

2021-2022
STUDENT ENROLLMENT FORM

FOOTHILLS and TWIN OAKS High Schools

| | | | |
|------------|--------|-------|----------|
| Start Date | School | Grade | Perm ID# |
|------------|--------|-------|----------|

Student Information

| | | | |
|-----------------|------------------|-------------------|---|
| Legal-Last Name | Legal-First Name | Legal-Middle Name | Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary |
| Birth City | State | Country | Primary Phone # |
| | | | Date of Birth (mm/dd/yyyy) / / |

Student's Ethnicity

As mandated by federal and state law, please answer the following questions to identify this student's ethnicity and race. This information will only be used for reporting total counts of pupils, and will not be released in a personally-identifiable form.

Is this student's ethnicity Hispanic or Latino? ☐ Yes ☐ No

Please check one or more of the following to indicate your student's race:

- | | | |
|---|--|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian - Chinese | <input type="checkbox"/> Asian-Japanese |
| <input type="checkbox"/> Asian - Korean | <input type="checkbox"/> Asian - Vietnamese | <input type="checkbox"/> Asian-Indian |
| <input type="checkbox"/> Asian - Laotian | <input type="checkbox"/> Asian - Cambodian | <input type="checkbox"/> Asian-Hmong |
| <input type="checkbox"/> Asian - Other | <input type="checkbox"/> Pacific Islander - Hawaiian | <input type="checkbox"/> Pacific Islander - Guamanian |
| <input type="checkbox"/> Pacific Islander - Samoan | <input type="checkbox"/> Pacific Islander - Tahitian | <input type="checkbox"/> Pacific Islander - Other |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> African American/Black | <input type="checkbox"/> White |

Household Information

| | | |
|---|--|--|
| 1. Parent/Guardian Full Name | | <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home |
| Student's Home Address (Street) | (City) | (Zip Code) |
| | | <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home |
| <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian | Email Address: | |
| <input type="checkbox"/> Lives with <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Ed. Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed | <input type="checkbox"/> Graduate Degree <input type="checkbox"/> College Degree <input type="checkbox"/> Some College | <input type="checkbox"/> High School <input type="checkbox"/> Not High School Graduate <input type="checkbox"/> Decline to State |
| Military <input type="checkbox"/> Active Duty <input type="checkbox"/> DOD Employee <input type="checkbox"/> Reserves National Guard: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | | |
| 2. Parent/Guardian Full Name | | <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home |
| Address (Street) | (City) | (Zip Code) |
| | | <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home |
| <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian | Email Address: | |
| <input type="checkbox"/> Lives with <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Ed. Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed | <input type="checkbox"/> Graduate Degree <input type="checkbox"/> College Degree <input type="checkbox"/> Some College | <input type="checkbox"/> High School <input type="checkbox"/> Not High School Graduate <input type="checkbox"/> Decline to State |
| Military <input type="checkbox"/> Active Duty <input type="checkbox"/> DOD Employee <input type="checkbox"/> Reserves National Guard: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | | |
| 3. Parent/Guardian Full Name | | <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home |
| Address (Street) | (City) | (Zip Code) |
| | | <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home |
| <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian | Email Address: | |
| <input type="checkbox"/> Lives with <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Ed. Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed | <input type="checkbox"/> Graduate Degree <input type="checkbox"/> College Degree <input type="checkbox"/> Some College | <input type="checkbox"/> High School <input type="checkbox"/> Not High School Graduate <input type="checkbox"/> Decline to State |
| Military <input type="checkbox"/> Active Duty <input type="checkbox"/> DOD Employee <input type="checkbox"/> Reserves National Guard: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | | |
| 4. Parent/Guardian Full Name | | <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home |
| Address (Street) | (City) | (Zip Code) |
| | | <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home |
| <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian | Email Address: | |
| <input type="checkbox"/> Lives with <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Ed. Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed | <input type="checkbox"/> Graduate Degree <input type="checkbox"/> College Degree <input type="checkbox"/> Some College | <input type="checkbox"/> High School <input type="checkbox"/> Not High School Graduate <input type="checkbox"/> Decline to State |
| Military <input type="checkbox"/> Active Duty <input type="checkbox"/> DOD Employee <input type="checkbox"/> Reserves National Guard: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | | |

2021-2022
STUDENT ENROLLMENT FORM

Home Language Survey

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for the school to provide adequate instructional programs and services.

