

THE FOLLOWING INFORMATION IS REQUIRED FOR YOUR STUDENT'S REGISTRATION  
(LA SIGUIENTE INFORMACION SE REQUIERE PARA LA INSCRIPCION DE SU ESTUDIANTE)

**Medical Records**

- Immunization Records
- Tuberculosis Skin Test Results\*

\*TB test within the last 2 weeks if registering from outside of the Country. If history of positive TB test: Present documentation of a chest x-ray and treatment.

**Proof of Age**

1. A certified copy of a birth certificate or a statement by the local registrar or county recorder certifying the date of birth
2. A duly attested baptism certificate
3. A passport
4. When none of the above documents is obtainable, an affidavit of the parent/guardian

**2 Proofs of Residency**

Submit 2 **current (or recent)** documents from the following list:

(Dated within the last 60 days)

- PG&E Bill
- Home telephone bill
- Cable television bill
- Water bill
- Payroll Stub
  
- W-2 form
- Property tax payment receipt
- Copy of deed & recent mortgage payment receipt
- Copy of lease and most recent rent payment receipt

If you need assistance meeting residency requirements please contact the Student Enrollment and Family Center at 415-492-3236

**Historial Medico**

- Tarjeta de Vacunas
- Resultados de la prueba de Tuberculosis\*

\* Resultados de la prueba de Tuberculosis dentro de las últimas 2 semanas si el estudiante viene fuera del país. Si hay un registro de la prueba de Tuberculosis positiva: Presentar la documentación del exámen de los rayos X y del tratamiento.

**Comprobante de Edad**

1. Una copia certificada de un certificado de nacimiento o una declaración del registrador local o del condado que certifique la fecha de nacimiento.
2. Certificado de bautismo debidamente acreditado
3. Un pasaporte
4. Cuando no se puede obtener ninguno de los documentos anteriores, una declaración jurada del padre/madre/tutor

**2 Comprobantes de Residencia**

2 documentos **actuales (o recientes)** de la siguiente lista deben ser entregados:

(Dentro de los últimos 60 días)

- Factura de PG&E
- Factura del servicio de teléfono de casa
- Factura del servicio de cable
- Factura del servicio de agua
- Talón de cheque
  
- Forma W-2
- Recibo del pago de los impuestos de la propiedad
- Copia de las escrituras y el pago mas reciente de la hipoteca
- Copia del contrato de renta y el mas reciente recibo del pago de la renta

Si necesita asistencia con los requisitos de verificación de residencia por favor comuníquese con el Centro Familiar e Inscripción de estudiantes al 415-492-3236

# 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.

	<b>PLEASE PRINT CLEARLY IN INK AND FILL OUT COMPLETELY</b>	
<b>GRADE</b>	<b>SAN RAFAEL CITY SCHOOLS STUDENT ENROLLMENT PACKET</b>	<b>YEAR</b>

**STUDENT INFORMATION**

Legal Last Name \_\_\_\_\_ Other Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Male    Female    Non-Binary   Birthdate (Mo/Day/Year):    Age \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION (Check box if student lives with this parent/guardian )**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Residence/Mailing Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**PARENT/GUARDIAN EDUCATION LEVEL**

Post Graduate    College graduate    Some college    HS graduate    Not a HS graduate

**PARENT/GUARDIAN INFORMATION (Check box if student lives with this parent/guardian )**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Residence/Mailing Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**PARENT/GUARDIAN EDUCATION LEVEL**

Post Graduate    College graduate    Some college    HS graduate    Not a HS graduate

**If child does not live with parents, be prepared to show affidavit of Guardianship or Court document**  
 If there is a legal custody agreement, please check one:    Joint Custody    Sole Custody

**PREVIOUS SCHOOLS ATTENDED**

Grade	Date Entered & Left	School Name	City, State

¿Has this student ever been retained?    Yes   If yes, what grade? \_\_\_\_\_    No   **Has this student ever attended a school in the San Rafael School District?**  
 Yes   If yes, what school? \_\_\_\_\_    No

**OFFICE USE ONLY**

Last Grade Completed _____	Requested Sch _____	E-mailed to Sch on: _____ / _____ / _____
Registering for grade _____	Assigned Sch _____	Mailed Packet on : _____ / _____ / _____

**WHAT IS YOUR CHILD'S ETHNICITY? (Please check one):**

- Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race)
- Not Hispanic or Latino

**WHAT IS YOUR CHILD'S RACE? (Please check one or more)**

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

- Asian Indian
- Black or African American
- Cambodian
- Chinese
- Filipino
- Guamanian
- Hawaiian
- Hmong
- Japanese
- Korean
- Laotian
- Other Asian
- Other Pacific Islander
- Samoan
- Tahitian
- Vietnamese
- American Indian or Alaskan Native and any persons having origins in any of the original peoples of North, Central or South America
- White and any persons having origins in any of the original peoples of Europe, North Africa, or the Middle East

