

SAN MARCOS HIGH SCHOOL
1615 SAN MARCOS BLVD.
SAN MARCOS, CA 92078

Counseling Office: (760) 290-2262

Fax Machine: (760) 290-2278

ENROLLMENT INFORMATION

The following Enrollment Information is for NEW students to SMUSD enrolling in San Marcos High School.

An appointment must be made in order to enroll your student 760-290-2262. Both parent and student must be present the day of enrollment. Late arrival will result in the reschedule of the appointment.

DOCUMENTS:

PHOTO COPIES OF DOCUMENTS MUST BE ATTACHED

- _____ Transcript and withdrawal grades from previous school
- _____ Birth Certificate
- _____ Immunization Records
- _____ IEP & Psych Report for Special Placement (If applicable)
- _____ Testing results from the Language Assessment Ctr. (If applicable) Appointment must be made before enrollment 760-290-2442/CELDY scores.

(1) Proof of Residency from EACH category:

- 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

FORMS:

ALL FORMS ATTACHED MUST BE COMPLETED

- _____ Enrollment Form
- _____ Important Notice Regarding New Students
- _____ Residency Verification for Students/Carogiver Packet (if applicable)
- _____ Affidavit of Residence (If sharing housing)
- _____ Student Emergency Card
- _____ California School Immunization Record (Top portion only)

PLEASE NOTE: Some forms may require notarization

San Marcos Unified School District Home Language Survey and English Learner Resource Guide:

Directions to Parents and Guardians:

The California *Education Code* contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed on the Home Language Survey as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

Why Must Parents Complete the Home Language Survey?

When students in grades Transitional-kindergarten (TK) or Kindergarten through grade twelve first enroll in a California public school, the school district uses a Home Language Survey to determine a student's primary language. This survey is completed by the parents or guardians at the time the student is first enrolled. A student who speaks a language other than English in the home is given the *English Language Proficiency Assessment for California (ELPAC)* to determine the student's level of English.

What is the Purpose of the *English Language Proficiency Assessment for California (ELPAC)*?

The purposes of the ELPAC are the following:

- ◆ To identify students who have limited English language skills and qualify as Limited English Proficient (LEP)
- ◆ To determine LEP students' English language proficiency level
- ◆ To assess the progress of LEP students in acquiring the skills of listening, reading, speaking, and writing in English

What does it mean that my child is an English Learner?

If a student does not yet speak and understand English at a level where they can fully participate in regular instruction taught in English, they should be classified as an English learner (EL). California law requires that school districts provide English learners with additional services to help them gain fluency in English while moving forward with everything else they need to learn.

It's important to realize that English proficiency isn't something that should need to happen before students can access all the other content—science, literature, math, history, art, and all the rest—that their school provides.

How does SMUSD know who is an English Learner?

When a student enrolls in a new school, parents fill out a survey, the Home Language Survey or HLS, that asks what language the student speaks at home. Federal and state laws require that school districts then test the English ability of students whose home language is not English. In California, this is done with the *English Language Proficiency Assessment for California (ELPAC)*. The Home Language Survey identifies likely English learners, these students take the ELPAC and, if their scores indicate that they are not yet proficient enough in English, they are classified as an English learner. This is what entitles the student to extra support.

What is Reclassification?

English learner status should be temporary: Reclassification means that the student has gained command of English and is no longer categorized as an English learner in need of extra support.

How does the district decide if a student should be reclassified?

The state of California requires that every school district decide whether to reclassify students based on four criteria:

1. Results from the *ELPAC*, which all English Learners retake every year
2. A test of "basic skills," usually as indicated by the general state test (currently the CAASPP), or local measure assessments (such as the *Lexile* reading test).
3. Teacher recommendations
4. Parent opinion and consultation

How long should it take?

The ideal timeline for a student will depend on when they began the program and their level of English proficiency when they started. California considers students "long-term English learners" if they have been in the system for six years or more, are not making progress toward fluency, and are struggling academically.

SMUSD will work with your student to assist him/her to graduate with the skills and experience he/she needs to succeed in college and beyond. Our district will ensure that he/she is learning English at a reasonable pace but also that he/she has access to a strong education while doing so.

What should I do to support my child?

