

## New Student Registration 2026-2027

### 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 (3 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 are your situation, please contact Elvira Ramirez Martinez*

**AND**

  2. **2 Current utility bills**, 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 9<sup>th</sup>, 2026. 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*. Please check your SPAM folder if you do not receive the email.

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

- A TK/Kindergarten Meet and Greet will be scheduled 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 2026.

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

Jan. 9	8:00 AM	<b>Pre-registration begins</b> for the 2026-2027 school year
Jan. 19	All Day	<b>Office closed</b> - Martin Luther King Jr. Day
Jan. 29	8:30 AM	<b>Kindergarten Orientation</b> – Wildcats Room
Jan 30	8:45 AM	<b>Transitional Kindergarten</b> – Wildcats Room
Feb. 16-20	All Week	<b>Office closed</b> - Presidents' Week
Apr 6-10	All Week	<b>Office closed</b> - Spring break
May 25	All Day	<b>Office closed</b> - Memorial Day
June 15		<b>Office open</b> - During summer hours
August	TBD	<b>Kindergarten Meet and Greet</b>



School District

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

## Registration Form

# 2026-27

**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:** \_\_\_\_\_ **Date Obtained:** \_\_\_\_\_ **Date Obtained:** \_\_\_\_\_

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

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).
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 prior 2-dose varicella requirement for 7th grade advancement expired 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](http://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
<b>Polio #2</b>	4 weeks after 1st dose	8 weeks after 1st dose
<b>Polio #3<sup>1</sup></b>	4 weeks after 2nd dose	12 months after 2nd dose
<b>Polio #4<sup>1</sup></b>	6 months after 3rd dose	12 months after 3rd dose
<b>DTaP #2</b>	4 weeks after 1st dose	8 weeks after 1st dose
<b>DTaP #3<sup>2</sup></b>	4 weeks after 2nd dose	8 weeks after 2nd dose
<b>DTaP #4</b>	6 months after 3rd dose	12 months after 3rd dose
<b>DTaP #5</b>	6 months after 4th dose	12 months after 4th dose
<b>Hep B #2</b>	4 weeks after 1st dose	8 weeks after 1st dose
<b>Hep B #3</b>	8 weeks after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose
<b>MMR #2</b>	4 weeks after 1st dose	4 months after 1st dose
<b>Varicella #2</b>	Age less than 13 years: 3 months after 1st dose	4 months after 1st dose
<b>Varicella #2</b>	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](http://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 PARENT OR GUARDIAN

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

## 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/Td</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)					
<b>OTHER</b> (e.g., TB Test, if indicated)					
<b>OTHER</b>					

## 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](http://www.dhcs.ca.gov/services/chdp)



## Kindergarten Oral Health Assessment (KOHA) Notification Letter

Dear Parent or Guardian:

Having a healthy mouth helps your child do well in school. To make sure your child is ready for school, California law Education Code Section 49452.8 requires all **public school students in either Transitional Kindergarten (TK) or Kindergarten** to have an oral health screening, called the Kindergarten Oral Health Assessment (KOHA). The required KOHA form is attached to this letter. It must be completed by a licensed dentist or dental professional. *If your child is in first grade and did not attend public school in TK or Kindergarten, they also need to complete the assessment.*

**The KOHA only needs to be completed once.** It should be turned into your child's school as early as possible in the school year. It can be completed at your child's dental office. Or, many schools in San Mateo County offer the KOHA screening free at the school. Your child's school will notify you if the KOHA will be offered at the school.

If you cannot take your child to a dentist, or they missed the free KOHA screening if offered at their school, please visit our webpage here for help in finding a dentist: <https://www.smchealth.org/accessing-oral-health-care>.

Or, you may complete the separate **Waiver of Kindergarten Oral Health Assessment Requirement form (attached to this letter)**, and return it to your child's school. You can get copies of all these forms from your child's school.

Your child's identity will not be in any report. Schools keep students' health information private.

### If your child does not have health or dental insurance:

Contact San Mateo County's **Health Coverage Unit** by calling toll free:

**1-800-223-8383.**

Local number: **650-616-2002.**

Email: [info-hcu@mscgov.org](mailto:info-hcu@mscgov.org).

Visit the website: <http://www.smchealth.org/health-insurance>.



