- ☐ Other evidence establishing membership in the Tribe listed above (*describe and attach evidence, such as birth certificate(s) documenting lineage back to the Tribal member, Tribal certificate letter, Certificate Degree of Indian Blood "CDIB"*). Do not provide social security cards. Description _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____