Stay informed. We hope that by understanding the basics of reclassification, as outlined here, you'll be able to effectively communicate with your child's school and work together with teachers and school staff to support his/her success.

What is the English Learner Advisory Committee (ELAC)?

The English Learner Advisory Committee is an advisory committee developed to advise the school about programs for English learners students. ELAC advises the School Site Council (SSC) in the development of a Single Plan for Student Achievement (SPSA). ELAC also makes recommendations to the principal and staff about programs for EL students. ELAC assists in data analysis and review of the school's language census to decide which are the best programs for the EL students, and it will make an effort to raise awareness among parents of the importance of regular school attendance. Finally, ELAC has the responsibility to elect officers, including at least one DELAC representative.

What is DELAC?

The District's English Language Advisory Committee (DELAC) consists of a group formed by ELAC representatives of each school within the district. The purpose of this committee is to advise the district in regards to the programs destined for EL students and to certify that the district complies with the federal and state norms.

Start Date _____	School _____	Perm ID# _____
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Student Information			<input type="checkbox"/> Female	Grade _____
Legal-Last Name _____	Legal-First Name _____	Legal-Middle Name _____	<input type="checkbox"/> Male	
Birth City _____	State _____	Country _____	Date of Birth (mm/dd/yyyy) _____/_____/_____	

Student's Ethnicity

As mandated by federal and state law, please answer the following questions to identify this student's ethnicity and race. This information will only be used for reporting total counts of pupils, and will not be released in a personally-identifiable form.

Is this student's ethnicity Hispanic or Latino? Yes No

Please check one or more of the following to indicate your student's race:

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian - Chinese	<input type="checkbox"/> Asian-Japanese
<input type="checkbox"/> Asian - Korean	<input type="checkbox"/> Asian - Vietnamese	<input type="checkbox"/> Asian-Indian
<input type="checkbox"/> Asian - Laotian	<input type="checkbox"/> Asian - Cambodian	<input type="checkbox"/> Asian-Hmong
<input type="checkbox"/> Asian - Other	<input type="checkbox"/> Pacific Islander - Hawaiian	<input type="checkbox"/> Pacific Islander - Guamanian
<input type="checkbox"/> Pacific Islander - Samoan	<input type="checkbox"/> Pacific Islander - Tahitian	<input type="checkbox"/> Pacific Islander - Other
<input type="checkbox"/> Filipino	<input type="checkbox"/> African American/Black	<input type="checkbox"/> White

Home Language Survey

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for the school to provide adequate instructional programs and services.

- Which language did your child learn when he or she first began to speak? _____
- What language does your child most frequently use at home? _____
- What language do you use most frequently to speak to your child? _____
- Name the language spoken most often by the adults at home. _____

Household Information

1. Parent/Guardian Full Name _____		Email Address: _____	
Student's Home Address (Street) _____	(City) _____	(Zip Code) _____	Primary Phone Number () _____
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home () _____		<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home () _____
<input type="checkbox"/> Lives with <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Ed. Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed		<input type="checkbox"/> Graduate Degree <input type="checkbox"/> College Degree <input type="checkbox"/> Some College <input type="checkbox"/> High School <input type="checkbox"/> Not High School Graduate <input type="checkbox"/> Decline to State	

2. Parent/Guardian Full Name _____		Email Address: _____	
Address (Street) _____	(City) _____	(Zip Code) _____	Primary Phone Number () _____
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home () _____		<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home () _____
<input type="checkbox"/> Lives with <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Ed. Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed		<input type="checkbox"/> Graduate Degree <input type="checkbox"/> College Degree <input type="checkbox"/> Some College <input type="checkbox"/> High School <input type="checkbox"/> Not High School Graduate <input type="checkbox"/> Decline to State	

3. Parent/Guardian Full Name _____		Email Address: _____	
Address (Street) _____	(City) _____	(Zip Code) _____	Primary Phone Number () _____
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home () _____		<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home () _____
<input type="checkbox"/> Lives with <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Ed. Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed		<input type="checkbox"/> Graduate Degree <input type="checkbox"/> College Degree <input type="checkbox"/> Some College <input type="checkbox"/> High School <input type="checkbox"/> Not High School Graduate <input type="checkbox"/> Decline to State	