### To find a dental provider accepting Health Plan of San Mateo Dental (HPSM Dental):

Call the **Health Plan of San Mateo's Dental Line**: 650-616-1522 Email: [Dental@hpsm.org](mailto:Dental@hpsm.org).

Visit HPSM Dental's webpage: <https://www.hpsm.org/member/hpsm-dental>



### To find a dental provider accepting Kaiser Foundation Health Plan:

Call the Medi-Cal Dental Customer Service Center: 1-800-322-6384 (TTY 1-800-735-2922).

Visit the Medi-Cal Dental (Smile, California) webpage: <https://smilecalifornia.org/find-a-dentist>



**For additional oral health information and resources:**

Visit the Oral Public Health Program website: <http://www.smchealth.org/oral-health>.

**We want your child to be healthy and ready for school! Here is important advice to help your child stay healthy:**

- Baby teeth are very important, even though they fall out. Children need healthy baby teeth to eat, talk, smile, and feel good about themselves. Children with cavities may have pain, difficulty eating, stop smiling, and have problems paying attention and learning at school.
- Take your child to the dentist **every six months, starting when their first baby tooth comes in**. Dental check-ups can help keep your child's mouth healthy and free of pain, and are covered by dental insurance plans.
- Choose healthy foods and drinks for the entire family, like fresh fruits and vegetables, water and milk.
- Help your child brush their teeth at least 2 times a day with toothpaste that contains fluoride for 2 minutes, and floss daily.
- Limit candy and sweet drinks like punch, juice or soda. Sweet drinks and candy contain a lot of sugar, which causes cavities and leaves less room for your child to have healthy foods and drinks. Sweet drinks and candy can also cause weight problems, which may lead to other diseases, such as diabetes
- **Fluoride** is an important mineral that your child needs because it makes their teeth stronger and protects them from cavities. It is found in safe amounts in our drinking water and in toothpaste. Your dentist may recommend your child also receive **fluoride treatments, like “fluoride varnish.”** Fluoride varnish is painless and painted on their teeth. If your family drinks mostly bottled water, your child may not be getting enough fluoride from water to protect their teeth. **Fluoride treatments are free services covered by HPSM Dental every 6 months, or more frequently if your child has a higher risk of tooth decay.**
- **“Sealants”** are painless, clear coatings (“seals”) put on your child’s permanent back teeth (molars). They are recommended for all children because they protect teeth from harmful bacteria and cavities, and they last for several years. **Sealants are covered by insurance for kids.**

If you have questions about the oral health assessment requirement, please contact your child's school.

## Kindergarten Oral Health Assessment (KOHA) Form: San Mateo County

California law (*Education Code Section 49452.8*) says every child enrolled in kindergarten in a public school, and any child enrolled in first grade *who did not attend public school the previous year*, must have a dental check-up (assessment). Transitional kindergartners can also complete the assessment. It should be turned in at the beginning of the school year. A California licensed dental professional must do the check-up and fill out **Sections 2 and 3** of this form. If your child had a dental check-up in the last 12 months, ask your dentist to fill out Sections 2 and 3. To find a dental provider in San Mateo County, visit: [www.smchealth.org/accessing-oral-health-care](http://www.smchealth.org/accessing-oral-health-care). If you are unable to get a dental check-up for your child, fill out the separate Waiver of Oral Health Assessment Requirement Form.

This assessment will let you know if there are any dental problems that need attention by a dentist. This assessment will also be used to evaluate our oral health programs. Children need good oral health to speak with confidence, express themselves, be healthy, and ready to learn. Poor oral health has been related to lower school performance, and poorer social relationships. Thank you for supporting the health and well-being of California's children.

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

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Child's First and Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_

Address (include Apt. if applicable): \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Name: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Year child starts kindergarten: \_\_\_\_\_

Parent/Guardian First and Last Name: \_\_\_\_\_

Child's Gender:  Boy  Girl  Nonbinary

Child's Race/ Ethnicity:  Asian  Black / African American  Hispanic/ Latino  Multi-racial

Native American  Native Hawaiian/ Pacific Islander  White  Unknown

Other (please specify): \_\_\_\_\_

#### Dental Home Information:

What is your child's dental insurance?

