

Matsuyama Elementary School  
**First Day Packet Return CHECKLIST**

**Items to return are as follows:**

- Emergency Card - Cardstock - Orange \_\_\_\_\_
- Parent Athrzttn-Internet/Tech & Photo-*Blue* \_\_\_\_\_
- Library/Textbook Authorization - *Salmon* \_\_\_\_\_
- Rock Wall Authorization - Green \_\_\_\_\_
- Traffic Safety Plan - Pink \_\_\_\_\_
- LCFF Data Collection-one per household \_\_\_\_\_
- District's Parent's Rights Handbook-signature pg. \_\_\_\_\_  
-if one is provided
- PTA Packet - *if one is provided* \_\_\_\_\_



# STUDENT EMERGENCY FORM

School Year 2023-2024

MATSUYAMA ELEMENTARY

Teacher \_\_\_\_\_

## DEMOGRAPHIC INFORMATION

Student Legal Last Name	Legal First Name	Legal Middle Name	Gender	Grade	DOB

**PRIMARY HOUSEHOLD:** *This is the address where the student **primarily** lives.***\*\*\*Attach proof if changed from last year\*\*\***

Primary Household Address: \_\_\_\_\_

Parent/Guardian 1

Full Legal Name: \_\_\_\_\_

DOB: \_\_\_\_\_

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

Relationship to student: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Parent 2/other adult in household name: \_\_\_\_\_

DOB: \_\_\_\_\_

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

Relationship to student: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**SECONDARY HOUSEHOLD:** *\*Complete this section **ONLY** if the parents **do not** live in the same household.*

Secondary Household Address: \_\_\_\_\_

Parent/Guardian 2

Full Legal Name: \_\_\_\_\_

DOB: \_\_\_\_\_

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

Relationship to student: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Other Parent/adult in household Legal Name: \_\_\_\_\_

DOB: \_\_\_\_\_

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

Relationship to student: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**NON-HOUSEHOLD EMERGENCY CONTACTS:** *List people who can check your child out of school.*

Name: _____	DOB: _____	Relationship to student: _____	Phone Number: _____
Name: _____	DOB: _____	Relationship to student: _____	Phone Number: _____
Name: _____	DOB: _____	Relationship to student: _____	Phone Number: _____
Name: _____	DOB: _____	Relationship to student: _____	Phone Number: _____
Name: _____	DOB: _____	Relationship to student: _____	Phone Number: _____

***PLEASE READ and Initial:*** California Education Code 49408 states that school districts can require that emergency information be kept current. ***Parent/guardian is responsible for notifying the school, in writing, of any telephone or address changes within three (3) days of the occurrence.*** If the school is unable to reach anyone on this form in an emergency or if a student is left unattended during non-school hours, the school will contact law enforcement or Child Protective Services.

Parent/Guardian initials: \_\_\_\_\_

## HEALTH AND EMERGENCY INFORMATION

Check here if student has NO KNOWN HEALTH PROBLEMS.

Check here if student has KNOWN HEALTH PROBLEMS *and* check all that apply below.

ADD/ADHD

Heart Problems

Asthma

Seizures

SEVERE Allergy to: \_\_\_\_\_

Diabetes \_\_\_ Type I \_\_\_ Type II

Epi-Pen

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

Check here if student wears glasses/contact lenses.

Check here if student has hearing loss or uses hearing aids.

Does student have a condition that limits participation in:       Classroom       Physical Education

**Explain:**

List all medications (including dosage) taken by your child *and* indicate whether medication is needed at home, school, or both. *Note: California Education Code 49423 requires that if medications are to be taken at school, there must be a medication form on file at school, signed by both parents and physician. Parent or guardian shall inform the school nurse or designated certificated employee of the medication being taken.*

AT HOME \_\_\_\_\_

AT SCHOOL \_\_\_\_\_

### WHAT SPECIAL SERVICES DOES YOUR CHILD RECEIVE? (Check all boxes that apply)

Resource (RSP)

504

Speech & Language

Gifted (GATE)

Special Day Class (SDC)

IEP

English Learner Support

NONE

*Special Instructions/Comments (Medical 504 Plan, special health needs, emergency care plan, etc.):*

### EMERGENCY AUTHORIZATION

*In the event of an emergency, when a parent/guardian is unavailable, I authorize school personnel to make such arrangements for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. I further authorize the physician named below to undertake such care of my child, as he/she considers necessary. In the event said physician is not available, I authorize such care and treatment to be performed by a licensed physician or surgeon. I understand that the parent or guardian is responsible for the cost of such emergency care.*

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_ Pager \_\_\_\_\_

Emergency Facility and Phone Number \_\_\_\_\_

Does this student have health insurance?  Yes  No      Does this student have dental insurance?  Yes  No

Name of Insurance or Health Plan Provider: \_\_\_\_\_ Student's Medical Record Number: \_\_\_\_\_