**SPECIAL EDUCATION**

Was this student in special education?  Yes  No

If yes, what services was this student receiving?  RSP  SDC  Speech & Language

Was this student on a 504 plan?  Yes  No

**MEMORANDUM OF UNDERSTANDING SCHOOL ASSIGNMENT**

I/We understand that my/our child \_\_\_\_\_ is not guaranteed enrollment in his or her neighborhood school.\* If there is no space available in the neighborhood school, another school will be designated and the child will be placed on a waiting list for return to the neighborhood school.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Neighborhood school is the school designated by the district for your specific residence area.

**AFTER-SCHOOL PROGRAMS**

If an After-School Program is offered at your school, would you be interested in having your child attend?  Yes  No

DO YOU HAVE ANY OTHER CHILDREN ATTENDING SCHOOL IN SAN RAFAEL CITY SCHOOLS				
LAST NAME	FIRST NAME	BIRTHDATE	CURRENT SCHOOL	GRADE

**EMERGENCY CONTACT INFORMATION**

IN CASE OF AN EMERGENCY, THE PARENT/S OR GUARDIAN/S WILL BE CALLED FIRST. Please list the names of at least two **other** people who are relatives/friends/neighbors with different phone numbers who live in close proximity to the school, whom we may contact and release your child to in an emergency, if we cannot reach you. Please note that in case of a disaster, it is very important to have someone in the neighborhood who can care for your child until you can get home.

- 1) Full Name \_\_\_\_\_ Address \_\_\_\_\_  
 Home phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_
- 2) Full Name \_\_\_\_\_ Address \_\_\_\_\_  
 Home phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_
- 3) Full Name \_\_\_\_\_ Address \_\_\_\_\_  
 Home phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Health Insurance \_\_\_\_\_ Child's Policy # \_\_\_\_\_  
 Child's Physician's Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Address \_\_\_\_\_

**NON-CUSTODIAL PARENT INFORMATION**

If the parents are separated or divorced or do not have custody, may the non-custodial parent/s pick up the child from school?     Yes     No    initials \_\_\_\_\_

***A court order limiting contact with the child must be provided if the answer is No.***

If you would like the school to send student information (report cards, meeting notices, etc.) to a non-custodial parent, please fill out the information below:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

DECLARATION OF RESIDENCY				
Student Name	_____	Parent/Guardian Name	_____	
Residence Address	_____			
	House # and Street	Apt#	City	ZIP
Home Phone	_____	Cell Phone	_____	

**The address listed on this Residency Declaration is my primary residence.**

I understand that San Rafael City Schools will verify all information that has been provided on the Residency Declaration. Such verification may include multiple home visitations. I agree to immediately notify San Rafael City Schools in writing if there is any change in the status of my residency. I fully understand that the District will actively investigate all cases where it has reason to believe that the information provided by me is false or incorrect. False information on the Residency Declaration will lead to immediate disenrollment of the student from the District.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that any and all documents submitted to verify my residency are true and correct original documents, and that any and all documents submitted have not been altered except for the crossing out of dollar amounts and account numbers which is permitted for the purposes of this Residency Declaration.(Penal code sections 118,126,127)

Executed on the date below in the County of Marin, California

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*All information provided to San Rafael City Schools in the enrollment worksheet is confidential and will not be released to any unauthorized third party. The San Rafael City Elementary and High Schools are part of an equal Opportunity District, and are open to all students within the attendance area regardless of sex, race, color religious creed, national origin, ancestry, physical or mental disability, sexual orientation, or home language.*

OFFICE USE ONLY:		
Attach copies of proof of residency & a copy of the parent/guardian ID or DL to this document		
_____	_____	_____
Name of Staff Member	Signature of Staff Member	Date

STUDENT'S NAME:

SAN RAFAEL CITY SCHOOLS  
Enrollment Packet  
(SRCS Use Only)

Date Stamped:

## LOCAL

### HOME LANGUAGE SURVEY

The California Education Code requires that schools determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students.

**PLEASE NOTE:** If your response to any of the 4 questions below is a language other than English, your child will be given the **English Language Proficiency Assessments for California, ELPAC.**

***Please answer the following questions listing only one language per line.***

1. What language did your son or daughter learn when he or she **first began to talk**?

\_\_\_\_\_

2. What language does your son or daughter **most frequently** use at home?

\_\_\_\_\_

3. What language do you use **most frequently** to speak to your son or daughter?

\_\_\_\_\_

4. Name the language **most often spoken** by the adults at home?

\_\_\_\_\_

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY

Home Language Survey for all students is to be filed in the student's CUM FOLDER. If student is classified as English Learner, please initiate a blue EL folder. Please disregard this temporary survey when original is received within 30 days and filed in CUM folder.