Health Plan of San Mateo Dental (HPSM Dental)  Kaiser Foundation Health Plan (Kaiser)

Other: \_\_\_\_\_

None

How many times a year does your child visit the dentist?  Once  Twice  More than twice

Has your child visited the **same** dentist at least once a year for the past two years in a row?  Yes  No

Dental clinic name: \_\_\_\_\_ Dental clinic city: \_\_\_\_\_

Dentist name: \_\_\_\_\_ Dentist phone number: \_\_\_\_\_

Student name: \_\_\_\_\_

Grade: \_\_\_\_\_

## Section 2: Oral Health Screening Assessment

**Filled out by a California licensed dental professional. IMPORTANT NOTE FOR DENTAL PROVIDER:** Caries experience is both past treatment (e.g., fillings, crowns) and/or untreated decay at the present time (e.g., untreated cavities). Every child with untreated decay automatically also has caries experience for the purposes of this assessment.

Assessment date: \_\_\_\_\_

Assessment Location: (e.g. school, dental clinic, community event): \_\_\_\_\_

Untreated decay (Visible decay, untreated cavities):

Yes (If "Yes," caries experience below is automatically also "Yes")  No

Caries Experience (Untreated decay and/or past treatment, e.g. fillings, crowns):

Yes  No

Treatment Urgency (check **only one** of the 3 options provided below).

\*If "Urgent care needed" is checked, complete Section 3 below. **Do not** complete Section 3 if "No obvious problem found" or "Early dental care recommended" is checked.

- 1. No obvious problem found
- 2. Early dental care recommended (Check all that apply).
  - Caries without pain or infection
  - Child would benefit from sealants
  - Child would benefit from further evaluation
- 3. Urgent care needed\* (Check all that apply. Then complete as much of Section 3 below as possible).
  - Pain
  - Infection
  - Swelling
  - Soft tissue lesions

**\*Section 3: Follow up only for children with "Urgent care needed" marked under "Treatment Urgency" above.** (Dental provider fills out as much as known and signs. School staff/ other individual responsible for additional follow-up fills out rest of Section 3).

Parent/caregiver notified child has urgent dental care needs on (date): \_\_\_\_\_

Follow-up appointment for child with urgent dental care needs scheduled for (date): \_\_\_\_\_

Child with urgent dental care needs received needed treatment (Check **only one** of the options below).

\*If "No" or "I Don't Know," the individual responsible for follow-up is encouraged to contact the parent/caregiver to assist in getting the child to care, and to confirm the child received needed treatment.\*

- Yes
- No\*
- I Don't Know\*

Licensed dental professional signature

CA License Number

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 form to the school no later than by the end of your child's first school year. Original to be kept in child's school record.**



## **Waiver of Kindergarten Oral Health Assessment (KOHA) Requirement**

Please fill out this form if you need to excuse your child from the kindergarten oral health assessment requirement. Sign and return this form to the school where it will be kept confidential.

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

Child's First Name:	Last Name:	Middle Initial:	Child's Birth Date: MM - DD - YYYY
Address: City:	Zip code:		Apt.:
School Name:	Teacher:	Grade:	Year child starts kindergarten: YYYY
Parent/Guardian First Name:	Parent/Guardian Last Name:	Child's Gender: <input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Nonbinary	
Child's Race/Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi-racial <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please specify):			

### **Section 2: To be filled out by parent or guardian ONLY IF asking to be excused from this requirement**

Please excuse my child from the assessment because (check the box that best describes the reason):

<input type="checkbox"/>	I cannot find a dental office that will take my child's dental insurance plan. My child's dental insurance plan is: <input type="checkbox"/> Health Plan of San Mateo Dental <input type="checkbox"/> Kaiser Foundation Health Plan (Kaiser) <input type="checkbox"/> None <input type="checkbox"/> Other:
<input type="checkbox"/>	I cannot afford an assessment for my child.
<input type="checkbox"/>	I cannot find the time to get to a dentist (e.g., cannot get the time off from work, the dentist does not have convenient office hours).
<input type="checkbox"/>	I cannot get to a dentist easily (e.g., do not have transportation, located too far away).
<input type="checkbox"/>	I do not believe my child would benefit from an assessment.
<input type="checkbox"/>	Other (please specify the reason not listed above for why you are seeking a waiver of this assessment for your child):

**If asking to be excused from this requirement:**

\* \_\_\_\_\_ MM - DD - YYYY  
**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 by the end of your child's first school year.**  
**Original to be kept in child's school record.**