4. Parent/Guardian Full Name _____		Email Address: _____	
Address (Street) _____	(City) _____	(Zip Code) _____	Primary Phone Number () _____
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home () _____		<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home () _____
<input type="checkbox"/> Lives with <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Ed. Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed		<input type="checkbox"/> Graduate Degree <input type="checkbox"/> College Degree <input type="checkbox"/> Some College <input type="checkbox"/> High School <input type="checkbox"/> Not High School Graduate <input type="checkbox"/> Decline to State	

STUDENT ENROLLMENT 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

Questionnaire

- Does anyone in your household work, or has anyone ever worked in seasonal or temporary work related to agriculture...?
Is student part of a Military Family?
Has student ever received Special Education Services?
Has student ever received 504 Accommodations?
Has student ever received English Learner Services?
Has student ever been retained or advanced a grade?
Has student ever attended San Marcos schools before?
Has the student been previously suspended or expelled or is he/she currently recommended for expulsion?

Last School Attended

Name of Last School Attended

Address of Last School (Street) (City) (State) (Zip Code)

(Phone Number) (Fax Number)

Please complete only if your student is enrolling in Kindergarten

Please select the program in which your student was primarily participating in prior to Kindergarten.

(check one)

- Educational Enrichment Systems (EES) Preschool Program at San Marcos Unified in School:
Head Start Program or other State/Federal subsidized care.
Private or Center-Based childcare program (e.g. KinderCare, or a Faith-Based Preschool)
Other:
No Preschool

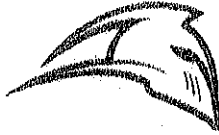
- How many months did the student participate in the program selected above? months
How long did the student attend the program selected above? Half-Day Full-Day
How often did the student attend the program selected above?
1-Day per week 2-Days per week 3-Days per week 4-Days per week 5-Days per week

Certification

I certify that all the information on this form is true and correct. Falsification of any information or document required for the enrollment of your child in the San Marcos Unified School District may result in denial of this application.

X Parent/Guardian Signature

Date



SAN MARCOS HIGH SCHOOL KNIGHTS

IMPORTANT NOTICE REGARDING NEW STUDENTS

Education Code Section 48915.1 (b) states, "If a student has previously been expelled from his/her school, the parent/guardian/emancipated minor, shall, upon enrollment, inform the receiving school district of his/her status with the previous school district"

STUDENT NAME: _____ ID # _____

Has your student previously been expelled? YES _____ NO _____

If Yes, please explain including date of expulsion and school which expelled from:

Has your student previously been suspended? YES _____ NO _____

If Yes, please explain including dates of suspension and school which suspended from:

Has your student ever received Special Ed. Services? YES _____ NO _____

Does your student have a CURRENT IEP? (Please attach a copy)

YES _____ NO _____ (RSP _____ SDC _____)

Does your student have an ACTIVE 504 plan?

YES _____ NO _____

Has your student EVER received 504 plan accommodations?

YES _____ (Dates: _____) NO _____

Has your student ever been placed on a SARB contract?

YES _____ (Dates: _____) NO _____

Parent/Guardian/Emancipated Minor

Signature

Date

Note: Failure to disclose this information could result in immediate termination from San Marcos High School and will be reported to the San Marcos Unified School District.

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

Year: _____	Grade: _____
Teacher: _____	ID#: _____

X _____

Last Name	First Name	Middle Name	Birthdate
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X _____

Home Address	Home Phone	Parent E-Mail Address
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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
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2. _____

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

Alternate Local Contact Name	Relationship	Phone
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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)

2019-20 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 a picture identification at registration (driver's license, passport)

STUDENT NAME: _____ ID#: _____

Last, First Middle

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)

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

Names of Students living in the home: _____

I AFFIRM THAT THE STUDENT RESIDES AT THE ABOVE STREET ADDRESS:

Street Address _____

City _____ Zip Code _____ Home Phone# _____ Cell Phone# for _____

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 60 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 _____

2019-2020
SAN MARCOS UNIFIED SCHOOL DISTRICT
AFFIDAVIT OF RESIDENCE

**TO BE COMPLETED IF PARENT(S)/CAREGIVER AND STUDENT
ARE LIVING WITH ANOTHER FAMILY**

CURRENT PROOF OF WHERE YOU LIVE

(Must be completed in **addition** to Residency Verification Form)

I, _____, certify that _____ and his/her child/children:
Name of Home Owner/Renter Name of Parent(s)/Guardian(s)/Caregiver(s)
(name of person that appears on utility bills)

Name of student - ID #/School

Name of student - ID #/School

Name of student - ID #/School

Name of student - ID #/ School

are living at this address _____ as stated on the utility bills,
which are in my name.

