

## New Student Registration 2024-2025

### Welcome to Woodside School!

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

*\*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)**

1. *If you are a homeowner:* your current property tax bill **OR** Grant Deed.

*If you are a renter:* your signed lease agreement dated through the school year.

*\*Lease agreements must be updated annually. The home must be the family's primary residence.*

*\*If neither of those options work for your situation please contact Elvira Ramirez Martinez*

**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 January 12<sup>th</sup>, 2024. Office hours are **8:00 am to 3:45 pm (please arrive latest 3:30pm)**.

**Step 3** Complete student's registration online. Once paperwork is turned in you will be emailed a link to complete the registration. Links will be sent out May 1<sup>st</sup>. **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](mailto:noreply@noreply.infosnap.com). Please check your SPAM folder if you do not receive the email.

**Step 4** *Transitional Kindergarten & Kindergarten families only*

- 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 in the Fall of 2024.

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

Jan. 12	8:00 AM	<b>Registration begins</b> for the 2024-2025 school year
Jan. 15		<b>Office closed</b> - Martin Luther King Jr. Day
Jan. 30	8:30 AM	<b>Kindergarten Orientation</b> – Wildcats Room
Jan 30	11:00 AM	<b>Transitional Kindergarten</b> – Wildcats Room
Feb. 19-23		<b>Office closed</b> -Presidents' Week
Apr 8-12		<b>Office closed</b> - Spring break
May 27		<b>Office closed</b> - Memorial Day
June 12		<b>Office open</b> - During summer hours 8:30 -2:30
August		<b>Kindergarten Meet and Greet</b> - dates TBD
TBD		<b>First Day of School</b>



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

# Registration Form 2024-25

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: \_\_\_\_\_

Parent 1 Email: \_\_\_\_\_

Parent 2 Email: \_\_\_\_\_

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**For District Use Only**

Student ID#: \_\_\_\_\_ Infosnap: \_\_\_\_\_ Email Sent: \_\_\_\_\_  
Date Obtained: \_\_\_\_\_

# PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY



Starting July 1, 2019

## 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.

## 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
<b>POLIO</b> (OPV or IPV)					
<b>DtaP/DTP/DT/7d</b> (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
<b>MMR</b> (measles, mumps, and rubella)					
<b>HIB MENINGITIS</b> (Haemophilus Influenzae B) (Required for child care/preschool only)					
<b>HEPATITIS B</b>					
<b>VARICELLA</b> (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

### PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)

### 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](http://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:

1. 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 37<sup>th</sup> 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](mailto:akeane@woodsideschool.us) or contact the district office (650) 851-1571.

Sincerely,

A handwritten signature in black ink, appearing to read 'Steve Frank', with a stylized flourish at the end.

Steve Frank  
Superintendent

## Oral Health Assessment Form



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 date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

### Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

**IMPORTANT NOTE:** Consider each box separately. Mark each box.

Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
_____ <b>Licensed Dental Professional Signature</b>		_____ <b>CA License Number</b>	_____ <b>Date</b>

### Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- I am unable to find a dental office that will take my child's dental insurance plan.  
My child's dental insurance plan is:  
 Medi-Cal/Denti-Cal     Healthy Families     Healthy Kids     Other \_\_\_\_\_     None
  - I cannot afford a dental check-up for my child.
  - I do not want my child to receive a dental check-up.
- Optional: other reasons my child could not get a dental check-up: \_\_\_\_\_

If asking to be excused from this requirement: ► \_\_\_\_\_  
*Signature of parent or guardian*
*Date*

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.

**Return this form to the school no later than May 31** of your child's first school year.  
*Original to be kept in child's school record.*