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SCHOOL INFORMATION

Name: BELVEDERE ELEMENTARY
School code: 6036784
Type: PUBLIC
Public School District: SAN BERNARDINO CITY UNIFIED
County: SAN BERNARDINO
Administrator/Principal: ANN PEARSON
School Email: ann.pearson@sbcusd.k12.ca.us
Physical Address: 2501 EAST MARSHALL BOULEVARD, HIGHLAND, 92346

SCHOOL STAFF MEMBER COMPLETING THIS FORM

Name: SYLVIA HERNANDEZ
Email: SYLVIA.HERNANDEZ.@SBCUSD.COM
Phone Number: 909-880-6839
Report Submitted Date: 11/10/2016 10:18:00 AM
Report Revised Date: 11/10/2016 10:18:00 AM

DESIGNATED SCHOOL CONTACT

Name: SYLVIA HERNANDEZ
Email: SYLVIA.HERNANDEZ.@SBCUSD.COM
Phone Number: 909-880-6839

Total Number of Kindergarteners:

Account for each student in **one** of the categories below.

Requirements Met

All required immunizations **A**

Requirements Met, But Missing Doses

Personal Belief Exemption **E** *From TK*
 Permanent Medical Exemption **C**
 Others:
 IEP Services **F1**
 Independent Study **F2**
 Home-based Private School **F3**

Missing Doses By Vaccine

Students that are missing doses.

Please indicate the total number of students missing each vaccines:

Polio Hep B
 DTP Varicella
 MMR

Conditional Entrant **B**
Not including Temporary Medical Exemptions

Temporary Medical Exemption **D**

Overdue Doses **G**
Previously Known as Enrolled But Not Attending

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SCHOOL INFORMATION

Name: BOB HOLCOMB ELEMENTARY
School code: 0127357
Type: PUBLIC
Public School District: SAN BERNARDINO CITY UNIFIED
County: SAN BERNARDINO
Administrator/Principal: LUIS CHAVEZ-ANDERE
School Email: luis.chavez@sbcusd.k12.ca.us
Physical Address: 1345 WEST 48TH STREET, SAN BERNARDINO, 92407

SCHOOL STAFF MEMBER COMPLETING THIS FORM

Name: SYLVIA HERNANDEZ
Email: SYLVIA.HERNANDEZ.@SBCUSD.COM
Phone Number: 909-880-6839
Report Submitted Date: 11/10/2016 10:24:33 AM
Report Revised Date: 11/10/2016 10:24:33 AM

DESIGNATED SCHOOL CONTACT

Name: SYLVIA HERNANDEZ
Email: SYLVIA.HERNANDEZ.@SBCUSD.COM
Phone Number: 909-880-6839

Total Number of Kindergarteners:

Account for each student in **one** of the categories below.

Requirements Met

All required immunizations **A**

Requirements Met, But Missing Doses

Personal Belief Exemption **E** *From TK*
 Permanent Medical Exemption **C**
 Others:
 IEP Services **F1**
 Independent Study **F2**
 Home-based Private School **F3**

Missing Doses By Vaccine

Students that are missing doses.

Please indicate the total number of students missing each vaccines:

Polio	<input type="text" value="2"/>	Hep B	<input type="text" value="0"/>
DTP	<input type="text" value="2"/>	Varicella	<input type="text" value="0"/>
MMR	<input type="text" value="2"/>		

Conditional Entrant **B**
Not including Temporary Medical Exemptions

Temporary Medical Exemption **D**

Overdue Doses **G**
Previously Known as Enrolled But Not Attending

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SCHOOL INFORMATION

Name: BRADLEY ELEMENTARY
School code: 6036792
Type: PUBLIC
Public School District: SAN BERNARDINO CITY UNIFIED
County: SAN BERNARDINO
Administrator/Principal: AMY COKER
School Email: amy.coker@sbcusd.k12.ca.us
Physical Address: 1300 VALENCIA AVENUE, SAN BERNARDINO, 92404

SCHOOL STAFF MEMBER COMPLETING THIS FORM

Name: SYLVIA HERNANDEZ
Email: SYLVIA.HERNANDEZ.@SBCUSD.COM
Phone Number: 909-880-6839
Report Submitted Date: 11/10/2016 10:27:47 AM
Report Revised Date: 11/10/2016 10:27:47 AM

DESIGNATED SCHOOL CONTACT

Name: SYLVIA HERNANDEZ
Email: SYLVIA.HERNANDEZ.@SBCUSD.COM
Phone Number: 909-880-6839

Total Number of Kindergarteners:

Account for each student in **one** of the categories below.

