

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 BELOW 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 & dated within 60 days
  - ☐ **RENTAL AGREEMENT or PAYMENT RECEIPT** -with address of residency & dated within 60 days
  - ☐ **PROPERTY TAX STATEMENT or RECEIPT**-with address of residency & dated within 60 days
  - ☐ **ESCROW PAPERS** -with address of residency & dated within 60 days
- AND**  
**CATEGORY**  
**TWO:**
- ☐ **CURRENT UTILITY BILL** (SDG&E, WATER, TRASH OR CABLE)-with address of residency & dated within 60 days
  - ☐ **CORRESPONDENCE FROM A GOVERNMENT AGENCY**-with address of residency & dated within 60 days
  - ☐ **VOTER REGISTRATION** -with address of residency & dated within 60 days
  - ☐ **CURRENT PAY STUB W/ADDRESS** -with address of residency & dated within 60 days
  - ☐ **AFFIDAVIT OF RESIDENCY** (needed if shared housing-Parent/Guardian not listed on proof of residency)
  - ☐ **OTHER**-Needs administration approval

Verifying School Official \_\_\_\_\_

Date \_\_\_\_\_

rev.2/2019

**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**

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

Year: \_\_\_\_\_ 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 \_\_\_\_\_

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 \_\_\_\_\_

**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**

**PICTURE DAY IS:**

**AT REGISTRATION**

*PSS Imaging and your school appreciate your support  
We guarantee your satisfaction or your money back with return of all  
portraits within 5 days*



**Pre-Order ONLINE at [www.pssimaging.net](http://www.pssimaging.net)**

**Prices increase after registration.**

View and order online after picture day

**Best Value**

**A. \$75.00**

2-8x10  
2-5x7  
2-3x5  
8-2x3 Wallets  
1-Digital Image\*  
(Includes free retouching)

**Most Popular**

**B. \$60.00**

1-8x10  
2-5x7  
8-2x3 Wallets

(Includes free retouching)

**C. \$35.00 ..... 2-5x7, 4-3x5**

**D. \$25.00 ..... 1-8X10**

**E. \$20.00 ..... 2-5X7**

**F. \$20.00 ..... 4-3X5**

**G. \$20.00 ..... 8-WALLETS**

**H. \$45.00 1-Digital Image\***

*\*Digital Image will be **emailed** to you. It includes your high-resolution portrait and copyright release. Everything you'll need to create your own photos that will be fun for family and friends! It is perfect for social networking sites too!*

*\*If you are purchasing a Digital Image, we need your email address.*

**I. \$20.00.....Retouching**

(Removes acne, retouching does not remove shine or untidy hair)

**IMPORTANT!!** Please fill out ALL information requested, and indicate which package you are purchasing.

Disclosure: PSS Imaging has the unrestricted right to reproduce the photographs taken of your student, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. Pricing offered on this form is valid for 2018 undergraduate orders only and cannot be applied to any session fees nor can it be retroactive to any orders previously placed.

Questions?  
Call PSS Imaging  
714-630-7785  
1630 S Sunkist St Suite S  
Anaheim, CA 92806  
[www.pssimaging.net](http://www.pssimaging.net)



School \_\_\_\_\_

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_ Student ID \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_

Email Address-Digital images are sent via e-mail! \_\_\_\_\_

**Check:** Payable to PSS Imaging- (Returned checks are subject to a \$45.00 NSF Fee)

**Cash:** Exact Change Only \_\_\_\_\_

Please Select: Visa MasterCard AMEX Discover  
Name on Card: \_\_\_\_\_

CC Number: \_\_\_\_\_

Exp: \_\_\_\_ / \_\_\_\_ CSV: \_\_\_\_\_

Package (s) \_\_\_\_\_

**Add Shipping & Handling \$8.00**

**Orders \$100.00 and over shipping is Free**

**Total Amount Enclosed \$ \_\_\_\_\_**

Please note prices include local CA Sales Tax

**On Picture Day, Please indicate desired package and return this flier with your payment.**



# SAN MARCOS HIGH SCHOOL STUDENT PURCHASE REQUEST

## 2019/2020 SCHOOL YEAR

**Instructions:** Please complete this form and bring it to registration, with a check or money order for the total amount due. Make check/money order payable to SMHS and **write your student ID # on the check/money order**. If you have multiple students, please write a separate check/money order for each student. If you would like to pay with a debit/credit card, please visit our Web Store @ [www.sanmarcoshigh.org](http://www.sanmarcoshigh.org) (under shortcuts).