I certify that all the information on this form is true and correct. Falsification of any information or document required for the enrollment in the San Marcos Unified School District may result in denial of attendance. I also understand that home visitation is part of a periodic process when residency is established by an Affidavit of Residency.

Parent's/Guardian's Signature

Home Owner's/Renter's Signature

The residency of the student must be verified by **one of the following current (within 60 days)**
items from each category

-----OFFICE USE ONLY-----

(Must have name and address of owner/renter, must be current)

CATEGORY ONE:

- Property Tax payment receipt/statement, mortgage statement/payment receipt
- Rental Property contract, lease, or payment receipts

AND

CATEGORY TWO

- Utility Service contract (SDG&E), statement or payment receipts (current water, electric, trash or cable)
- Pay stubs (with address)
- Voter registration
- Correspondence from a government agency
- Other

Signature of District representative verifying documents

Date

**NOTE: IF OWNER/RENTER DOES NOT SIGN IN PERSON AT REGISTRATION DOCUMENT MUST BE
NOTARIZED AND ATTACHED TO THE SHEET**

Family Code 6552

The caregiver's authorization affidavit shall be in substantially the following form:

Caregiver's Authorization Affidavit

Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code.

Instructions: Completion of items 1-4 and the signing of the affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care. Completion of items 5-8 is additionally required to authorize any other medical care. Print clearly.

The minor named below lives in my home and I am 18 years of age or older.

1. Name of minor: _____
2. Minor's birth date: _____
3. My name (adult giving authorization): _____
4. My home address: _____

5. I am grandparent, aunt, uncle, or other qualified relative of the minor (see back of this form for a definition of "qualified relative").
6. Check one or both (for example, if one parent was advised and the other cannot be located):

I have advised the parent(s) or other person (s) having legal custody of the minor of my intent to authorize medical care, and have received no objection.

I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.

7. My date of birth: _____
8. My California driver's license or identification card number: _____

Warning: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.

Signed: _____

Notices:

1. This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor.
2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.

Additional Information:

TO CAREGIVERS:

1. "Qualified relative," for purposes of item 4, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half brother, half sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great," or the spouse of any of the person specified in this definition, even after the marriage has been terminated by death or dissolution.
2. The law may require you, if you are not a relative or currently licensed foster parent to obtain a foster home license in order to care for a minor. If you have any questions, please contact your local department of social services.
3. If the minor stops living with you, you are required to notify any school, health care provider, or health care service plan to which you have given this affidavit. The affidavit is invalid after the school, health care provider, or health care service plan receives notice that the minor no longer lives with you.
4. If you do not have the information requested in item 8 (California driver's license or I.D.), provide another form of identification such as your social security number or Medi-Cal number.

TO SCHOOL OFFICIALS:

1. Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for determination of residency of the minor, without the requirement of a guardianship or there custody order, unless the school district determines from actual facts that the minor is not living with the caregiver.
2. The school district may require additional reasonable evidence that the caregiver lives at the address provided on item 4.

TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS.

1. A person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those stated on the affidavit, is not subject to criminal liability or to civil liability to any person, and is not subject to professional disciplinary actions, for that reliance if the applicable portions of the form are completed.
2. This affidavit does not confer dependency for health care coverage purposes.

Student Technology Responsible Use Policy

Purpose:

The purpose of this document is to outline San Marcos Unified School District's Responsible Use Policy as it relates to the use of technology by staff and students. Our community of staff and students use technology to access and share information, communicate with one another, and to create products, which convey understanding and have educational purpose. While we want our students to be active contributors in a globally connected environment, we need them to be safe, legal, and responsible. This Technology Responsible Use Policy supports our vision of digital citizenship. The policy applies to all users of San Marcos Unified School District computer networks, the resources made available by these networks, and all devices connected to these networks.