*If not, I give permission to SCUSD to share this information to help apply for health insurance for my child.  Yes  No*

***The information provided is accurate to the best of my knowledge, and I understand my responsibility.***

Signature of Legal Parent/Guardian Registering Student

Relationship to Student

Date

Print Child's Name \_\_\_\_\_

Print Teacher's Name \_\_\_\_\_

Room # \_\_\_\_\_

## ***Matsuyama Parental Authorization Required***

**Handbook/Tech Use Agreement** Parent Sign: \_\_\_\_\_

I have read and discussed the Matsuyama Student Handbook with my child. We are aware of and agree to follow ALL expectations of Matsuyama Elementary School, including the proper use of technology and the internet. I also understand that the replacement cost of a Chromebook is \$525 and the replacement cost of a charger is \$30. My child has my permission to use the laptops and I fully agree to and understand the usage expectations of this technology and the internet.

**School Use of Student Photos** Parent Sign: \_\_\_\_\_

The District requires parent/guardian permission before use of student images in any official publication or website. Matsuyama has a website, monthly PTA Newsletter, and a Facebook page. Many times we post pictures of students participating in events such as robotics competitions, Harvest Festival, Cherry Blossom Festival, concerts, etc. We also celebrate and acknowledge student accomplishments and awards in these communications. These pictures are often a source of great pride for parents and students alike. Please consider your options carefully, choose the appropriate box, and sign above.

- Matsuyama MAY use photos of my child in any school publication, website, and social media.
- Matsuyama MAY use ONLY GROUP photos that include my child in school publications, website, and social media.
- Matsuyama MAY NOT use photos of my child in any school publication, website, nor social media.

**Attendance Agreement** Parent Sign: \_\_\_\_\_

I understand that my child's health related absences are the primary accepted excuse for their absences, but there is a limit to how many health absences I, as a parent, can excuse. After 10 health absences within a single school year, any additional absences must be verified by a physician or they will be considered unexcused and may result in an ESP and/or SARB hearing. I further understand the importance of timeliness. I agree to make sure my child is at school, on time every day. Unnecessary and/or excessive tardiness causes undue interruption and loss of instructional time in every child's academic day. I will be mindful of this and avoid having my child be absent and/or late to school.

# Matsuyama Elementary School

## Library/Textbook Authorization

Your understanding is required before your child can check books out of the library and in order for your child to bring his/her textbook(s) home. Textbooks to be used at home will be determined by the individual classroom teacher once parental acceptance of understanding has been verified by your signature on this page.

**ALL textbooks MUST be COVERED with REMOVABLE materials at all times.**

**Note:** *If your student has outstanding library/textbook charges from a previous school or school year, the student will not be allowed library/textbook privileges at Matsuyama until the matter is resolved.*

I understand my child has permission to check out books from the school library and my child has permission to bring home textbooks, if assigned to do so by the teacher. With this, **I understand as the parent/guardian that I am financially responsible for any kind of lost or damaged books of any kind.** (This includes, but is **not limited to**, torn, stained, and missing pages/books.) (Textbook Replacement Cost range: \$50 - \$120. See Student Handbook for detailed prorated damaged book charges.)

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

Teacher: \_\_\_\_\_ Room # \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ (Office use) student id# \_\_\_\_\_



**Matsuyama Elementary School**  
 7680 Windbridge Drive  
 Sacramento, CA 95831  
 PHONE: (916) 395-4650 FAX: (916) 433-5556  
*Eugene Stovall, Principal*



Dear Parents or Guardians,

Your child has the opportunity to participate in transverse climbing wall units as part of our physical education program.

A transverse climbing wall requires students to move across the wall as opposed to climbing up the wall. At its highest point the wall measures 8 feet and is 40 feet long. Participants climb horizontally (transverse) across the wall and their feet should never be higher than three-and-a-half feet off the ground. There are mats on the ground under the wall that also serve to cover the wall when it is not in use. Your child will be informed and tested on the safety rules and will climb under the careful supervision of an adult instructor at all times.

Indoor rock climbing is one of the fastest growing activities today. It simultaneously develops coordination, strength, flexibility, and cardiovascular fitness. Additionally, important life skills such as problem solving, goal setting, perseverance, inner confidence, and patience will be learned through the activities performed on the rock wall. Students that continually have to be reminded about safety protocol will lose the privilege of participating in rock wall activities.

In order for your child to participate on rock wall activities, we must have a signed permission slip on file. Should you have any questions regarding this excellent learning opportunity, please do not hesitate to call us.

During COVID students will be required to wash their hands before and after each use. The rock wall will be disinfected with a sanitizer between each classroom usage. Alternative physical activities will be provided for students that are not authorized to use the rock wall.

