

**SAN MARCOS UNIFIED SCHOOL DISTRICT
STUDENT EMERGENCY CARD**

Year: 2020-21 Grade: _____
Teacher: _____ ID#: _____

X _____ / /
Last Name First Name Middle Name Birthdate

X _____
Home Address Home Phone Parent E-Mail Address

IN CASE OF AN EMERGENCY, IT IS IMPORTANT FOR THE SAFETY OF YOUR CHILD THAT WE HAVE INFORMATION REQUESTED BELOW.

1. _____
Name (Parent) Employer Cell Phone Work Phone

2. _____
Name (Parent) Employer Cell Phone Work Phone

IT IS VERY IMPORTANT, IN CASE PARENTS CANNOT BE REACHED, THAT TWO (2) ADDITIONAL NAMES AND TELEPHONE NUMBERS BE LISTED BELOW:

3. _____
Alternate Local Contact Name Relationship Phone

4. _____
Alternate Local Contact Name Relationship Phone

IF NONE OF THE ABOVE IS AVAILABLE, YOUR CHILD WILL BE TRANSPORTED BY AMBULANCE TO THE HOSPITAL.

Siblings in school:

Name School Grade Name School Grade

Name School Grade Name School Grade

HEALTH CONDITION(S)- Check all that apply

IF NO HEALTH PROBLEMS check here ☐

☐ ADHD

☐ Asthma, needs Inhaler at school: ☐ Yes ☐ No

☐ Diabetes, needs Insulin at school: ☐ Yes ☐ No

☐ Heart Problem, explain: _____

☐ Seizure Disorder, explain: _____

☐ Known Hearing Loss , wears hearing aide(s): ☐ R ☐ L

☐ Vision Problem ☐ Wears Glasses ☐ Wears Contact Lenses

☐ Other Health Problem, explain: _____

☐ History of concussion, date(s): _____

ALLERGIES- Check all that apply

IF NO KNOWN ALLERGIES check here ☐

☐ Bee Sting Allergy

☐ Food Allergy, list foods: _____

☐ Medication Allergy, explain: _____

☐ Other Allergy, explain: _____

☐ **Check here if your child has had an Anaphylactic Reaction**

Does your child require medication to treat allergies: ☐ Yes ☐ No

**IF MEDICATIONS ARE REQUIRED TO TREAT AN ALLERGIC REACTION, PLEASE
CONTACT THE SCHOOL HEALTH OFFICE OR CHECK THE SCHOOL WEB SITE TO
OBTAIN THE REQUIRED FORMS.**

MEDICATION(S)- List medications below. IF NONE, Check Here ☐

Medication name/dose/time taken: _____

Are any of the listed medications taken at school? ☐ Yes ☐ No

**IF MEDICATIONS ARE REQUIRED AT SCHOOL, A SIGNED PARENT PERMISSION FORM AND PHYSICIANS ORDER IS REQUIRED. PLEASE
CONTACT THE SCHOOL HEALTH OFFICE OR CHECK THE SCHOOL WEB SITE TO OBTAIN THE REQUIRED FORMS.**

MEDICAL CARE PROVIDER PHONE NUMBERS-

Physician Name/Phone: _____ Dentist Name/Phone: _____

Does your child have Health Insurance? ☐ Yes ☐ No Name of Insurance Provider: _____

**THE HEALTH INFORMATION PROVIDED IN THIS FORM MAY BE SHARED WITH APPROPRIATE SCHOOL PERSONNEL ON A NEED-TO-
KNOW BASIS IN ORDER TO PROVIDE FOR YOUR CHILD'S SAFETY AND WELL-BEING.**

PLEASE CONTACT THE SCHOOL NURSE WITH ANY CONCERNS OR QUESTIONS IN THIS REGARD.

Signature(s) of Parent(s) or Guardian(s): _____ Date: _____

I hereby certify the above information to be true and correct to the best of my knowledge.

School Site Only-Place Label here
Grade _____
D.O.B. _____
Stu # _____
New Student _____



Please check here if:

- ☐ New Address
☐ New Phone Number(s)

2020-21 ANNUAL RESIDENCY VERIFICATION AND CHECKLIST

In accordance with District policy, all students in the San Marcos Unified School District must provide **TWO** residency verifications (proof of where you live) each year in order to register. Proof of where you live must be provided at registration or your child will not be able to register (one from each Category-see below). Proof must show Parent/Guardian/Caregiver name and address. If you want to keep your original document(s), you must provide us with a copy to keep. Parent/Guardian/Caregiver must show picture identification at registration (driver's license, passport)

STUDENT NAME: _____ ID#: _____

Student living with (check one):
☐ PARENT(S) ☐ LEGAL GUARDIAN/FOSTER PARENT (need court papers) ☐ CAREGIVER (need SMUSD affidavit)
☐ OTHER _____ ☐ SHARED HOUSING (homeowner/renter must complete Affidavit of Residency Form)

Primary Residency Information - Please select the option that best describes your housing situation:

☐ Single Family Dwelling ☐ Mobile Home ☐ Duplex ☐ Apartment/Condo ☐ Auto/RV or RV Park ☐ Hotel/Motel
☐ Shelter ☐ Campground ☐ Foster Home ☐ Other: _____

Are you temporarily sharing housing with another family? ☐ Yes ☐ No

Is this due to loss of housing, economic hardship or similar reason? ☐ Yes ☐ No

PARENT/GUARDIAN NAME(S) (PRINT): 1. _____ 2. _____

Names of Students living in the home: _____

I AFFIRM THAT THE STUDENT RESIDES AT THE ADDRESS BELOW:

