



San Mateo-Foster City School District
 1170 Chess Drive • Foster City • California • 94404
 (650) 312-7700 • www.smfcsd.net

OFFICE USE ONLY	DATE SUBMITTED: _____
	SCHOOL OF ASSIGNMENT: _____
	GRADE: _____ School Year: _____

SAN MATEO-FOSTER CITY SCHOOL DISTRICT NEW STUDENT REGISTRATION FORM

STUDENT INFORMATION

STUDENT LEGAL NAME _____ (Last) _____ (First) _____ (Middle)

GENDER _____ (M/F/NB) DATE OF BIRTH _____ (mm/dd/yyyy)

ADDRESS WHERE STUDENT RESIDES _____
 (House number and street name, apartment number, city, state, zip code)

MOST RECENT SCHOOL ATTENDED _____ DATES ENROLLED _____
 (Month / Year)

SCHOOL ADDRESS/CITY/STATE/ZIP _____ PHONE ()

STUDENT IS LIVING WITH Father Mother Legal Guardian/Foster Parent Authorized Caregiver

PARENT/GUARDIAN INFORMATION

	PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
NAME		
RELATIONSHIP TO STUDENT		
STREET ADDRESS		
CITY/STATE/ZIP		
PRIMARY PHONE*	()	()
SECONDARY PHONE	()	()
E-MAIL ADDRESS		
EMPLOYER		
WORK PHONE	()	()
PARENT/GUARDIAN EDUCATION LEVEL**	<input type="checkbox"/> Not a high school graduate (Less than 12 th grade) <input type="checkbox"/> High school graduate (Completed 12 th grade) <input type="checkbox"/> Some college <input type="checkbox"/> College graduate <input type="checkbox"/> Graduate school/Post graduate training <input type="checkbox"/> Decline to state	<input type="checkbox"/> Not a high school graduate (Less than 12 th grade) <input type="checkbox"/> High school graduate (Completed 12 th grade) <input type="checkbox"/> Some college <input type="checkbox"/> College graduate <input type="checkbox"/> Graduate school/Post graduate training <input type="checkbox"/> Decline to state

*Primary Phone will be used for our School Messenger text messages. Please enter a non-landline number that can accept text messages.

**Required by California Department of Education

SIBLINGS – PLEASE LIST THE STUDENT’S SIBLINGS, STARTING WITH SIBLINGS CURRENTLY ENROLLED IN THE SMFCSD

SIBLINGS	BIRTH DATE	RELATIONSHIP	LIVING AT HOME?	SCHOOL ATTENDING

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1. HAS YOUR CHILD BEEN PREVIOUSLY ENROLLED IN THE SAN MATEO-FOSTER CITY SCHOOL DISTRICT FOR GRADES TK-8? Yes No

If yes, which school? _____ Dates Enrolled _____
Month / Year

2. MY CHILD HAS THE FOLLOWING: Individual Education Plan – Please submit a copy of the most recent IEP documentation.
 504 Plan – Please submit a copy of the most recent 504 documentation.

3. IS EITHER PARENT/GUARDIAN ON ACTIVE DUTY IN THE US ARMED FORCES (ARMY, NAVY, AIR FORCE, MARINE CORPS OR COAST GUARD) OR ON FULL-TIME NATIONAL GUARD DUTY? Yes No

4. COMMUNICATION: WHAT LANGUAGE WOULD YOU LIKE US TO USE WHEN COMMUNICATING WITH YOU? English Spanish

5. RACE AND ETHNICITY - Part A asks about the student's ethnicity and Part B asks about the student's race

PART A: IS THE STUDENT HISPANIC OR LATINO? (Select only one) No, not Hispanic or Latino Yes, Hispanic or Latino

Part A of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following questions by marking one or more boxes to indicate what you consider your student's race to be.

