



**San Mateo-Foster City School District**  
 1170 Chess Drive • Foster City • California • 94404  
 (650) 312-7700 • [www.smfcsd.net](http://www.smfcsd.net)

<b>OFFICE USE ONLY</b>	DATE SUBMITTED: _____
	SCHOOL OF ASSIGNMENT: _____
	GRADE: _____ School Year: <b>2024-2025</b>

## 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 <sup>th</sup> grade) <input type="checkbox"/> High school graduate (Completed 12 <sup>th</sup> 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 <sup>th</sup> grade) <input type="checkbox"/> High school graduate (Completed 12 <sup>th</sup> 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 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: ( \_\_\_\_\_ ) \_\_\_\_\_

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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 as required by state law. Medication cannot be accepted without the completed Permission for Medication Form.**

If the 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/GUARDIAN. 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 \_\_\_\_\_

Form continues on next page →

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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 31, 2024.

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 31, 2024**. 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 2024-2025 school year all immunizations must be completed and submitted to the school office **no later than July 31, 2024**. 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 2024-2025 school year. *The priority registration window is November 27, 2023 – January 5, 2024.*

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 2024-2025 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 2024-2025 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

**MEDIA CONSENT**

Throughout the school year, the media may visit your school to cover special events. The San Mateo-Foster City School District is known for its outstanding and talented students, and from time to time the District would like to publicize its achievements. Due to these events and interviews being almost always needed on a spur-of-the-moment basis, we are requesting parental permission for the 2024-2025 school year rather than on a case-by-case basis.

The San Mateo-Foster City School District may also wish to use your child's photograph, voice, or student work for promotional and educational reasons, such as in publications, posters, brochures, and newsletters; on the district website; podcasts; or at community fairs or other special events. The district will not use any media for political campaigning purposes, as per Ed. Code § 7054. Before your child's photograph or voice can be used by the media or by the District, you must give your permission.

Please indicate below whether the district and the media have permission to use your child's photograph, student work, or voice for promotional and educational purposes. Please only check one box. Thank you for your cooperation.

I give my permission for my child to be filmed/photographed 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**

**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.**

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**AGREEMENT FOR STUDENT USE OF TECHNOLOGY**

**CODE OF CONDUCT**

Students are authorized to use district equipment to access the Internet or other online services in accordance with Board policy, the user obligations and responsibilities specified below, and the district's Student Use of Technology Agreement.

1. The student in whose name an online services account is issued is responsible for its proper use at all times. Students shall keep personal account numbers and passwords private and shall only use the account to which they have been assigned.
2. Students shall use the district's system safely, responsibly, and primarily for educational purposes.
3. Students shall not access, post, submit, publish, or display harmful or inappropriate matter that is threatening, obscene, disruptive, or sexually explicit, or that could be construed as harassment or disparagement of others based on their race/ethnicity, national origin, sex, gender, sexual orientation, age, disability, religion, or political beliefs. Harmful matter includes matter, taken as a whole, which to the average person, applying contemporary statewide standards, and appeals to the prurient interest and is matter which depicts or describes, in a patently offensive way, sexual conduct and which lacks serious literary, artistic, political, or scientific value for minors.
4. Unless otherwise instructed by school personnel, students shall not disclose, use, or disseminate personal identification information about themselves or others when using email, chat rooms, or other forms of direct electronic communication. Students also shall be cautioned not to disclose such information by other means to individuals contacted through the Internet without the permission of their parents/guardians. Personal information includes the student's name, address, telephone number, Social Security number, or other personally identifiable information.
5. Students shall not use the system to encourage the use of drugs, alcohol, or tobacco, nor shall they promote unethical practices or any activity prohibited by law, Board policy, or administrative regulations.
6. Students shall not use the system to engage in commercial or other for-profit activities.
7. Students shall not use the system to threaten, intimidate, harass, or ridicule other students or staff. Students will treat others with courtesy and respect when using technology resources and will not engage in cyberbullying.
8. Copyrighted material shall be posted online only in accordance with applicable copyright laws. Any materials utilized for research projects should be given proper credit as with any other printed source of information.
9. Students shall not intentionally upload, download, or create computer viruses and/or maliciously attempt to harm or destroy district equipment or materials or manipulate the data of any other user, including so-called "hacking."
10. Students shall not attempt to interfere with other users' ability to send or receive email, nor shall they attempt to read, delete, copy, modify, or use another individual's identity.
11. Students shall report any security problem or misuse of the services to the teacher or principal.

The district reserves the right to monitor use of the district's systems for improper use without advance notice or consent. Students shall be informed that computer files and electronic communications, including email, are not private and may be accessed by the district for the purpose of ensuring proper use.

Whenever a student is found to have violated Board Policy, Administrative Regulation, or the district's Student Use of Technology Agreement, the principal or designee may cancel or limit a student's user privileges or increase supervision of the student's use of the district's technological resources, as appropriate. Inappropriate use also may result in disciplinary action and/or legal action in accordance with law and Board policy.

I have read and discussed with my child the San Mateo Foster City School District: User Code of Conduct. I understand that District technological resources are meant to be used for educational purposes only and I understand the consequences of misuse of technology and Internet access.

As the parent or guardian of the student named above, I agree to allow him/her access to technology and the Internet services of the San Mateo Foster City School District. Further, I agree to release and hold harmless the San Mateo Foster City School District and its officers, board members, employees and agents from and against any and all liability, loss, expense, or claim for injury or damages students may have arising from the use of the District's technological resources.

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."

**SIGNATURE OF PARENT OR LEGAL GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

**RESIDENCE SURVEY**

**Housing Status – Presently, are you and/or your family living in any of the following situations?**

- Temporary Shelter** Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or Federal Emergency Management Agency (FEMA) trailer.
- Hotels/Motels** Temporarily living in a motel or hotel due to loss of housing, economic hardship, natural disaster, or similar reason.
- Shared Housing** Sharing housing with other(s) due to loss of housing, economic hardship, natural disaster, or similar reason.
- Unsheltered** Living in a car, park, campground, abandoned building, or other inadequate accommodations (i.e. lack of water, electricity, or heat).
- Permanent Single-Home** Living in a single-home residence that is permanent.
- Decline to Answer** You may select this option if none of the above home situations apply to this student or you do not wish to indicate your residency status.

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**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 \_\_\_\_\_