**Please do not staple your payment to this form. Thank you.**

**Student's Name**

**Last:** \_\_\_\_\_ **First:** \_\_\_\_\_ **ID#:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**The following items are available for purchase during Registration:**

(All package prices valid for August & September only)

### PACKAGE PRICES:

**Package-A** includes:

ASB sticker & Yearbook - A (Standard)	T-Shirt Size: _____ (free t-shirt)	<b>(SAVE \$10.00)</b>	\$125.00	_____
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**Package-B** includes:

ASB sticker & Yearbook - B (w/nameplate)	T-Shirt Size: _____ (free t-shirt)	<b>(SAVE \$10.00)</b>	\$130.00	_____
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**Package-C** includes:

ASB sticker & Yearbook - C (Seniors only)	T-Shirt Size: _____ (free t-shirt)	<b>(SAVE \$10.00)</b>	\$135.00	_____
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### INDIVIDUAL PRICES:

**ASB Sticker:**

Purchase of sticker has a potential savings of \$150.00 per year. The sticker gives you free admission to all home athletic events, discounts on dances, shows and spirit items. You also receive a community discount app and a free t-shirt.	\$50.00	_____
		T-Shirt Size: _____

**Yearbook-A:** (Standard)

\$85.00 \_\_\_\_\_

**Yearbook-B:** (w/nameplate)

\$90.00 \_\_\_\_\_

**Yearbook-C:** (SENIORS ONLY: includes nameplate and Class of 2020)

\$95.00 \_\_\_\_\_

*(Optional items – See P.E. information for P.E. lock & clothing regulations)*

*(Do not purchase if your student is taking Dance, JROTC, or Sports P.E.)*

P.E. Shirt: (P.E. Teacher will ask for size needed first week of school)	\$4.00	_____
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P.E. Shorts: (P.E. Teacher will ask for size needed first week of school)	\$6.00	_____
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**Parent Athletic Pass:** This pass admits one **ADULT** into all SMHS home Athletic events (does not apply to CIF contests). Good on initial entry only.

\$50.00 \_\_\_\_\_

**Not valid for student use.**

(Make check payable to SMHS & write student ID # in the memo)