PART B: WHAT IS THE RACE OF THIS STUDENT? (Select one or more)

- American Indian or Alaskan Native
- Asian Indian
- Black or African American
- Cambodian
- Chinese
- Filipino
- Guamanian
- Hawaiian
- Hmong
- Japanese
- Korean
- Laotian
- Other Asian
- Other Pacific Islander
- Samoan
- Tahitian
- Vietnamese
- White

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HOME LANGUAGE SURVEY

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 of the language 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.*

Only one language per line. Be specific about the language (example: Mandarin not Chinese)

1. What language did your child learn when he or she first began to speak? _____
2. What language does your child use most frequently at home? _____
3. What language do you (the parents or guardians) use most frequently to speak to your child?

4. Name the language most often spoken by the adults in the home (parents, guardians, or any other adults)

EMERGENCY CONTACTS

Other than the parents/guardians previously listed on the first page of this registration form, list in order additional contact to whom you want your child released to in case of an emergency.

EMERGENCY CONTACT 1

NAME (FIRST AND LAST): _____

RELATIONSHIP TO STUDENT: _____

CELL PHONE: (_____) _____

HOME PHONE: (_____) _____

WORK PHONE: (_____) _____

EMERGENCY CONTACT 2

NAME (FIRST AND LAST): _____

RELATIONSHIP TO STUDENT: _____

CELL PHONE: (_____) _____

HOME PHONE: (_____) _____

WORK PHONE: (_____) _____

EMERGENCY CONTACT 3

NAME (FIRST AND LAST): _____

RELATIONSHIP TO STUDENT: _____

CELL PHONE: (_____) _____

HOME PHONE: (_____) _____

WORK PHONE: (_____) _____

Form continues on next page →

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CURRENT HEALTH INFORMATION

Print Student Name (last, first): _____

PLEASE CHECK YES OR NO:

- | | | |
|-------------------------------|------------------------------|-----------------------------|
| • WEARS GLASSES | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • CONTACT LENSES | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • DIAGNOSED HEARING CONDITION | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • WEARS HEARING AID | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

ANY MEDICATION TAKEN DURING SCHOOL HOURS REQUIRES WRITTEN PERMISSION FROM THE PARENT AND FROM THE DOCTOR on the Permission for Medication Form (available at the school office). The Form must be completed annually. (Required by State Law). Medication cannot be accepted without the completed Permission for Medication Form.

If student has HEALTH CONDITION(S) **DIAGNOSED BY A DOCTOR**, it may require action **at school**:

- | | | |
|--|------------------------------|-----------------------------|
| • ASTHMA INHALER PRESCRIBED BY DOCTOR NEEDED AT SCHOOL | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • DIABETES | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • SEIZURES | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • EPIPEN FOR SEVERE ALLERGIC REACTION (Anaphylaxis) needed at school | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If your child needs an EPIPEN at school, the Food Allergy Action Plan Form (available at the school office and on the district's website) must be completed by the doctor and kept on file at the school office.

- | | | |
|--|------------------------------|-----------------------------|
| • MEDICALLY DIAGNOSED CONDITION | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If yes, are there any restrictions at school | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If yes, explain: _____ | | |

MEDICATION MUST BE PROVIDED BY THE PARENT. ALL MEDICATION MUST BE IN ITS ORIGINAL CONTAINER/BOX.

Please contact the school immediately if changes in the above information occur during the school year.

Print Parent/ Guardian's name

Parent/Guardian's signature

Date

Relationship to student: _____

REVIEWED BY NURSE _____

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NOTICE: SMFCSD Immunization Requirements Notification for Pre-Enrolled Students

For the health and safety of all students, California requires proof of current immunizations for all students.

TK, KINDERGARTEN, AND FIRST GRADE IMMUNIZATION REQUIREMENTS:

- 4 Polio (if only 3 doses given, 3rd dose must be on or after 4th birthday*)
- 5 DTP (if only 4 doses given, 4th dose must be on or after 4th birthday*)
- 2 Measles, Mumps, Rubella (both doses must be on or after 1st birthday*)
- 3 Hepatitis B vaccines
- 2 Varicella (chickenpox)

If your child(ren) is/are missing some immunizations, your student will be provisionally registered. Please contact the office staff of your child's school of assignment and let the school know the date of your child's doctor's appointment to complete immunizations no later than May 27, 2022.