1. Which language did your child learn when he or she first began to speak? _____
2. What language does your child most frequently use at home? _____
3. What language do you use most frequently to speak to your child? _____
4. Name the language spoken most often by the adults at home. _____

Primary Residency Information

Please select the option that best describes your housing situation:

☐ Single Family Dwelling ☐ Auto/RV or RV Park ☐ Hotel/Motel ☐ Shelter ☐ Campground ☐ Foster Home ☐ Other: _____

Are you temporarily sharing housing with another family? ☐ Yes ☐ No

Is this due to loss of housing, economic hardship or similar reason? ☐ Yes ☐ No

Questionnaire

- Does anyone in your household work, or has anyone ever worked in seasonal or temporary work related to agriculture (such as fieldwork), food processing (such as canneries or packing houses), fishing, lumbering, or dairy work in the last three years? ☐ No ☐ Yes (Complete Migrant Education Card)
- Has student ever received Special Education Services? ☐ No ☐ Yes
- Has student ever received 504 Accommodations? ☐ No ☐ Yes
- Has student ever received English Learner Services? ☐ No ☐ Yes
- Has student ever been retained or advanced a grade? ☐ No ☐ Yes What Grade: _____
- Has student ever attended San Marcos schools before? ☐ No ☐ Yes School Name: _____
- Has the student been previously suspended or expelled or is he/she currently recommended for expulsion? ☐ No ☐ Yes School Name: _____

Last School Attended

Name of Last School Attended _____

Address of Last School (Street) _____ (City) _____ (State) _____ (Zip Code) _____

(Phone Number) _____ (Fax Number) _____

Certification

I certify that all the information on this form is true and correct. Falsification of any information or document required for the enrollment of your child in the San Marcos Unified School District may result in denial of this application.

 X
Parent/Guardian Signature

Date

**SAN MARCOS UNIFIED SCHOOL DISTRICT
STUDENT EMERGENCY CARD**

Year: 2021-22 Grade: _____
Teacher: _____ ID#: _____

X _____ / /
Last Name First Name Middle Name Birthdate

X _____
Home Address Home Phone Parent E-Mail Address

IN CASE OF AN EMERGENCY, IT IS IMPORTANT FOR THE SAFETY OF YOUR CHILD THAT WE HAVE INFORMATION REQUESTED BELOW.

1. _____
Name (Parent) Employer Cell Phone Work Phone

2. _____
Name (Parent) Employer Cell Phone Work Phone

IT IS VERY IMPORTANT, IN CASE PARENTS CANNOT BE REACHED, THAT TWO (2) ADDITIONAL NAMES AND TELEPHONE NUMBERS BE LISTED BELOW:

3. _____
Alternate Local Contact Name Relationship Phone

4. _____
Alternate Local Contact Name Relationship Phone

IF NONE OF THE ABOVE IS AVAILABLE, YOUR CHILD WILL BE TRANSPORTED BY AMBULANCE TO THE HOSPITAL.

Siblings in school:

Name School Grade Name School Grade

Name School Grade Name School Grade

HEALTH CONDITION(S)- Check all that apply

IF NO HEALTH PROBLEMS check here ☐

☐ ADHD

☐ Asthma, needs Inhaler at school: ☐ Yes ☐ No

☐ Diabetes, needs Insulin at school: ☐ Yes ☐ No

☐ Heart Problem, explain: _____

☐ Seizure Disorder, explain: _____

☐ Known Hearing Loss, wears hearing aide(s): ☐ R ☐ L

☐ Vision Problem ☐ Wears Glasses ☐ Wears Contact Lenses

☐ Other Health Problem, explain: _____

☐ History of concussion, date(s): _____

ALLERGIES- Check all that apply

IF NO KNOWN ALLERGIES check here ☐

☐ Bee Sting Allergy

☐ Food Allergy, list foods: _____

☐ Medication Allergy, explain: _____

☐ Other Allergy, explain: _____

☐ **Check here if your child has had an Anaphylactic Reaction**

Does your child require medication to treat allergies: ☐ Yes ☐ No

**IF MEDICATIONS ARE REQUIRED TO TREAT AN ALLERGIC REACTION, PLEASE
CONTACT THE SCHOOL HEALTH OFFICE OR CHECK THE SCHOOL WEB SITE TO
OBTAIN THE REQUIRED FORMS.**