Requirements Met

All required immunizations A

Requirements Met, But Missing Doses

Personal Belief Exemption E *From TK*

Permanent Medical Exemption C

Others:

IEP Services F1

Independent Study F2

Home-based Private School F3

Conditional Entrant B

Not including Temporary Medical Exemptions

Temporary Medical Exemption D

Overdue Doses G

Previously Known as Enrolled But Not Attending

Missing Doses By Vaccine

Students that are missing doses.

Please indicate the total number of students missing each vaccines:

Polio Hep B

DTP Varicella

MMR

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SCHOOL INFORMATION

Name: CYPRESS ELEMENTARY
School code: 6036842
Type: PUBLIC
Public School District: SAN BERNARDINO CITY UNIFIED
County: SAN BERNARDINO
Administrator/Principal: RYAN RUBIO
School Email: ryan.rubio@sbcusd.k12.ca.us
Physical Address: 26825 CYPRESS STREET, HIGHLAND, 92346

SCHOOL STAFF MEMBER COMPLETING THIS FORM

Name: SYLVIA HERNANDEZ
Email: SYLVIA.HERNANDEZ.@SBCUSD.COM
Phone Number: 909-880-6839
Report Submitted Date: 11/10/2016 10:32:02 AM
Report Revised Date: 11/10/2016 10:32:02 AM

DESIGNATED SCHOOL CONTACT

Name: SYLVIA HERNANDEZ
Email: SYLVIA.HERNANDEZ.@SBCUSD.COM
Phone Number: 909-880-6839

Total Number of Kindergarteners:

Account for each student in **one** of the categories below.

Requirements Met

All required immunizations A

Requirements Met, But Missing Doses

Personal Belief Exemption E *From TK*
 Permanent Medical Exemption C
 Others:
 IEP Services F1
 Independent Study F2
 Home-based Private School F3

Missing Doses By Vaccine

Students that are missing doses.

Please indicate the total number of students missing each vaccines:

Polio Hep B
 DTP Varicella
 MMR

Conditional Entrant B

Not including Temporary Medical Exemptions

Temporary Medical Exemption D

Overdue Doses G

Previously Known as Enrolled But Not Attending

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SCHOOL INFORMATION

Name: NORTH VERDEMONT ELEMENTARY
School code: 6110480
Type: PUBLIC
Public School District: SAN BERNARDINO CITY UNIFIED
County: SAN BERNARDINO
Administrator/Principal: DAN DURST
School Email: dan.durst@sbcusd.k12.ca.us
Physical Address: 3555 WEST MEYERS ROAD, SAN BERNARDINO, 92407

SCHOOL STAFF MEMBER COMPLETING THIS FORM

Name: SYLVIA HERNANDEZ
Email: SYLVIA.HERNANDEZ.@SBCUSD.COM
Phone Number: 909-880-6839
Report Submitted Date: 11/10/2016 11:08:49 AM
Report Revised Date: 11/10/2016 11:08:49 AM

DESIGNATED SCHOOL CONTACT

Name: SYLVIA HERNANDEZ
Email: SYLVIA.HERNANDEZ.@SBCUSD.COM
Phone Number: 909-880-6839

Total Number of Kindergarteners:

Account for each student in **one** of the categories below.

Requirements Met

All required immunizations A

Requirements Met, But Missing Doses

Personal Belief Exemption E *From TK*

Permanent Medical Exemption C

Others:

IEP Services F1

Independent Study F2

Home-based Private School F3

Conditional Entrant B

Not including Temporary Medical Exemptions

Temporary Medical Exemption D

Overdue Doses G

Previously Known as Enrolled But Not Attending

Missing Doses By Vaccine

Students that are missing doses.