All provisional registrations due to incomplete immunizations will be null and void if 1) there is no contact with the school office before the end of the school year, or 2) records are not received by the office no later than **July 30, 2022**. Your child's doctor or clinic can fax the final immunizations to the office staff of your child's school of assignment, or parents/guardians can email a PDF copy to our school office.

For the 2022-23 school year all immunizations must be completed and submitted to the school office **no later than July 30, 2022**. We do not accept text messages of medical documents for verification of immunization records. There will be no further reminders about this requirement.

NOTICE: School Capacity/Overflow Notification (ELEMENTARY ONLY)

It is always a possibility that any given school, based on the number of new students who register, can reach enrollment capacity in any grade. Therefore, we are accepting completed registration packets, but may be unable to enroll your child at the school of assignment based on address of residence for the 2022-2023 school year. *The priority registration window is December 13, 2021 – January 28, 2022.*

If space is not available at the school of assignment, your child will be placed at another school in the District where space is available. This is called an "overflow placement." Notification of placement will be made no later than two weeks before the start of the school, or as long as the need still exists. *Your child will remain at the overflow school for the remainder of the 2022-2023 school year and will be able to return to the school of assignment based on address of residence the following year.* Parents/guardians will have the option to request a transfer to stay at their overflow school in the coming year if they choose.

Please plan to send your child to the school of assignment based on address of residence for the 2022-2023 school year unless you are notified by the school that your child has been overflowed.

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PARENT PERMISSION TO SEEK MEDICAL CARE

You authorize the school to obtain medical care for your child, as specified above, in an emergency. You understand that the San Mateo-Foster City School District, its employees and its Board assume no liability of any nature in relation to the transportation or treatment of said minor. You further understand that all costs of paramedics, transportation, hospitalization and any examination, X-rays or treatment provided in this authorization shall be your responsibility.

Yes No

RELEASE OF DIRECTORY INFORMATION

Directory Information may be released pursuant to this policy and District regulations. "Directory Information" is defined as any or all of the following:

1. Pupil's full name and any nicknames
2. Names of pupil's parent(s)/guardian(s)
3. Mailing address, including email address or e-mail address of parent(s)
4. Home telephone number
5. Date of birth
6. Classroom or homeroom
7. Participation in officially recognized activities and sports
8. Dates of attendance or enrollment at school
9. Degrees and awards received
10. The name of the public or private school from which a pupil was promoted

Any information constituting Directory Information within the meaning of this Board Policy may be released only as authorized by State and Federal law, and additionally may be released upon the Superintendent's or Principal's discretion to any of the following:

1. the Parent-Teacher Association of the school upon their request
2. the Education Foundation upon their request
3. The local public library system for the purposes of issuing a library card to our students
4. the parent(s) or guardian(s) of other students currently enrolled in the school of attendance for the purposes of creating class lists, a classroom directory
5. persons who attend school events, to the extent that release of student names and addresses is relevant to the nature of the event, such as in a program or cast list
6. appropriate law enforcement personnel in the regular performance of their duties upon their request for the purposes of calling parents, accessing schedules
7. news media outlets for purposes of stories relevant to the student's recent achievements, performances, honors, or athletics upon their request

Yes No

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STUDENT INTERNET AND ELECTRONIC ONLINE NETWORKED SERVICES

USER AGREEMENT AND PARENT PERMISSION

ATTN: PARENT(S)/GUARDIAN(S):

Web 2.0 tools are an important part of your child's education in the 21st Century. With the growth of the web, much of the software our students need is free and on the internet, in the "cloud." Some of this software requires student accounts. We would like to make sure that you have a choice for your child to use web-based tools at school, including the use of student accounts. To reassure you, here are some of the steps we take to protect your child:

- We do not use personal student email addresses to set up student accounts.
- We do not publish identifiable information about your child.
- Student accounts will be identified by avatars created at www.doppelme.com. Creating avatars allows students to include personal digital representations of themselves for online or in digital materials without relinquishing any privacy. Pictures portraying the students will not be allowed.
- Students are required to sign this Technology User Agreement before they are allowed to use any computer at school for any reason.

