Secondary New Student Enrollment Procedures

All middle and high school age students must register at their home school (attendance/boundary area school). Only a parent or legal guardian may register a student. The following documentation must be provided:

● **Documentation of age** as defined Ed Code 48002 -

- Certified copy of birth record or statement by the local registrar or county recorder certifying birth date
- Baptism certificate duly attested
- Passport
- An affidavit of the parent, guardian, or custodian of the minor
- Or, any other means of providing the age of the child as prescribed by the governing board of the school district

● **Immunization record** – 7th graders must have 1 TDP and 2 varicella

● **Verification of Residency** as defined Ed Code 48204.1 (but not limited to):

- Rental contract, lease agreement
- Utility Service Contracts, statements, payment receipts
- Government Documents
- Driver's License or non-government issued photo ID
- Voter Registration
- Property Taxes
- Pay Stub
- Declaration of residency

Students must reside full time with parent or legal guardian at the residential address given. If you and your child are residing with a family member or friend, the owner of the residence must accompany you to the school and complete an affidavit of residency. The owner of the residence must provide the proof of residency documentation.

● **Transcript, Grades, & Test scores from previous school:** if available

- **Copy of IEP or 504, if applicable**

Folsom Cordova Unified School District

NEW STUDENT MIDDLE SCHOOL REGISTRATION FORM 2026-2027 School Year

Check grade level of enrollment: ☐ **6** ☐ **7** ☐ **8**

Circle any supports your child receives: 504 Plan IEP/Special Ed Speech

(Please Print)

Student's Legal Name: _____ **Birthdate:** _____
Last First Middle

Also Known as (AKA) Name: _____ **Legal Sex :** ☐ **Male** ☐ **Female** ☐ **Nonbinary**

Home (Resident) Address: _____ **City:** _____ **Zip Code:** _____

Mailing Address (*if different***)** _____ **City:** _____ **Zip Code:** _____

(circle one)
Parent I/Guardian Name: _____ Check one*:* ❑*Natural* ❑ *Step* ❑*Guardian/Foster*

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email:** _____

(circle one)
Parent II/Guardian Name: _____ Check one*:* ❑*Natural* ❑ *Step* ❑*Guardian/Foster*

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email:** _____

Student lives with: _____

If parents are divorced or separated, to who has physical custody been granted? (Please attach verification)

_____ **Custody papers on file** ☐

School Last Attended: _____
(Name of School) (City) (Zip Code)

STATE LEGISLATION REQUIRES THAT THE FOLLOWING QUESTIONS BE ASKED AT THE TIME OF REGISTRATION:

Has this student previously been expelled, or is currently being considered for expulsion, from this or any other school district?

☐ No ☐ Yes If Yes, in what school district: _____

☐ No ☐ Yes Has the student ever been enrolled in a juvenile court school? If yes, in what grade? _____

Counselor Verification:
Math Level: _____ **English:** _____ **SpEd/504:** _____

Eff. Reading: _____ **Exploratory Math:** _____

***** COMPLETE BOTH SIDES OF THIS FORM***COMPLETE BOTH SIDES OF THIS FORM*****

(MS Registration Revised 10.2023 SB)

Folsom Cordova Unified School District
NEW STUDENT MIDDLE SCHOOL
REGISTRATION FORM
2026-2027 School Year

REQUEST FOR SCHOOL ATTENDANCE OUTSIDE RESIDENCE REQUIRES A SCHOOL CHOICE AGREEMENT. SUBJECT TO SPACE AVAILABILITY.

Time Received _____ Date Received _____

Affidavit of Residency
In accordance with Folsom Cordova Unified School District Board Policy 5117, I hereby declare that I reside with my student at the address listed on this document. ***Falsifying this address will result in immediate disenrollment.***

Three pieces of verification may be required.

Your signature below verifies all of the information on this form to be true under penalty of perjury.

Print Parent/Guardian Name _____

Signature: _____ Date: _____

Verification of Residency as Defined by Ed Code:
___ Utility Statement
___ Government Document
___ Driver's License
___ Non-Government Issued Photo ID
___ Voter Registration
___ Property Tax
___ Pay Stub
___ Correspondence from a Government Agency
___ Affidavit of Residency (to be signed in person at home boundary school office)

For Office Use Only:
Received Date: _____
Student ID: _____
Snap Code: _____
Immunizations: _____
Verified by: _____

(MS Registration Revised 10.2023 SB)

FOLSOM MIDDLE SCHOOL
500 Blue Ravine Road
Folsom, CA 95630-3403
(916) 294-9040 FAX: (916) 294-9078
lvalieva@fcusd.org

Terri Daniels, Principal
Alfredo Acosta, Assistant Principal
Keith Shields, Assistant Principal

REQUEST FOR STUDENT CUMULATIVE RECORDS

Registrar:

The student listed below has enrolled in Folsom Middle School.