### Housing Questionnaire

Student Last Name	First	Middle
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Name of School
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The information provided below will help San Rafael City Schools determine what services you and/or your child may be eligible for. This could include additional educational services through Title I, Part A and/or the federal McKinney-Vento Assistance Act. The information provided on this form will be kept confidential and only shared with appropriate school district and site staff.

Presently, are you and/or your family living in any of the following situations? *Check all that apply.*

- Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or Federal Emergency Management Agency (FEMA) trailer
- Sharing housing with other(s) due to loss of housing, economic hardship, natural disaster, lack of adequate housing, or similar reason
- Living in a car, park, campground, abandoned building, or other inadequate accommodations (i.e. lack of water, electricity, or heat)
- Temporarily living in a motel or hotel due to loss of housing, economic hardship, natural disaster, or similar reason
- Living in a single-home residence that is permanent

- Mark here, if you are a student under the age of 18 and living apart from parent(s) or guardian

*The undersigned parent/guardian certifies that the information provided above is correct and accurate.*

Print Parent/Guardian Name	Signature	Date
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(Area Code) Phone Number	Street Address	City	State	Zip
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Your child or children may have the right to:

- Immediate enrollment in the school they last attended (school of origin) or the local school where you are currently staying, even if you do not have all the documents normally required at the time of enrollment.
- Continue to attend their school of origin, if requested by you and it is in the best interest.
- Receive transportation to and from their school of origin, the same special programs and services, if needed, as provided to all other children, including free meals and Title I.
- Receive the full protections and services provided under all federal and state laws, as it relates to homeless children, youth, and their families.

Please list all children currently living with you.

Name	M/F/Non-Binary	Birthdate	Grade	School

If you have any questions about these rights, please contact the local homeless liaison, Lori Owens, by phone at 415-492-3589 or by email at [lowens@srcs.org](mailto:lowens@srcs.org)

*All campuses should keep the original forms for audit purposes only. This form should not be placed in the student's cumulative file or permanent record.*



310 Nova Albion Way San Rafael, CA 94903

**HEALTH ALERT 2023 - 2024**  
**NOTICE TO PARENT(S)/GUARDIAN(S):**

If your child has a serious health condition such as asthma, seizure disorder, diabetes, food or insect allergy, or other condition that may require care during the school day, it is imperative that you contact your school nurse immediately. Please note that if medication is to be given at school, including all over-the-counter medications, an authorization to administer medication is needed.

Thank you,

Heather Nelson  
District Nurse  
[hnelson@srcs.org](mailto:hnelson@srcs.org)  
(415) 342-5591  
Bahia Vista, Davidson Middle  
School, Laurel Dell, Sun Valley,  
Terra Linda High School

Roxana Aguiar-Gonzalez  
District Nurse  
Atención en español  
[ragonzalez@srcs.org](mailto:ragonzalez@srcs.org)  
(415) 342-9768  
Coleman, Glenwood, San  
Pedro, San Rafael High  
School, Madrone High School,  
Venetia Valley

Ana Peixotto  
Bilingual Health Liaison  
Atención en español  
[apeixotto@srcs.org](mailto:apeixotto@srcs.org)  
(415) 342-4803

**ALERTA DE SALUD 2023 - 2024**  
**AVISO A LOS PADRES/TUTORES:**

Si su hijo(a) tiene una condición de salud grave, tales como el asma, convulsiones, diabetes, alergias alimenticias o de insectos, o cualquier otra condición que requiera atención durante el día escolar, es de suma importancia que se comunique con la enfermera de la escuela inmediatamente. Por favor tenga en cuenta que si es necesario que se le administre algún medicamento en la escuela (incluyendo medicamentos sin receta médica), se requiere una autorización para administrar medicamentos. Favor de solicitar este formulario en la oficina de la escuela.

Gracias,

Heather Nelson  
District Nurse  
[hnelson@srcs.org](mailto:hnelson@srcs.org)  
(415) 342-5591  
Bahia Vista, Davidson Middle School,  
Laurel Dell, Sun Valley, Terra Linda  
High School

Roxana Aguiar-Gonzalez  
District Nurse  
Atención en español  
[ragonzalez@srcs.org](mailto:ragonzalez@srcs.org)  
(415) 342-9768  
Coleman, Glenwood, San  
Pedro, San Rafael High  
School, Madrone High School,  
Venetia Valley

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