MEDICATION(S)- List medications below. IF NONE, Check Here ☐

Medication name/dose/time taken: _____

Are any of the listed medications taken at school? ☐ Yes ☐ No

**IF MEDICATIONS ARE REQUIRED AT SCHOOL, A SIGNED PARENT PERMISSION FORM AND PHYSICIANS ORDER IS REQUIRED. PLEASE
CONTACT THE SCHOOL HEALTH OFFICE OR CHECK THE SCHOOL WEB SITE TO OBTAIN THE REQUIRED FORMS.**

MEDICAL CARE PROVIDER PHONE NUMBERS-

Physician Name/Phone: _____ Dentist Name/Phone: _____

Does your child have Health Insurance? ☐ Yes ☐ No Name of Insurance Provider: _____

**THE HEALTH INFORMATION PROVIDED IN THIS FORM MAY BE SHARED WITH APPROPRIATE SCHOOL PERSONNEL ON A NEED-TO-
KNOW BASIS IN ORDER TO PROVIDE FOR YOUR CHILD'S SAFETY AND WELL-BEING.**

PLEASE CONTACT THE SCHOOL NURSE WITH ANY CONCERNS OR QUESTIONS IN THIS REGARD.

Signature(s) of Parent(s) or Guardian(s): _____ Date: _____

I hereby certify the above information to be true and correct to the best of my knowledge.

School Site Only-Place Label here
Grade _____
D.O.B. _____
Stu # _____
New Student _____



Please check here if:

- ☐ New Address
☐ New Phone Number(s)

2021-22 ANNUAL RESIDENCY VERIFICATION AND CHECKLIST

In accordance with District policy, all students in the San Marcos Unified School District must provide **TWO** residency verifications (proof of where you live) each year in order to register. Proof of where you live must be provided at registration or your child will not be able to register (one from each Category-see below). Proof must show Parent/Guardian/Caregiver name and address. If you want to keep your original document(s), you must provide us with a copy to keep. Parent/Guardian/Caregiver must show picture identification at registration (driver's license, passport)

STUDENT NAME: _____ ID#: _____

Student living with (check one): ☐ PARENT(S) ☐ LEGAL GUARDIAN/FOSTER PARENT (need court papers) ☐ CAREGIVER (need SMUSD affidavit)
☐ OTHER _____ ☐ SHARED HOUSING (homeowner/renter must complete Affidavit of Residency Form)

Primary Residency Information - Please select the option that best describes your housing situation:

- ☐ Single Family Dwelling ☐ Mobile Home ☐ Duplex ☐ Apartment/Condo ☐ Auto/RV or RV Park ☐ Hotel/Motel
☐ Shelter ☐ Campground ☐ Foster Home ☐ Other: _____

Are you temporarily sharing housing with another family? ☐ Yes ☐ No

Is this due to loss of housing, economic hardship or similar reason? ☐ Yes ☐ No

PARENT/GUARDIAN NAME(S) (PRINT): 1. _____ 2. _____

Names of Students living in the home: _____

I AFFIRM THAT THE STUDENT RESIDES AT THE ADDRESS BELOW:

(phone #) _____

Signature of Person Establishing Residency _____

Date _____

****WARNING: INCORRECT INFORMATION WILL RESULT IN YOUR STUDENT BEING DISENROLLED IMMEDIATELY****

Check off **one** proof of residency in **each** category below. Proof must be current (dated within last 30 days). **Each Proof must show Parent/Guardian name and address unless shared housing (complete Affidavit of Residency Form).**

****IF YOU ARE IN A TRANSITIONAL LIVING CIRCUMSTANCE, PLEASE ASK THE SCHOOL SITE FOR ASSISTANCE.**

CATEGORY ONE:

- ☐ MORTGAGE STATEMENT or PAYMENT RECEIPT (with address of residency)
☐ RENTAL AGREEMENT or PAYMENT RECEIPT (with address of residency)
☐ PROPERTY TAX STATEMENT or RECEIPT (with address of residency)
☐ GRANT DEED (with address of residency)
☐ ESCROW PAPERS (with address of residency)

AND

CATEGORY TWO:

- ☐ CURRENT UTILITY BILL (SDG&E, WATER, TRASH OR CABLE)
☐ CORRESPONDENCE FROM A GOVERNMENT AGENCY
☐ VOTER REGISTRATION
☐ CURRENT PAY STUB W/ADDRESS
☐ AFFIDAVIT OF RESIDENCY (needed if shared housing-Parent/
Guardian not listed on proof of residency)
☐ OTHER

Verifying School Official _____

Date _____

rev.1/2020

Signature Verification of Receipt of Documents/Release of Information 2021-2022

| | | |
|------------------------------|---|--------|
| Student Name (please print): | School: Foothills and Twin Oaks High Schools | Grade: |
| Parent Name (please print): | Date: | |

Education Code 48980 (a) states that the San Marcos Unified School District is required by law to notify parents of their rights to services and programs offered by our district schools. Parents must sign this notification form and return it to their child's school acknowledging that they have been informed of their rights.

PLEASE REVIEW AND INITIAL THE BOX NEXT TO EACH SECTION AS INDICATED • SIGN THE BOTTOM SECTION • RETURN TO YOUR SCHOOL OFFICE

| | | Parent Initials |
|-----|--|--------------------|
| 1. | STUDENT BEHAVIOR EXPECTATIONS: I have reviewed and discussed San Marcos Unified School District's Board Policy regarding <u>Discipline BP 5144</u> with the above-named student. My student and I understand the consequences should my student violate this policy. | |
| 2. | ANNUAL NOTIFICATION OF PARENTS'/STUDENTS' RIGHTS & UNIFORM COMPLAINT PROCEDURES: I hereby acknowledge receipt of the Annual Notification of Parents'/Students' Rights and Uniform Complaint Procedures which contains information regarding the rights, responsibilities, and protections regarding the above-named student. | |
| 3. | HARRASSMENT PROCEDURES: I have reviewed and discussed the following San Marcos Unified School District Board Policies regarding <u>Sexual Harassment BP 5145.7</u> , <u>Nondiscrimination/Harassment BP 5145.3</u> , and <u>Bullying BP 5131.2</u> with the above-named student. | |
| 4. | TECHNOLOGY AND TELECOMMUNICATIONS RESOURCES: I have read and discussed with my student the San Marcos Unified School District Student Technology Responsible Use Policy included in the Annual Notification to Parents. | |
| 5. | FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT (FERPA), RELEASE OF SMUSD DIRECTORY INFORMATION: I permit the release of San Marcos Unified School District's directory information regarding my student. San Marcos Unified School District directory information may include my student's name, parent's name, address, e-mail address, telephone number, major course of study, participation in officially recognized activities and sports, awards, and school most recently attended. This information may be released to requesting agencies with a legitimate educational interest, universities, other school districts, and the school's PTA and Foundation. | <u>optional</u> |
| 6. | MILITARY: I permit the San Marcos Unified School District to release directory information for the above named 11 th or 12 th grade student to military recruiters. (NOTE: Only applies for students entering 11 th or 12 th grade) | |
| 7. | STUDENT ACCIDENT AND HEALTH INSURANCE: As parent/guardian of the named student, I understand that San Marcos Unified School District does not carry medical or dental insurance for students injured on school premises, while under school jurisdiction, or while participating in school district activities. The District has a voluntary student accident insurance program available for student families who wish to participate. This insurance program is optional and complies with the California Education Code. For questions or additional information, please contact Student Insurance as follows: Phone: (310) 826-5688; email: sirep@studentinsuranceusa.com ; Address: 10801 National Boulevard, Suite 603, Los Angeles, CA 90064 | |
| 8. | I have read and considered the San Marcos Unified School District's Media Opt-Out Form (found in Optional Forms or in your school office). | |
| 9. | I have read the Healthy Act notification and considered the San Marcos Unified School District's Pesticide/Herbicide 72-Hour Application Notification (found in Optional Forms or in your school office). | |
| 10. | High school only – I have read and considered San Marcos Unified School District's Right to Refrain from Harmful Destructive Use of Animals Opt-Out Form (found in Optional Forms or in your school office). | |

By signing below, I the parent/guardian, and I the student, hereby acknowledge receipt of information regarding the policies and rights outlined above and described in the San Marcos Unified School District's 2021/22 Annual Notification Packet. I also attest, under penalty of perjury, that I am a resident of the district, as previously verified, or attend under an approved Interdistrict Agreement.

| | |
|---------------------------|-------------------|
| Parent/Guardian Signature | Student Signature |
|---------------------------|-------------------|