

New Student Registration 2023-2024

Welcome to Woodside School!

	*Please bring the originals 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)
	 If you are a homeowner: your current property tax bill OR Grant Deed.
	If you rent your signed Lease agreement. *If neither of those options
	work for your situation please contact Elvira Ramirez Martinez
	AND 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 plan
	☐ 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 1, 2023. Office hours are 7:30 am to 4:00 pm (please arrive latest 3:45pm).
Step 3	complete the registration. Links will be sent out May 1 st . <i>Registration is not complete until the</i>
	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 Transitional Kindergarten & Kindergarten families only

Step 1 Pre-registration: Gather the following required documents.

- Please sign up for a TK/Kindergarten Meet and Greet in August; information will be sent to parents who have completed the first 3 steps of the registration process
- 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 to Elvira Martinez or uploaded into the online registration system before the first day of school August 16, 2023

Questions? Contact Elvira Ramirez Martinez: elviramartinez@woodsideschool.us or (650) 851-1571 ext. 4002

Feb 21-25		Office closed for Winter break
Feb 28	6:00 PM	Kindergarten Orientation – Via Zoom- Please register for Zoom link
March 1		Registration begins for the 2022-2023 school year
March 7	6:00 PM	Transitional Kindergarten Orientation - Via Zoom – Please register for Zoom link
Apr 10-14		Office closed for Spring break
May 29		Office closed for Memorial Day
June 13		Office opens during summer hours
August		Kindergarten Meet and Greet dates TBD
Aug 16		First Day of School



Registration Form 2023-24

Date:		
Student First Name:		-
Student Last Name:		
Birth Date:	Gender: M F	Incoming Grade:
Street:		
City:	State:	Zip:
Home Phone:		
Parent 1 Name:	Pare	nt 1 Cell:
Parent 2 Name:	Pare	ent 2 Cell:
Parent 1 Email:		
Parent 2 Email:		
For District Use Only		
Student ID#:	Infosnap:	Email Sent:

Parents' Guide to Immunizations

Required for School Entry



Students Admitted at TK/K-12 Need:

- Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap, or Td) 5 doses
 (4 doses OK if one was given on or after 4th birthday.
 3 doses OK if one was given on or after 7th birthday.)
 For 7th-12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
- Polio (OPV or IPV) 4 doses
 (3 doses OK if one was given on or after 4th birthday)
- Hepatitis B 3 doses
 (Not required for 7th grade entry)
- Measles, Mumps, and Rubella (MMR) 2 doses (Both given on or after 1st birthday)
- Varicella (Chickenpox) 2 doses

These immunization requirements apply to new admissions and transfers for all grades, including transitional kindergarten.

Students Starting 7th Grade Need:

- Tetanus, Diphtheria, Pertussis (Tdap) —1 dose
 (Whooping cough booster usually given at 11 years and up)
- Varicella (Chickenpox) 2 doses
 (Usually given at ages 12 months and 4-6 years)

In addition, the TK/K-12 immunization requirements apply to 7th graders who:

- previously had a valid personal beliefs exemption filed before 2016 upon entry between TK/Kindergarten and 6th grade
- are new admissions

Records:

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. Parents must show their child's Immunization Record as proof of immunization.

K-12th Grade (including transitional kindergarten)



Grade	Number of Doses Required of Each Immunization 1, 2, 3						
K-12 Admission	4 Polio⁴	5 DTaP⁵	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.
- 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 pertussiscontaining 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 #2Age less than 13 years:4 months after3 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.

Questions?

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

See the California Immunization Handbook at ShotsForSchool.org

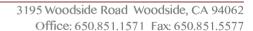
REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

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 F	PARENT OR GUARI	DIAN						
CHILD'S NAME—Last First			Middle	Middle		BIRTH DATE—Month/Day/Year		
ADDRESS—Number, Street City		City	ZIP code	ZIP code SCHOOL				
PART II TO BE FILLED OUT BY HE	ALTH EXAMINER							
HEALTH EXAMINATION		IMMUNIZATION RECO	RD					
NOTE: All tests and evaluations except the must be done after the child is 4 years and			ase give the family a comple e record immunization dates					
REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)				DATE E	ACH DOSE W	AS GIVEN	
Health History			VACCINE	First	Second	Third	Fourth	Fifth
Physical Examination		POLIO (OPV or IPV)						
Dental Assessment		,	ntheria, tetanus, and [acellul	arl				
Nutritional Assessment		pertussis) OR (tetanus		1				
Developmental Assessment		MMR (measles, mump	s, and rubella)					
Vision Screening			emophilus Influenzae B)					
Audiometric (hearing) Screening		(Required for child car						
TB Risk Assessment and Test, if indicated		HEPATITIS B						
Blood Test (for anemia)		VARICELLA (Chicken	nov)				_	
Urine Test		,						
Blood Lead Test		OTHER (e.g., TB Test	OTHER (e.g., TB Test, if indicated)					
Other	<u> </u>	OTHER						
PART III ADDITIONAL INFORMATION	N FROM HEALTH I	EXAMINER (optional) a	and RELEASE	OF HEALTH INFO	ORMATION	BY PARENT	OR GUARD	IAN
RESULTS AND RECOMMENDATIONS			I give permission for the check-up with the school	he health examiner as explained in Part	to share the III.	additional in	formation abo	ut the health
Fill out if patient or guardian has signed the rele	on.	☐ Please check this box if you <i>do not</i> want the health examiner to fill out Part III.						
☐ Examination shows no condition of concern	to school program acti	vities.						
Conditions found in the examination or after physical activity are: (please explain)	r further evaluation that	t are of importance to schooling or						
			Signature of parent or gu	uardian			Date	
			Name, address, and tele	phone number of hea	alth examiner			
			Signature of health exan	niner			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