Please indicate the total number of students missing each vaccines:

Polio	<input type="text" value="3"/>	Hep B	<input type="text" value="2"/>
DTP	<input type="text" value="2"/>	Varicella	<input type="text" value="0"/>
MMR	<input type="text" value="2"/>		

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SCHOOL INFORMATION

Name: PAAKUMA K-8
School code: 0128918
Type: PUBLIC
Public School District: SAN BERNARDINO CITY UNIFIED
County: SAN BERNARDINO
Administrator/Principal: VICTORIA MORALES-ROBERSON
School Email: victoria.moralesroberson@sbcusd.k12.ca.us
Physical Address: 17875 SYCAMORE CREEK LOOP PARKWAY, SAN BERNARDINO, 92407

SCHOOL STAFF MEMBER COMPLETING THIS FORM

Name: SYLVIA HERNANDEZ
Email: SYLVIA.HERNANDEZ.@SBCUSD.COM
Phone Number: 909-880-6839
Report Submitted Date: 11/10/2016 11:14:12 AM
Report Revised Date: 11/10/2016 11:14:12 AM

DESIGNATED SCHOOL CONTACT

Name: SYLVIA HERNANDEZ
Email: SYLVIA.HERNANDEZ.@SBCUSD.COM
Phone Number: 909-880-6839

Total Number of Kindergarteners:

Account for each student in **one** of the categories below.

Requirements Met

All required immunizations **A**

Requirements Met, But Missing Doses

Personal Belief Exemption **E** *From TK*
 Permanent Medical Exemption **C**
 Others:
 IEP Services **F1**
 Independent Study **F2**
 Home-based Private School **F3**

Missing Doses By Vaccine

Students that are missing doses.

Please indicate the total number of students missing each vaccines:

Polio Hep B
 DTP Varicella
 MMR

Conditional Entrant **B**
Not including Temporary Medical Exemptions

Temporary Medical Exemption **D**

Overdue Doses **G**
Previously Known as Enrolled But Not Attending

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SCHOOL INFORMATION

Name: PARKSIDE ELEMENTARY
School code: 6037071
Type: PUBLIC
Public School District: SAN BERNARDINO CITY UNIFIED
County: SAN BERNARDINO
Administrator/Principal: CYNTHIA NICOLAISEN
School Email: cynthia.nicolaisen@sbcusd.k12.ca.us
Physical Address: 3775 NORTH WATERMAN AVENUE, SAN BERNARDINO, 92404

SCHOOL STAFF MEMBER COMPLETING THIS FORM

Name: SYLVIA HERNANDEZ
Email: SYLVIA.HERNANDEZ.@SBCUSD.COM
Phone Number: 909-880-6839
Report Submitted Date: 11/10/2016 11:19:02 AM
Report Revised Date: 11/10/2016 11:19:02 AM

DESIGNATED SCHOOL CONTACT

Name: SYLVIA HERNANDEZ
Email: SYLVIA.HERNANDEZ.@SBCUSD.COM
Phone Number: 909-880-6839

Total Number of Kindergarteners:

Account for each student in **one** of the categories below.

Requirements Met

All required immunizations A

Requirements Met, But Missing Doses

Personal Belief Exemption E *From TK*
 Permanent Medical Exemption C
 Others:
 IEP Services F1
 Independent Study F2
 Home-based Private School F3

Missing Doses By Vaccine

Students that are missing doses.
 Please indicate the total number of students missing each vaccines:

Polio Hep B
 DTP Varicella
 MMR

Conditional Entrant B
Not including Temporary Medical Exemptions

Temporary Medical Exemption D

Overdue Doses G
Previously Known as Enrolled But Not Attending

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SCHOOL INFORMATION

Name: ROGER ANTON ELEMENTARY
School code: 0109496
Type: PUBLIC
Public School District: SAN BERNARDINO CITY UNIFIED
County: SAN BERNARDINO
Administrator/Principal: TONI WOODS
School Email: toni.woods@sbcusd.k12.ca.us
Physical Address: 1501 ANTON COURT, SAN BERNARDINO, 92404

SCHOOL STAFF MEMBER COMPLETING THIS FORM

Name: SYLVIA HERNANDEZ
Email: SYLVIA.HERNANDEZ.@SBCUSD.COM
Phone Number: 909-880-6839
Report Submitted Date: 11/10/2016 11:24:07 AM
Report Revised Date: 11/10/2016 11:24:07 AM

DESIGNATED SCHOOL CONTACT

Name: SYLVIA HERNANDEZ
Email: SYLVIA.HERNANDEZ.@SBCUSD.COM
Phone Number: 909-880-6839

Total Number of Kindergarteners:

Account for each student in **one** of the categories below.