_____	_____	___	_____	_____
Last Name	**First Name**	**M.I**	**Grade**	**Date of Birth**

Please forward the following records as soon as possible:

- Academic Records
- Cum Folder
- Health Records
- Psychological Folder/Special Ed Records

_____

Luiza Valieva
Registrar

PARENT PERMISSION TO RELEASE RECORDS

"I hereby give:"

_____ **1st Request_____**

Name of School: **2nd Request_____**

_____ **3rd Request_____**

School Mailing Address:

_____

City: State: Zip:

School Phone #: _____School Fax #: _____

Consent to release to FOLSOM MIDDLE SCHOOL, 500 Blue Ravine Rd, Folsom, CA, 95630, the information requested above.

Date: _____ **Signature:** _____

Relationship: _____ **Phone:** _____

MIDDLE SCHOOL
2026/2027

Folsom Cordova Unified School District
MANDATORY SIGNATURE SHEET

Please circle student's grade for 2026/2027 school year
06 07 08

(Please Print)
Student's Legal Name: _____ Student ID#:_____

Date of Birth:_____

Parents Rights and Responsibilities Booklet

The Board of Education is required by law to notify parents/guardians of certain rights and responsibilities. This notification contains a summary of these rights, responsibilities, and expectations. Please contact the principal of your student's school if you have questions regarding this information. Your signature below will verify that you have received the *Parents Rights and Responsibilities* booklet either in print version, available at your school office, or online at www.fcusd.org.

I verify that I have received and read the *Parent's Rights and Responsibilities* booklet, either on the District website or will obtain a printed copy from the school office, to inform myself of said rights.

Parent/Guardian Signature _____

Student Authorized Internet Use Agreement

(Check one box, signatures indicate agreement)

☐ **YES** - We**,** student and parent/guardian, have read FCUSD Student Technology Use Agreement and agree to be bound by the terms and conditions of said agreement. We understand that internet access is designed for educational purposes and agree to use it for those purposes only. Signatures listed below denote agreement and permission for student to be issued an internet account.

☐ **NO** - ***Refusal of Internet Access Privileges for Student.*** I **DO NOT** want my student to have access to the internet at school. My student agrees to abide by all **other** technology use policies but does not have my permission to use the internet at school.

Parent/Guardian Signature _____ Student Signature_____

Directory Information

Federal and State law allow the District to disclose directory information to outside organizations, without written consent, unless you have advised the District that you do not want directory information released. The District has designated the following information to be directory information: student name, address, and phone number. The District may release directory information, upon request, to outside organizations including the following entities: parent/school organizations, representatives of the news media, military recruiters, prospective employers or colleges and universities. The school district will deny the release of specific categories of directory information to any public or private non-profit organization if the District believes that the release of such information is contrary to the best interest of the student.

☐ YES, directory information may be released
☐ YES, my high school student's directory information may be released to organizations, with the exception of military recruiters
☐ NO, directory information may not be released to any organization

Parent/Guardian Signature _____ Student Signature_____

*******Both sides of form must be completed and signed before student may obtain schedule*******

Privacy Rights Regarding Student Records

As a public school district, we are required by State and Federal law to maintain student records. The purpose of keeping such information is to provide the best possible conditions for education. You have the right to review and inspect your child's educational record and to challenge the contents of records which you believe are inaccurate, misleading, or in violation of your child's privacy rights. If you desire to inspect or challenge records, please make an appointment during regular school hours. If after following district procedure you believe that your rights have been violated, you have the right to file a written complaint with the Federal Department of Education, Family Policy Compliance Office.

Photographs and Video for Publication for General Education Students

Unless notified in writing of an objection by a parent, legal guardian, or student of age 18, photographs and video footage of students and/or names may be used in District-produced materials including printed publications, television productions web sites, and official District social media platforms. If parents do not want photographs or videos of their student(s) to be used in these materials, they should complete a Request to Restrict Use of Photos, Videos, and/or Name of Student form available at school offices or via the District's website.

Please be aware that these requests are valid for the current school year and must be renewed at the start of the next school year. The requests will not prohibit usage in student-produced materials such as yearbooks and newspapers. Please contact your school office or the Office of Communication and Community Engagement at 294-9000 ext. 104530 if you have any questions.

Photographs and Video for Publication for Individualized Education Programs

It is the District's policy to require written permission from parents/guardians before using photos of video footage that identifies a student with an Individualized Education Program (IEP). Consent forms can be obtained from school offices, from the Office of Communication and Community Engagement, or by visiting the District's website. Forms are stored at the student's school and are good for the current school year.

