

New Student Registration 2020-2021

Welcome to Woodside School!

Step 1 Gather the following required documents *. *Please bring the original and a copy.*

- Registration form** (see attached)
- Student's birth certificate or passport**
- Parent/Guardian picture ID** (driver's license, state ID or passport)
- Student's current immunization record**
- Proof of Residency (2 documents required)**
 1. If you are a *homeowner*: your current property tax bill OR Grant Deed.
If you *rent* your signed Lease agreement.

AND

 2. Current utility bill, i.e. PG&E, water or garbage
- If the student has an IEP or 504 please provide a copy of the latest IEP or 504**
- Report card and /or standardize test results for grades 1-8 (Optional)**

* *The district staff will retain a copy of documents offered as proof of residency. In addition, the district staff may annually verify the student's residency and retain a copy of the additional documents offered as verification. The family shall notify the district staff if there is a change of address.*

Step 2 Come to the Woodside School Office, 3195 Woodside Rd. Woodside, to turn in documents starting **March 2, 2020**. Office hours are **7:30 am to 4:00 pm (please arrive latest 3:45pm)**.

Step 3 Complete student's registration online. Once paperwork is turned in you will be emailed a link to complete the registration. **Registration is not complete until the online portion of the registration is submitted.** The email containing the registration link will come from noreply@noreply.infosnap.com. Please check your SPAM folder if you do not receive the email.

Step 4 *Kindergarten families only*

- Please go to myconferencetime.com/woodside/ to sign up for a Kindergarten Interview. Choose one date from the following options: May 6th, or May 13th.
- Schedule a physical exam for your child and have the pediatrician fill out the attached **Report of Health Examination for School Entry** form. This form can be turned in at the school office or uploaded into the online registration system.

Questions? Contact Elvira Ramirez Martinez at elviramartinez@woodsideschool.us or (650) 851-1571

Important Dates

Jan 10	9:30 to 10:00	School tour. Call the school office to reserve your spot 650-851-1571
Jan 29	8:45 to 9:45	Kindergarten Orientation Meeting for Parents only
Feb 07	9:30 to 10:00	School tour. Call the school office to reserve your spot 650-851-1571
Feb 17-21		Office closed for Winter break
March 2		Registration begins for the 2020-2021 school year
March 20	9:30 to 10:00	School tour. Call the school office to reserve your spot 650-851-1571
Apr 17	9:30 to 10:00	School tour. Call the school office to reserve your spot 650-851-1571
Apr 6-10		Office closed for Spring break
May 6	8:45 to 9:45	Kindergarten Interviews
May 13	8:45 to 9:45	Kindergarten Interviews
May 29	9:30 to 10:00	School tour. Call the school office to reserve your spot 650-851-1571
May 25		Office closed for Memorial Day



3195 Woodside Road Woodside, CA 94062
Office: 650.851.1571 Fax: 650.851.5577

Registration Form

Date: _____

Student First Name: _____

Student Last Name: _____

Birth Date: _____ Gender: M F Incoming Grade: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Parent 1 Name: _____ Parent 1 Cell: _____

Parent 2 Name: _____ Parent 2 Cell: _____

Parent1 Email: _____

Parent2 Email: _____

For District Use Only

Student ID#: _____ Infosnap: _____ Email Sent: _____



GRADE	NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION ^{1, 2, 3}				
K-12 Admission	4 Polio⁴	5 DTaP⁵	3 Hep B⁶	2 MMR⁷	2 Varicella
(7th-12th)⁸	1 Tdap				
7th Grade Advancement^{9,10}	1 Tdap⁸				2 Varicella¹⁰

- Requirements for K-12 admission also apply to transfer pupils.
- Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
- Any vaccine administered four or fewer days prior to the minimum required age is valid.
- Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday.
- Four doses of DTaP meet the requirement if at least one dose was given on or after the fourth 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. One or two doses of Td vaccine given on or after the seventh birthday count towards the requirement.
- For seventh grade admission, refer to Health and Safety Code section 120335, subdivision (c).
- 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 first birthday meet the requirement.
- For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the seventh birthday.
- For children in ungraded schools, pupils 12 years and older are subject to the seventh grade advancement requirements.
- 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.

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 table above:

- Receipt of immunization.
- A permanent medical exemption in accordance with 17 CCR section 6051.
- A personal beliefs exemption (filed prior to 2016) in accordance with Health and Safety Code section 120335.

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 Conditional Admission Schedule, column entitled “EXCLUDE IF NOT GIVEN BY”), or
- A temporary medical exemption from some or all required immunizations (17 CCR section 6050).

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.

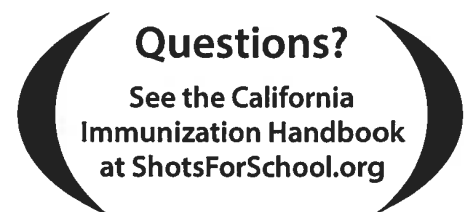
DOSE	EARLIEST DOSE MAY BE GIVEN	EXCLUDE IF NOT GIVEN BY
Polio #2	4 weeks after 1st dose	8 weeks after 1st dose
Polio #3	4 weeks after 2nd dose	12 months after 2nd dose
Polio #4¹	6 months after 3rd dose	12 months after 3rd dose
DTaP #2	4 weeks after 1st dose	8 weeks after 1st dose
DTaP #3²	4 weeks after 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	12 months after 2nd dose and at least 4 months after 1st 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
	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.
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.



REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street	City	SCHOOL
	ZIP code	

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ / /
Physical Examination	/ / /
Dental Assessment	/ / /
Nutritional Assessment	/ / /
Developmental Assessment	/ / /
Vision Screening	/ / /
Audiometric (hearing) Screening	/ / /
TB Risk Assessment and Test, if indicated	/ / /
Blood Test (for anemia)	/ / /
Urine Test	/ / /
Blood Lead Test	/ / /
Other	/ / /

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.
Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DT/7d (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

Examination shows no condition of concern to school program activities.

Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian _____ Date _____

Name, address, and telephone number of health examiner _____

Signature of health examiner _____ Date _____

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

CHDP website: www.dhcs.ca.gov/services/chdp