**Total \$** \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
(Last) (First)

## **2019/20 SAN MARCOS HIGH SCHOOL DANCE AGREEMENT**

### **Student Expectations:**

1. *Dancing may not be sexually explicit. No back to front dancing, freaking, grinding, and no sexually suggestive below the waist contact. Offenders will immediately be referred to an administrator for disciplinary action which may result in the removal from the dance. If a student or guest has a second offense, they will be required to leave the dance. Parents will be called; no refund of money will be given. Other disciplinary action may also result.*
2. Each student's parent/guardian and the student must sign this contract and turn it in at registration or when purchasing his/her dance ticket. By signing this contract you give your student permission to attend all dances this school year.
3. Each student and guest must present his/her picture ID at the door.
4. Student must purchase guest ticket and their ticket at the same time. No exceptions. Tickets are non-refundable or transferable and may not be sold to someone else.
5. Tickets are not refundable if a student or guest is removed due to behavior issues. Tickets are non-refundable except in cases of extreme hardship. (Final ruling in any case of extreme hardship will be made by the ASB Director.)
6. I understand that my attendance could result in the inspection of but not limited to purses, outer garments and/or containers. Students will not be permitted to bring in outside food or beverage, in any type of container.
7. There will be absolutely no possession or use of alcohol, drugs, or drug paraphernalia, or any type of intoxicant before or at a school dance.
8. Any student caught using or *under the influence* or in possession will be suspended (this is school district policy), and will not be able to participate in any school activities during the time he/she is suspended and will not be allowed to attend dances for the remainder of the year. Additionally, the student will be subject to arrest. If this is the student's second alcohol/drug offense he/she will be recommended for expulsion. Parent/guardians will be called and required to come pick up their student.
9. No student will be admitted after **9:00 p.m.**, unless involved in a school sporting event, or unless prior arrangements have been made with an Assistant Principal/ASB Director.
10. Once students have entered the dance, they will not be permitted to leave and enter again.
11. All students bringing a guest must submit a guest pass when purchasing their tickets. All guests **MUST** present a picture I.D. at the door. All guests must be 20 years old or younger. No exceptions.
12. No inappropriate touching and kissing.
13. All guests will follow all the rules of the school and this contract.
14. I understand that a picture of my student/guest may be posted on the San Marcos High School website or other news media for this school dance.
15. Students and guests will behave in an appropriate manner in compliance with all school rules at all times.
16. Any guest or former student who has been expelled or transferred to continuation school may not attend.
17. San Marcos High School is NOT responsible for lost or stolen items.  
San Marcos High School does not endorse the renting of limousines or hotel rooms. Once a student has left the dance, San Marcos High School is no longer responsible for supervising them or their actions. Students must leave the event site within 30 minutes of the end of the dance.
18. All vehicles including party busses, limousines, etc., are subject to search upon arrival.
19. **A dress code will be enforced. Formal wear is expected; or appropriate dress in accordance to the dance theme. Males must keep shirts on at all times. No props, costumes, or masks. Students whose dress is deemed inappropriate by the administration will be denied entrance into the dance. No refund will be issued.**

### **Student's Initials**

*In the event of any forged information or signature, the student will be denied admission to the dance and face disciplinary action.*

*I have read and understand the above rules and will obey them while at this dance.*

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Parent/Guardian (please print)

\_\_\_\_\_  
Student Signature Date

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



# FINALS SURVIVAL KITS

Order your Finals Survival Kits now! Each FSK includes a drink and lots of yummy snacks. Receiving a bag full of goodies during finals helps students do their best! The FSK Committee delivers FSKs to classrooms to be distributed the first day of finals.

Please consider sponsoring a less fortunate student who would not normally receive an FSK. To order FSKs for your student or a sponsored student, please fill out the form below. Orders can also be placed online at [smhspto.com](http://smhspto.com). FSKs are \$10 per semester per student.

Feel free to email any questions to [smhsfsk@gmail.com](mailto:smhsfsk@gmail.com)

## FSK Order Form

**FSKs are \$10 per Semester per Student**

Student Name (1): \_\_\_\_\_ Student ID# \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name (2): \_\_\_\_\_ Student ID# \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name (3): \_\_\_\_\_ Student ID# \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

### FSK Quantity Ordered @ \$10 Each

Fall 2019 \_\_\_\_\_ Spring 2020 \_\_\_\_\_ Sponsor A Student FSK: Fall 2019 \_\_\_\_\_ Spring 2020 \_\_\_\_\_

Total Quantity FSKs Ordered \_\_\_\_\_ @ \$10.00 Each = Total Amount Enclosed \$ \_\_\_\_\_

### For PTO/FSK Committee Use Only

PTO- FSK/Order Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Amount \$ \_\_\_\_\_ Paid by: Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Check # \_\_\_\_\_

Please make checks payable to SMHS-PTO & include your child's student ID and "FSK" in the memo line. Checks can be mailed to SMHS, 1615 W. San Marcos Blvd, San Marcos, CA 92078 Attn: PTO/FSK. Exact change only if paying cash – please do not mail cash.