Requirements Met

All required immunizations A

Requirements Met, But Missing Doses

Personal Belief Exemption E *From TK*
 Permanent Medical Exemption C
 Others:
 IEP Services F1
 Independent Study F2
 Home-based Private School F3

Missing Doses By Vaccine

Students that are missing doses.
 Please indicate the total number of students missing each vaccines:

Polio Hep B
 DTP Varicella
 MMR

Conditional Entrant B
Not including Temporary Medical Exemptions

Temporary Medical Exemption D

Overdue Doses G
Previously Known as Enrolled But Not Attending

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SCHOOL INFORMATION

Name: ROOSEVELT ELEMENTARY
School code: 6037113
Type: PUBLIC
Public School District: SAN BERNARDINO CITY UNIFIED
County: SAN BERNARDINO
Administrator/Principal: MARTHA SERVIN
School Email: martha.servin@sbcusd.k12.ca.us
Physical Address: 1554 GARNER AVENUE, SAN BERNARDINO, 92411

SCHOOL STAFF MEMBER COMPLETING THIS FORM

Name: SYLVIA HERNANDEZ
Email: SYLVIA.HERNANDEZ.@SBCUSD.COM
Phone Number: 909-880-6839
Report Submitted Date: 11/10/2016 11:25:32 AM
Report Revised Date: 11/10/2016 11:25:32 AM

DESIGNATED SCHOOL CONTACT

Name: SYLVIA HERNANDEZ
Email: SYLVIA.HERNANDEZ.@SBCUSD.COM
Phone Number: 909-880-6839

Total Number of Kindergarteners:

Account for each student in **one** of the categories below.

Requirements Met

All required immunizations **A**

Requirements Met, But Missing Doses

Personal Belief Exemption **E** *From TK*
 Permanent Medical Exemption **C**
 Others:
 IEP Services **F1**
 Independent Study **F2**
 Home-based Private School **F3**

Missing Doses By Vaccine

Students that are missing doses.
 Please indicate the total number of students missing each vaccines:

Polio Hep B
 DTP Varicella
 MMR

Conditional Entrant **B**
Not including Temporary Medical Exemptions

Temporary Medical Exemption **D**

Overdue Doses **G**
Previously Known as Enrolled But Not Attending

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SCHOOL INFORMATION

Name: THOMPSON ELEMENTARY
School code: 6037139
Type: PUBLIC
Public School District: SAN BERNARDINO CITY UNIFIED
County: SAN BERNARDINO
Administrator/Principal: HOWANDA LUNDY
School Email: howanda.lundy@sbcusd.k12.ca.us
Physical Address: 7401 CHURCH AVENUE, HIGHLAND, 92346

SCHOOL STAFF MEMBER COMPLETING THIS FORM

Name: SYLVIA HERNANDEZ
Email: SYLVIA.HERNANDEZ.@SBCUSD.COM
Phone Number: 909-880-6839
Report Submitted Date: 11/10/2016 11:28:02 AM
Report Revised Date: 11/10/2016 11:28:02 AM

DESIGNATED SCHOOL CONTACT

Name: SYLVIA HERNANDEZ
Email: SYLVIA.HERNANDEZ.@SBCUSD.COM
Phone Number: 909-880-6839

Total Number of Kindergarteners:

Account for each student in **one** of the categories below.

Requirements Met

All required immunizations A

Requirements Met, But Missing Doses

Personal Belief Exemption E *From TK*
 Permanent Medical Exemption C
 Others:
 IEP Services F1
 Independent Study F2
 Home-based Private School F3

Missing Doses By Vaccine

Students that are missing doses.

Please indicate the total number of students missing each vaccines:

Polio Hep B
 DTP Varicella
 MMR

Conditional Entrant B

Not including Temporary Medical Exemptions

Temporary Medical Exemption D

Overdue Doses G

Previously Known as Enrolled But Not Attending