Insurance Information

Folsom Cordova Unified School District **DOES NOT** carry insurance to pay for accidental injuries sustained by student. For further health information for student, please contact our health services office at (916)294-9000.

I have read the above information regarding *Parents Rights and Responsibilities, Student Internet Use,* D*irectory Information, Privacy Rights Regarding Student Records, Student Photographs for Publication,* and *Insurance Information*.

_____ _____

Parent/Guardian Signature ***Date***

_____

Print Parent/Guardian Name

*******Both sides of form must be completed and signed before student may obtain schedule*******

California Immunization Requirements for

K–12th Grade (including transitional kindergarten)

Grade	Number of Doses Required of Each Immunization[1, 2, 3]				
K-12 Admission	4 Polio[4]	5 DTaP[5]	3 Hep B[6]	2 MMR[7]	2 Varicella
(7th-12th)[8]	K-12 doses	+ 1 Tdap			
7th Grade Advancement[9,10]		1 Tdap[8]			2 Varicella[10]

1. Requirements for K-12 admission also apply to transfer pupils.
2. Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
3. Any vaccine administered four or fewer days prior to the minimum required age is valid.
4. Three doses of polio vaccine meet the requirement if one dose was given on or after the 4th birthday. Oral polio vaccine (OPV) doses given on or after April 1, 2016, do not count.
5. Four doses of DTaP meet the requirement if at least one dose was given on or after the 4th birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday (also meets the 7th-12th grade Tdap requirement. See fn. 8.) One or two doses of Td vaccine given on or after the 7th birthday count towards the K-12 requirement.
6. For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c).
7. Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the 1st birthday meet the requirement.
8. For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
9. For children in ungraded schools, pupils 12 years and older are subject to the 7th grade advancement requirements.
10. The varicella requirement for seventh grade advancement expires after June 30, 2025.

DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine
Hep B = hepatitis B vaccine
MMR = measles, mumps, and rubella vaccine
Varicella = chickenpox vaccine

Instructions:

California schools are required to check immunization records for all new student admissions at TK / Kindergarten through 12th grade and all students advancing to 7th grade before entry. See shotsforschool.org for more information.

Unconditionally Admit a pupil whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age or grade as defined in the table above:

- Receipt of immunization.
- A permanent medical exemption.*

Conditionally Admit any pupil who lacks documentation for unconditional admission if the pupil has:

- Commenced receiving doses of all the vaccines required for the pupil's grade (table above) and is not currently due for any doses at the time of admission (as determined by intervals listed in the Conditional Admission Schedule, column entitled "Exclude If Not Given By"), or
- A temporary medical exemption from some or all required immunizations.*

Conditional Admission Schedule for Grades K-12

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

Dose	Earliest Dose May Be Given	Exclude If Not Given By
Polio #2	4 weeks after 1st dose	8 weeks after 1st dose
Polio #3[1]	4 weeks after 2nd dose	12 months after 2nd dose
Polio #4[1]	6 months after 3rd dose	12 months after 3rd dose
DTaP #2	4 weeks after 1st dose	8 weeks after 1st dose
DTaP #3[2]	4 weeks after 2nd dose	8 weeks after 2nd dose
DTaP #4	6 months after 3rd dose	12 months after 3rd dose
DTaP #5	6 months after 4th dose	12 months after 4th dose
Hep B #2	4 weeks after 1st dose	8 weeks after 1st dose
Hep B #3	8 weeks after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose
MMR #2	4 weeks after 1st dose	4 months after 1st dose
Varicella #2	Age less than 13 years: 3 months after 1st dose	4 months after 1st dose
Varicella #2	Age 13 years and older: 4 weeks after 1st dose	8 weeks after 1st dose

1. Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday. If polio #3 is the final required dose, polio #3 should be given at least six months after polio #2.
2. If DTaP #3 is the final required dose, DTaP #3 should be given at least six months after DTaP #2, and pupils should be excluded if not given by 12 months after second dose. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the seventh birthday. One or two doses of Td vaccine given on or after the seventh birthday count towards the requirement.

Continued attendance after conditional admission is contingent upon documentation of receipt of the remaining required immunizations. The school shall:

- review records of any pupil admitted conditionally to a school at least every 30 days from the date of admission,
- inform the parent or guardian of the remaining required vaccine doses until all required immunizations are received or an exemption is filed, and
- update the immunization information in the pupil's record.

For a pupil **transferring** from another school in the United States whose immunization record has not been received by the new school at the time of admission, the school may admit the child for up to 30 school days. If the immunization record has not been received at the end of this period, the school shall exclude the pupil until the parent or guardian provides documentation of compliance with the requirements.

* In accordance with 17 CCR sections 6050-6051 and Health and Safety Code sections 120370-120372.

Questions?

See the California Immunization Handbook at ShotsForSchool.org