As parent and/or legal guardian of the student I am registering, I grant permission for my child to access networked computer services and will allow my child to use web-based tools and give authorization to utilize Google Apps for Education. I understand that individuals and families may be held responsible for violations of district and school rules governing use of electronic information sources. I accept responsibility for informing my child about the acceptable use of the internet as outlined in Board Policy 6163.4 and Administrative Regulation 6163.4 "Student Use of Technology."

Yes No

Disclaimer: The District makes no guarantees about the quality of the services provided and is not responsible for any claims, losses, damages, costs, or other obligations arising from use of the network or accounts. Any additional charges a user accrues due to the use of the District's network are to be borne by the user. The District also denies any responsibility for the accuracy or quality of the information obtained through user access. Any statement, accessible on the computer network or the Internet, is understood to be the author's individual point of view and not that of the District, its affiliates, or employees.

Form continues on next page →

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MEDIA CONSENT

The San Mateo-Foster City School District is proud of the many accomplishments of our students and staff. There may be times during the school year when your child could be featured in materials created and used to support the District's efforts to provide information about our schools to our community. Examples include quotes, photos or video collected during classroom activities, field trips, award ceremonies, special school events or Board Meetings, that are then used in district newsletters, press releases, brochures, school / district websites, and/or the District's social media channels.

The District requests your permission to use (through printed, audio, visual, and/or electronic means) your student's image or work while participating his/her education program. Your authorization will enable the District to use specially prepared materials to train teachers and/or increase public awareness and promote continuation and improvement of education programs.

Parents or guardians may opt-out of having their students' photograph or video recording used in district materials. If you opt-out, the District will also request news media not interview your student or film/photograph your student. While the local news media typically honors such requests, the District does not have the legal authority to prevent your student from talking with media before or after school or dictating who media outlets film or photograph at public events. Permission must be given each school year and remains valid through the end of the school year. Additionally, you understand that there will be no monetary compensation for any inclusion of my child in District materials.

Please Note: This form does not cover the publication of student yearbooks. To exclude your child from the student yearbook publication, please contact your school office.

I give my permission for my child to be filmed/photographed/interviewed by the media during school events and for the district to use my child's photograph/work/voice for promotional and educational purposes.

- Yes, I give my permission**
- No, I DO NOT give my permission**

PARENT/GUARDIAN SIGNATURE

By signing below, I hereby certify that all information I provided in this document is true and correct to the best of my knowledge.

PRINT NAME OF PARENT OR LEGAL GUARDIAN _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____ **DATE** _____

SAN MATEO-FOSTER CITY SCHOOL DISTRICT NONDISCRIMINATION STATEMENT

The San Mateo-Foster City School District does not allow discrimination, intimidation, harassment (including sexual harassment) or bullying based on a person's actual or perceived race, color, ancestry, nationality/national origin, immigration status, ethnic group identification/ethnicity, age, religion, marital status/ pregnancy/ parental status, physical or mental disability, sex, sexual orientation, gender, gender identity, gender expression, genetic information, medical information or association with a person or group with one or more of these actual or perceived characteristics.

For questions or complaints, contact:

SMFCSD Equity Officer: Sue Wieser, Assistant Superintendent of Human Resources; 1170 Chess Drive, Foster City, CA 94404; (650) 312-7288; swieser@smfc.k12.ca.us and **Title IX Compliance Officer: Dr. Margaret Heredia; Principal on Special Assignment - MTSS**; 1170 Chess Drive, Foster City, CA 94404; (650) 312-73729; mheredia@smfc.k12.ca.us