General Policies:

- The purpose of a SMUSD user account is to provide access to the district's network and hosted programs to facilitate a seamless educational experience promoting 21st century literacy skills.
- Access is a privilege and involves user responsibility. Inappropriate use may result in cancellation of those privileges and disciplinary action.
- SMUSD accounts are owned by SMUSD. All digital files associated with user accounts may be retrieved by SMUSD staff at any time without prior notice and without permission of the user. SMUSD reserves the right to monitor all accounts in order to maintain system integrity and to ensure responsible use.
- Students should have no expectation of personal privacy in any matters stored in, created by, received, or sent through the SMUSD computer network or its hosted programs.
- A content filtering solution is in place to prevent access to sites that may contain inappropriate and/or harmful material including, but not limited to pornography, weapons, illegal drugs, gambling, and sites that pose a security risk.
- The SMUSD Technology Responsible Use Policy applies to users who connect via their own service (cell phones, mobile hot-spots, etc.). However, SMUSD cannot be held responsible for the content accessed through these services.

Responsible Use and Digital Citizenship

Respect Yourself: I will select user names that are appropriate and will use appropriate language/content online.

Protect Yourself: I will not publish personal details, contact details, or a schedule of activities for myself or anyone else. I am responsible for activities initiated by and/or performed under my accounts. I understand it is my responsibility to appropriately secure my account login and

SMUSD Technology Responsible Use Policy

password. I understand it is my responsibility to maintain and backup my own data. If I am uncertain whether a specific activity is permitted or appropriate, I will ask a teacher/administrator before engaging in that activity.

Respect Others: I will not use technologies to bully or tease others. I will not make audio or video recordings of students/employees without their prior permission. I understand that posing as someone else is illegal, and I will not pose as a user other than myself when online. I will be careful and aware when printing to avoid wasting resources.

Protect Others: I will help maintain a safe computing environment by notifying appropriate school officials of inappropriate behavior, vulnerabilities, risks, and breaches involving school/district technology.

Respect Intellectual Property: I will appropriately cite any and all use of websites, books, audio (including music), photos, videos, etc. I will respect all copyrights.

Protect Intellectual Property: I will not reuse, remix, or otherwise edit materials, resources, or other content that others produce without express permission.

Appropriate Use of Digital Tools and Resources

In accordance with our district mission, goals and vision for 21st century learning, our students may require accounts on third-party systems. Many of these accounts will be used at school for school-related projects and accessed outside of school for additional learning. The use of these accounts will help our students to master the effective digital communication and citizenship skills necessary for higher education and the workplace.

Guided classroom use of interactive web-based tools such as learning management systems, and educational social networking sites is the best way for students to learn how to use them safely and responsibly. Such use will help students develop the attitudes and skills that will help keep them safe outside of school.

By signing and returning this document, I give permission to SMUSD to create and manage third party accounts (including, but not limited to SMUSD Google Apps, DreamBox, Lexia, Screencastify, Google CS First, YouTube, CCGI (California College Guidance Initiative) and others, for my child. These accounts are intended for students as they learn to use technology and then transition to using technology to learn.

I Know

- The technology equipment, programs, tools, and systems managed by or used at SMUSD may be monitored by designated staff to ensure appropriate use for educational or administrative purposes (including the materials I create, view, copy, or transmit on the system) at any time without notifying me.
- All SMUSD equipment and accounts are for schoolwork only and not for personal use.
- Copyrighted software or data may not be placed on any system connected to the District's system(s) without permission from the holder of the copyright. Only the owner(s) or individuals the owner(s) specifically authorized may upload copyrighted material to the system(s).

SMUSD Technology Responsible Use Policy

- Social media venues are very public. What I contribute leaves a digital footprint forever, even after it is deleted. I won't post anything I wouldn't want friends, enemies, parents, teachers, or a future employer to see. I will ensure what I post promotes a positive image to the world.
- Posting or sharing personal information about myself or others on websites, discussion boards, or in email is inappropriate and unsafe. I know that saying unkind and untrue things about others may be considered bullying and is prohibited.