Dear Parent or Guardian:

To make sure your child is ready for school, California law, *Education Code* Section 49452.8, now requires that your child have an oral health assessment (dental check-up) by May 31 in either kindergarten or first grade, whichever is his or her first year in public school. Assessments that have happened within the 12 months before your child enters school also meet this requirement. The law specifies that the assessment must be done by a licensed dentist or other licensed or registered dental health professional.

Take the attached Oral Health Assessment/Waiver Request form to the dental office, as it will be needed for your child's check-up. If you cannot take your child for this required assessment, please indicate the reason for this in Section 3 of the form. You can get more copies of the necessary form at your child's school or online from the California Department of Education's Web site at http://www.cde.ca.gov/ls/he/hn/. California law requires schools to maintain the privacy of students' health information. Your child's identity will not be associated with any report produced as a result of this requirement.

The following resources will help you find a dentist and complete this requirement for your child:

- Medi-Cal/Denti-Cal's toll-free number or Web site can help you to find a dentist who takes Denti-Cal: 1-800-322-6384; http://www.denti-cal.ca.gov. For help enrolling your child in Medi-Cal/Denti-Cal, contact your local social service agency at San Mateo County Human Services office 2500 Middle field Rd. Redwood City, CA 94063 (650)599-3811 or go to http://www.denti-cal.ca.gov/WSI/Bene.jsp?fname=ProvReferral.)
- 2. Healthy Families' toll-free number or Web site can help you to find a dentist who takes Healthy Families insurance or to find out if your child can enroll in the program: 1-800-880-5305 or http://www.benefitscal.com/.
- 3. For additional resources that may be helpful, contact your local public health department at San Mateo County Health Department at 225 37th Ave #11, San Mateo, CA 94403 or go to http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx).

Remember, your child is not healthy and ready for school if he or she has poor dental health! Here is important advice to help your child stay healthy:

• Take your child to the dentist twice a year.

- Choose healthy foods for the entire family. Fresh foods are usually the healthiest foods.
- Brush teeth at least twice a day with toothpaste that contains fluoride.
- Limit candy and sweet drinks, such as punch or soda. Sweet drinks and candy contain a lot of sugar, which causes cavities and replaces important nutrients in your child's diet. Sweet drinks and candy also contribute to weight problems, which may lead to other diseases, such as diabetes. The less candy and sweet drinks, the better!

Baby teeth are very important. They are not just teeth that will fall out. Children need their teeth to eat properly, talk, smile, and feel good about themselves. Children with cavities may have difficulty eating, stop smiling, and have problems paying attention and learning at school. Tooth decay is an infection that does not heal and can be painful if left without treatment. If cavities are not treated, children can become sick enough to require emergency room treatment, and their adult teeth may be permanently damaged.

Many things influence a child's progress and success in school, including health. Children must be healthy to learn, and children with cavities are not healthy. Cavities are preventable, but they affect more children than any other chronic disease.

If you have questions about the new oral health assessment requirement, please contact Abbe Keane school nurse at akeane@woodsideschool.us or contact the district office (650) 851-1571.

Sincerely,

Steve Frank Superintendent

Oral Health Assessment Form

School District.
3195 Woodside Rd.
Woodside, CA 94062

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:		Last Name:		Middle Initial:	Child's birth o	date:
Address:					Apt.:	
City:					ZIP code:	
School Name: Teacher:				Grade:	Child's Sex: □ Male	□ Female
Parent/Guar	rdian Name:	□ Native A	Black/African America		1	
	Oral Health Data Col NOTE: Consider each	-	-	rnia licensed	dental pro	fessional)
Assessment Date:	Caries Experience (Visible decay and/or fillings present)	Visible Decay Present:	y Treatment Urgency: □ No obvious problem found □ Early dental care recommended (caries without pain or infec			
	□ Yes □ No	□ Yes □ No	or child would bene Urgent care neede			
Licensed De	ntal Professional Signat	ure	CA License Numbe	er		
	Waiver of Oral Healt ut by parent or guardian			uirement		
Please excuse	my child from the dental	check-up becau	se: (Check the box th	at best describes	s the reason)	
	unable to find a dental of y child's dental insurance		e my child's dental ins	urance plan.		
	Medi-Cal/Denti-Cal □ He	ealthy Families	□ Healthy Kids □ 0	Other	 	□ None
□ I car	nnot afford a dental check-	up for my child.				
	not want my child to receinal: other reasons my child		•			
If asking to be	e excused from this requ	ıirement: ▶	Ciamatura of man	not ou according		
			Signature of pare	ent or guardian	Da	ate

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.