Sincerely,

Eugene Stovall, Principal

Todd Melton, PE Teacher

<b>PERMISSION TO PARTICIPATE</b>	
_____ in _____	_____ class has
(Student's Name)	(Teacher's Name)
<p>my permission to participate in rock wall activities at Matsuyama Elementary School. I understand that this activity involves some risk of injury and I will stress the importance of following the class safety rules when we discuss this activity at home.</p>	
_____	_____
(Signature of Parent)	(Date)

# Matsuyama Traffic Safety Plan Acknowledgement Form

The Matsuyama staff is committed to the safety of all of our students. It is clearly evident that drop-off and pick-up time is the most dangerous time of day for our children. Everyone is in a hurry, and as such traffic laws and common sense are often disregarded. Please read the following guidelines and return this acknowledgement form to your child's teacher by the Friday following Labor Day.

- Students in grades 1-6, with the exception of families with a kindergarten student, will pick-up and drop-off in the circular driveway in front of the school.
- Families with kindergarten students may drop-off and pick-up all their children in the kindergarten parking lot located on the west side of the school.
- The front circle and kindergarten area is striped yellow for passenger loading and unloading during the hours of 7:30 a.m.-8:30 a.m. and 1:30 p.m.-2:30 p.m. On Thursday's the no parking times are 12:30-1:30 p.m. **Cars are not to be left unattended in loading areas for any reason.**
- Drivers are asked to keep pulling forward to the farthest spot in the driveway and refrain from conversations with staff and other people in order to keep traffic moving.
- If you need to speak with someone we ask that you please park your car, but not in the loading zones.
- Students picked up by parents/guardians will be in the large entryway in front of the school and **will not be allowed to cross the circular driveway to stand on the grassy area near the street sidewalk. They will also not be released to cross the street anywhere other than the crosswalk.**
- Please ask your child to watch for your arrival in the circular area and be prepared to quickly load and go!
- A left hand turn **MAY NOT** be made into the circular driveway. Cars may only enter the circular driveway by making a right hand turn.
- Cars may not straddle the sidewalk or block the flow of traffic in any way. If there is not room in the driveway area you may need to make another trip around.
- During drop-off and pick-up hours both areas may only be exited with a **right hand** turn on to Windbridge. They are now clearly marked with City of Sacramento official signs which mean that the police can ticket for left turn violations.
- U-turns are not allowed from the street parking on to Windbridge during drop-off and pick-up hours.
- Please note that the Sacramento Police Department and City Parking Enforcement frequently ticket traffic violations in front of the school.
- Please respectfully follow the directions of the traffic monitors. We ask for patience at all times as our goal is the safety of all of our children.
- There are two crosswalks in front of the school. Please do not jaywalk under any circumstances.



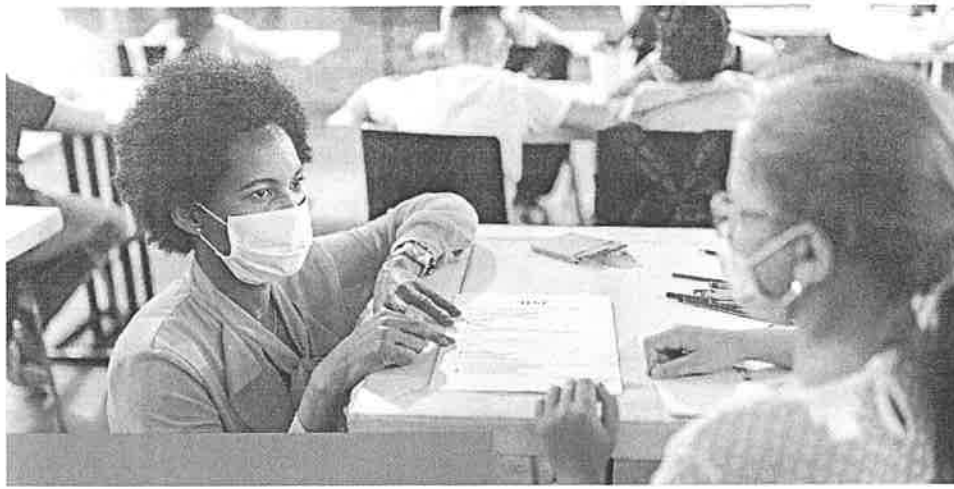
Return Bottom Portion to Student's Teacher by the Friday following Labor Day

I have read and understand the drop-off/pick-up procedures. I too am committed to the safety of our Matsuyama students and agree to follow the safety protocol outlined above:

Print and Sign Parent/Guardian Name: \_\_\_\_\_

Print Student's Name: \_\_\_\_\_

Teacher: \_\_\_\_\_



# Help SCUSD Protect Funding for Our District and Our Students

## Fill out your LCFF Application Form Today!

It only takes a few minutes for you to help us protect critical funding for our students! Every SCUSD family must fill out an LCFF Application by October 31.

For more information, visit <https://www.scusd.edu/lcffapp>.

SCAN WITH A SMARTPHONE TO DOWNLOAD THE APP.