I Will

- Treat all technology devices carefully and report any issues immediately.
- Work only on the programs and websites my teacher tells me to use.
- Keep my login and password information confidential and only share it with my parents/guardians, and teacher.
- Tell an adult if I read or see something on the screen that is not appropriate for school
- Keep myself, family, and friends safe by not publishing identifiable information about myself or others (e.g. last names, phone numbers, pictures, addresses, schedules, events, etc.) on district provided equipment or accounts.
- Follow all district and school rules, regulations and policies.

I Will Not

- Use technology to hurt, scare, or bully others.
- Change, tamper with, or attempt to circumvent any of the school equipment, systems, and security/content filtering measures. This includes, but is not limited to settings, software, downloads, hardware, etc.
- Access or try to access another person's files, folders, accounts, or work in general
- Re-use or re-distribute content created by others without their permission or violate copyright laws
- Access, post, or distribute offensive material including but not limited to obscene or explicit pictures, offensive comments or jokes, and harmful content that would violate district policies.
- Pretend to be someone else, spread lies, or harass others online including attempting to communicate with others who have asked me not to.
- Post or transmit pictures without obtaining prior permission from all individuals depicted or from parents of depicted students who are under the age of 18.

Consequences

Any malicious attempts to harm or destroy District equipment or materials, data of another user of the District's system(s), or any of the agencies or other networks that are connected to the Internet is prohibited. Deliberate attempts to compromise, degrade, or disrupt system performance may be viewed as violations of District policies and administrative regulations and, possibly, as criminal activity under applicable state and federal laws.

SMUSD Technology Responsible Use Policy

Noncompliance with applicable regulations will result in a) disciplinary action consistent with District policies and regulations; b) revocation of account; c) suspension of access to District technology resources. Violations of law may result in criminal prosecutions as well as disciplinary action by the District.

Parent and Student Signatures

By signing this contract I certify that I have learned the responsibilities of safe and appropriate use of electronic communications systems in SMUSD. I know and understand what I should and should not do, and agree to the terms and conditions of this agreement. I understand that these terms apply to any use of the district's equipment and software whether on campus or off, and include the use of personal devices on SMUSD's property and/or network. I agree to install anti-virus software on personal devices and keep it up to date as necessary to prevent damage to District electronic resources.

Student (please print) _____

Student ID _____

Signature: _____ Date: _____

Parent or Guardian (please print) _____

Signature: _____ Date: _____

Notes:

1. Please contact the school site's office to request permission to bring an approved personal electronic device on campus.
2. To **opt out** of the following, please contact the school site before September 15:
 - SMUSD providing Internet access for my student while at school.
 - SMUSD creating and managing third-party accounts for my student. By opting out, I understand he/she will not be able to participate, electronically, in certain projects, which require these accounts.
 - My child's name/picture to be published in publicly distributed media.
 - My child's ability to use the Internet while on campus.

School _____

Date _____

EDUCATIONAL RIGHTS HOLDER ACKNOWLEDGEMENT OF ANNUAL NOTIFICATION:

Educational Code Section §48982 **REQUIRES** parent/guardian/eligible student to sign to acknowledge that you have been informed of your rights and have been provided all other mandatory information necessary for the student to attend school. It does not indicate that consent to participate in any particular program has either been given or withheld.

I hereby acknowledge receipt and review of the information regarding my rights, responsibilities and protections. I also attest, under penalty of perjury, that I am a resident of the District, as previously verified, or attending under an approved Interdistrict Agreement.

I have read and discussed with my student the SMUSD Behavior Code on the school's website and the Student Technology Responsible Use Policy included in this Annual Notification to Parents.

Student Name (print): _____ Birthdate: _____ Grade: _____

Parent/Guardian/Eligible Student Name (print)	Parent/Guardian/Eligible Student Signature	Date
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FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT (FERPA): RELEASE OF DIRECTORY INFORMATION:

FERPA and Education Code 49061 and 49073 permit the District to disclose appropriately designated "directory information" without consent, unless you have advised SMUSD that you do not want the pupil's directory information disclosed without your prior written consent. The District makes student directory information available in accordance with state and federal laws. "Directory information" means one or more of the following items: pupil's name, address, telephone number, date of birth, email address, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous public or private school attended by the pupil, which may be released to any agency or person with a legitimate educational interest, except private, pro fit-making entities other than employers, prospective employers, and representatives of the news media, including, but not limited to, newspapers, magazines, and radio and television stations. Names and addresses of seniors or terminating students may be given to public or private schools, colleges, employers and military recruiters. SMUSD may post photographs, student work, and identification on the school district's websites and social media websites authorized and monitored by the school staff.