_____ (phone #) _____

Signature of Person Establishing Residency _____

Date _____

****WARNING: INCORRECT INFORMATION WILL RESULT IN YOUR STUDENT BEING DISENROLLED IMMEDIATELY****

Check off **one** proof of residency in **each** category below. Proof must be current (dated within last 30 days). **Each Proof must show Parent/Guardian name and address unless shared housing (complete Affidavit of Residency Form).**

****IF YOU ARE IN A TRANSITIONAL LIVING CIRCUMSTANCE, PLEASE ASK THE SCHOOL SITE FOR ASSISTANCE.**

CATEGORY ONE:

- ☐ MORTGAGE STATEMENT or PAYMENT RECEIPT (with address of residency)
- ☐ RENTAL AGREEMENT or PAYMENT RECEIPT (with address of residency)
- ☐ PROPERTY TAX STATEMENT or RECEIPT (with address of residency)
- ☐ GRANT DEED (with address of residency)
- ☐ ESCROW PAPERS (with address of residency)

AND

CATEGORY TWO:

- ☐ CURRENT UTILITY BILL (SDG&E, WATER, TRASH OR CABLE)
- ☐ CORRESPONDENCE FROM A GOVERNMENT AGENCY
- ☐ VOTER REGISTRATION
- ☐ CURRENT PAY STUB W/ADDRESS
- ☐ AFFIDAVIT OF RESIDENCY (needed if shared housing-Parent/
Guardian not listed on proof of residency)
- ☐ OTHER

Verifying School Official _____

Date _____

rev.1/2020

Signature Verification of Receipt of Documents/Release of Information 2020-2021

Student Name (please print):	School: Twin Oaks 7 High	Grade:
Parent Name (please print):	Date:	

Education Code 48980 (a) states that the San Marcos Unified School District is required by law to notify parents of their rights to services and programs offered by our district schools. Parents must sign this notification form and return it to their child's school acknowledging that they have been informed of their rights.

PLEASE REVIEW AND INITIAL THE BOX NEXT TO EACH SECTION AS INDICATED • SIGN THE BOTTOM SECTION • RETURN TO YOUR SCHOOL OFFICE

		Parent Initials
1.	STUDENT BEHAVIOR EXPECTATIONS: I have reviewed and discussed San Marcos Unified School District's Board Policy regarding <u>Discipline BP 5144</u> with the above-named student. My student and I understand the consequences should my student violate this policy.	
2.	ANNUAL NOTIFICATION OF PARENTS'/STUDENTS' RIGHTS & UNIFORM COMPLAINT PROCEDURES: I hereby acknowledge receipt of the Annual Notification of Parents'/Students' Rights and Uniform Complaint Procedures which contains information regarding the rights, responsibilities, and protections regarding the above-named student.	
3.	HARRASSMENT PROCEDURES: I have reviewed and discussed the following San Marcos Unified School District Board Policies regarding <u>Sexual Harassment BP 5145.7</u> , <u>Nondiscrimination/Harassment BP 5145.3</u> , and <u>Bullying BP 5131.2</u> with the above-named student.	
4.	TECHNOLOGY AND TELECOMMUNICATIONS RESOURCES: I have read and discussed with my student the San Marcos Unified School District Student Technology Responsible Use Policy included in the Annual Notification to Parents.	
5.	The Family Education Rights and Privacy Act (FERPA) and Education Code 49073 permits San Marcos Unified School District to disclose appropriately designated "directory information" without written consent, unless you have advised the District that you do not want your student's directory information disclosed without your prior written consent. See optional forms.	
6.	MILITARY: I permit the San Marcos Unified School District to release directory information for the above named 11th or 12th grade student to military recruiters. A pupil or parent may request that this information not be released to military recruiters without prior written parental consent. See optional forms. (NOTE: Only applies for students entering 11th or 12th grade)	
7.	STUDENT ACCIDENT AND HEALTH INSURANCE: As parent/guardian of the named student, I understand that San Marcos Unified School District does not carry medical or dental insurance for students injured on school premises, while under school jurisdiction, or while participating in school district activities. The District has a voluntary student accident insurance program available for student families who wish to participate. This insurance program is optional and complies with the California Education Code. For questions or additional information, please contact Student Insurance as follows: Phone: (310) 826-5688; email: sirep@studentinsuranceusa.com ; Address: 10801 National Boulevard, Suite 603, Los Angeles, CA 90064	
8.	I have read and considered the San Marcos Unified School District's Media Opt-Out Form (found in Optional Forms or in your school office).	
9.	I have read the Healthy Act notification and considered the San Marcos Unified School District's Pesticide/ Herbicide 72-Hour Application Notification (found in Optional Forms or in your school office).	
10.	High school only – I have read and considered San Marcos Unified School District's Right to Refrain from Harmful Destructive Use of Animals Opt-Out Form (found in Optional Forms or in your school office).	

By signing below, I the parent/guardian, and I the student, hereby acknowledge receipt of information regarding the policies and rights outlined above and described in the San Marcos Unified School District's 2020/21 Annual Notification Packet. I also attest, under penalty of perjury, that I am a resident of the district, as previously verified, or attend under an approved Interdistrict Agreement.

Parent/Guardian Signature	Student Signature (if Grades 3-12)
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