\*\*\*WE APOLOGIZE, BUT WE CAN NOT ACCOMMODATE FOOD ALLERGIES OR DIETARY RESTRICTIONS  
DUE TO THE NUMBER OF STUDENTS AT OUR SCHOOL \*\*\*





WE NEED YOU!! PTO stands for Parent-Teacher Organization, consisting of teachers, school administrators, and parents like you. We work together to support the school, and enrich the experience of all students. As a PTO volunteer, you can be as involved as you want to be. We understand that people have busy schedules and appreciate any time you can spare. In the past we have used volunteers for:

- Help with registration in August
- Proctoring AP testing in the spring
- Help with fundraisers – Annual Parent Night, FSK distribution
- Chaperoning school events
- Donating baked goods and food items for school events, such as teacher appreciation lunch.
- And many more ways!

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### **NO COMMITMENT VOLUNTEER OPPORTUNITIES**

Complete this form if you would like to receive emails with volunteer opportunities. You can choose when and where you want to volunteer!

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ ID# \_\_\_\_\_

Parent Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

\* It's important to maintain continued support as we lose dedicated volunteers each year due to graduating students. Our volunteers help us keep a smooth transition from year to year and contributes to the ongoing success of the PTO and SMHS.

**THANK YOU** for your help!

Send your questions to [smhsptopresident@gmail.com](mailto:smhsptopresident@gmail.com)



# SAN MARCOS HIGH SCHOOL

## 2019 – 2020 “FUND THE REALM”

Parent organizations in public schools are more important now than ever. As a result of state funding cuts to education, parent organizations help bridge the gap between limited funding from the state and school district. The SMHS PTO helps to provide our school with funds, programs, resources, and services that will maximize the education and experience of every student. Every SMHS parent is automatically a member of the SMHS PTO, and together we can make a difference.

We kindly ask for a \$20.00 donation **per student**. Every dollar adds up, so any amount donated is greatly appreciated. If you are also able to donate your time, please fill out our volunteer form to receive emails for volunteer opportunities.

***Any family donating \$100.00 or more to this fund will be thanked in the Yearbook.***

*\*to be included, donations must be received by 1/31/20*

Please remember that the PTO is a 501(c) (3) non-profit organization. Your donations are tax-deductible. **Ask your employer if your company is able to match your donation.**

Please return your donation (check or cash) and this form with your registration materials or mail to: San Marcos High School PTO, 1615 W. San Marcos Blvd, San Marcos. CA 92078

*Checks should be made payable SMHS PTO*

Student Name: \_\_\_\_\_ ID# \_\_\_\_\_

Grade (circle one): 9 10 11 12

Parent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ I will donate the suggested \$20 donation **and/or** I would like to donate \$ \_\_\_\_\_

\*Please consider a donation toward our “Sponsor a Senior” program. PTO coordinates with our school counselors to supplement some senior expenses for those students in need.

\_\_\_\_\_ I would like to donate \$ \_\_\_\_\_ to be used for the “Sponsor a Senior” fund. (No amount is too small)

\_\_\_\_\_ Enclosed/attached is my total donation of \$ \_\_\_\_\_

\*\*If amount over \$100, what name/names would you like recognized in the yearbook?

\_\_\_\_\_ I do NOT want my donation to be recognized in the yearbook.  
(applies to donations \$100.00 and over only)



Do you shop on Amazon? Amazon Smile is a simple and automatic way to support our school. Login to [smile.amazon.com](https://smile.amazon.com) and select “San Marcos High School PTO” as your charity, and Amazon will donate .5% of your eligible purchase. Purchases must be made through [smile.amazon.com](https://smile.amazon.com), not [amazon.com](https://amazon.com). It will be your same account, but only using smile will give the donation.



## ORDER FORM

**\$35.00**

**Make check payable to SMUSD  
and attach to this form. Please bring  
this form w/payment to registration.**

You may also pay online thru  
August 30, 2019.

ID #: \_\_\_\_\_

Student Name: \_\_\_\_\_

First

Last

Please check one:

\_\_\_\_\_ PSAT 8/9 (for grade 9)    \_\_\_\_\_ PSAT NMSQT (for grades 10 & 11)

The PSAT will take place on October 19, 2019.