Upon written request from the parent of a student age 17 or younger, the District will withhold student directory information. If a student is 18 or older or enrolled in an institution of post-secondary instruction and makes a written request, the District will withhold student directory information. Request must be submitted within 30 calendar days of the receipt of this information.

Please check appropriate boxes below to allow or withhold providing directory information and media regarding the above-named student:

- I permit the release of SMUSD student directory information. OR
- I request to withhold release of any student directory information to any individual or organization. OR
- I request to withhold release of student directory information to the below agencies (**check all to which you do not permit release**):
 - Colleges & Universities
 - District Internet/Web Pages (directory info and photos and/or interviews on school's website regarding school-related activities/athletics)
 - Health Department
 - Media (directory info and release photos and/or interviews related to school-related activities/athletics) in newspapers, television, and new media websites).
 - Military Recruitment
 - PTA/Parent Foundation
 - Yearbook (indicates that you do not want the student's name/photo in the yearbook)

Signature of Parent/Guardian (if student is under 18)

Signature of Student (if student is 18 or older)

- I am a homeless and unaccompanied youth over the age of 14, or am a parent of a homeless and unaccompanied youth and authorize the release of my directory information in accordance with the law and District policy.

Signature of Student (if over age 14/homeless/unaccompanied)

PLEASE PRINT THIS FORM, RETURN THIS SIGNED PAGE TO THE STUDENT'S SCHOOL

**San Marcos Unified School District
Student/Teacher Calendar
2019-2020**

JULY / JULIO						
S	M	T	W	T	F	S
	1	2	3	H	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

AUGUST / AGOSTO						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	P	P	17
18	P	20	21	22	23	24
25	26	27	28	29	30	31

SEPTEMBER / SEPTIEMBRE						
S	M	T	W	T	F	S
1	H	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

OCTOBER / OCTUBRE						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

NOVEMBER / NOVIEMBRE						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	H	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	H	H	30

DECEMBER / DICIEMBRE						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	H	H	26	27	28
29	30	31				

JANUARY / ENERO						
S	M	T	W	T	F	S
			H	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	H	21	22	23	24	25
26	27	28	29	30	31	

FEBRUARY / FEBRERO						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	H	15
16	H	18	19	20	21	22
23	24	25	26	27	28	29

MARCH / MARZO						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

APRIL / ABRIL						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	H	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

MAY / MAYO						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	H	26	27	28	29	30
31						

JUNE / JUNIO						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

H - Holidays

P-Teacher Prep Days--Non Student Days

Aug. 20 - 1st Day of School

Oct. 14 - No School TK-5/DPS/LMA-Parent-Teacher Conferences

Oct. 15-18 - Minimum Day TK-5/DPS/LMA - Parent-Teacher Conferences

Dec 20 - Minimum Day TK-5/DPS/LMA

Dec 20 - Non-Student Day Gr. 6-12

Holidays and Breaks:

Independence Day July 4, 2019

Labor Day September 2, 2019

Veteran's Day November 11, 2019

Thanksgiving Recess November 25-29, 2019

Winter Recess Dec. 23, 2019 - Jan 10, 2020

K-8 Early Release every Wednesday

9-12 Late Start on most Tuesdays

Martin Luther King, Jr Day January 20, 2020

Washington's Birthday February 14, 2020

President's Day February 17, 2020

Spring Recess April 6 - April 10, 2020

Memorial Day May 25, 2020

Last Day of School June 10, 2020

SMHS Bell Schedule

MONDAY		TEAM DAY TUESDAY		BLOCK WEDNESDAY		BLOCK THURSDAY		FRIDAY		FINALS		MIN. DAY		
0	6:50 - 7:55		Collab	7:30-8:40	0	6:50-7:55	0	6:50 - 7:55	0	6:50 - 7:55	1	8:05-10:10	0	7:15- 7:50
1	8:05 - 9:01	1	8:48-9:38	8:05-10:03	1	8:05-10:03	2	8:05-10:03	1	8:05 - 9:01	Break	10:10-10:17	1	8:05- 8:40
Pass	9:01 - 9:07	Pass	9:38-9:44	Break	Break	10:03-10:10	Break	10:03-10:10	Pass	9:01 - 9:07	Pass	10:17-10:23	Pass	8:40- 8:46
2	9:07 - 10:03	2	9:44-10:34	Pass	Pass	10:10-10:16	Pass	10:10-10:16	2	9:07 - 10:03	2	10:23-12:28	2	8:46- 9:21
Break	10:03-10:10	Pass	10:34-10:40	3	10:16-12:20	4	10:16-12:20	Break	10:03-10:10	Pass	10:10-10:16	Pass	9:21 - 9:27	
Pass	10:10-10:16	3	10:40-11:35	Lunch	Lunch	12:20-12:50	Lunch	12:20-12:50	Pass	10:10-10:16	Pass	10:10-10:16	3	9:27 - 10:02
3	10:16-11:18	Pass	11:35-11:41	Pass	Pass	12:50-12:56	Pass	12:50-12:56	3	10:16-11:18	Break	10:02-10:17	Break	10:02-10:17
Pass	11:18-11:24	4	11:41-12:32	5	12:56-2:54	6	12:56-2:54	Pass	11:18-11:24	Pass	10:17-10:23	Pass	10:17-10:23	
4	11:24-12:20	Lunch	12:32-1:02	Pass	Pass	12:50-12:56	Pass	12:50-12:56	4	11:24-12:20	4	10:23-10:58	4	10:23-10:58
Lunch	12:20-12:50	Pass	1:02-1:08	Pass	Pass	12:50-12:56	Pass	12:50-12:56	Lunch	12:20-12:50	Pass	10:58-11:04	Pass	10:58-11:04
Pass	12:50-12:56	5	1:08-1:58	5	1:58-2:04	5	1:58-2:04	Pass	12:50-12:56	5	11:04-11:39	5	11:04-11:39	
Pass	1:52-1:58	6	2:04-2:54	6	2:04-2:54	6	2:04-2:54	Pass	1:52-1:58	6	11:45-12:20	6	11:45-12:20	
6	1:58-2:54							6	1:58-2:54	6				

Attention Parents:

If you reside with another family or family member and the residency documentation is in their name the **SMUSD Affidavit of Residence Form** must be completed in addition to the Residency Verification Form. Please bring the owner/renter with Residency documentation (i.e., lease agreement, utility bill or item listed on Residency Verification form) during registration to sign the Affidavit of Residence in person. If this is not possible, below are Notary Services available in the San Marcos area for a small fee.

NOTARY SERVICES (East San Marcos Area)

Cal Copy

405 N. Twin Oaks Valley Rd, #113, San Marcos, CA 92069 (760) 744-9949

Across the street from Post Office

Hours: 9:00 AM – 6:00 PM, M-F

10:00 AM – 2:00 PM, Sat

Fee: \$10/signature

Postal Annex

197 Woodland Pkwy, San Marcos, CA 92069 (760) 744-9648

In the Albertsons shopping center

Hours: 8:30 AM – 6:30 PM, M-F

9:00 AM – 4:00 PM, Sat

Fee: \$10/signature

UPS Store

310 Twin Oaks Valley Rd, San Marcos, CA 92078 (760) 510-8350

In Ralphs shopping center

Hours: 8:00 AM – 5:30 PM, M-F

9:00 AM – 4:30 PM, Sat

Fee: \$10/signature

NOTARY SERVICES (West San Marcos Area)

UPS Store #4679

663 S Rancho Santa Fe Rd, San Marcos, CA 92078 (760)752-3035

Vons/24-Hour Fitness Shopping Center

Hours: 8:30 AM – 6:30 AM, M - F

9:00 AM – 5:00 PM, Sat.

UPS Store #0971

1611 S Melrose, Ste. A, Vista, CA 92081 (760) - 598-3593

Albertson's/CVS Shopping Center at Longhorn and S. Melrose

Hours: 8:00 AM – 6:00 PM, M- F

9:00 – 5:00 PM, Sat.

Postal Annex San Elijo Hills

1501 San Elijo Rd., #104, San Marcos, CA 92078 (760) 471-4748

Hours: 8:00am – 6:00pm, M – F

10:00am – 4:00pm, Sat.