# emblem_bwSAN DIEGO UNIFIED SCHOOL DISTRICT

# 2020-21 PreK-Grade 12 ENROLLMENT FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Complete Sections I-III and sign page 2. Section IV must be completed by office staff. Please print legibly using black or blue ink.  For full directions, please refer to *Directions for Completing the PreK-12 Enrollment Form* available at https://www.sandiegounified.org/enrollment-forms.  *OFFICE ONLY* Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room #: \_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| ***OFFICE ONLY* 1**. Student District ID: | | | | | | | ***OFFICE ONLY* 2**. Student State ID (SSID): | | | | | | | | | | |
| I. STUDENT INFORMATION | | | | | | | | | | | | | | | | | |
| **3.** Last name (LEGAL NAME ONLY) | | | | | | | First | | | Middle | | | | | Suffix (Jr, II, III) | | |
|  | | | | | | | | | | | | | | | | | |
| **4.** First Name on teacher rosters: | | | | **5.** Former legal name(s) (optional): | | | | | **6.** Birthdate: | | | | **7.** Gender  Female  Male  Nonbinary | | | | |
|  | | | |  | | | | |  | | | |  | | | | |
| **8.** Is student Hispanic or Latino/a/x?    Yes  No | | **9.** Race: (check all boxes that apply) | | | | | | | | | | | | | | | |
|  | | American Indian or Alaskan Native  Black or African American  Filipino  White | | | | | *Asian/ Indochinese*  Asian Indian  Cambodian  Chinese  Hmong  Japanese  Korean  Laotian  Vietnamese  Other Asian | | | | | | | *Pacific Islander*  Guamanian  Hawaiian  Samoan  Tahitian  Other Pacific Islander | | | |
| **10**. Release of Information: Directory-type information may be shared with individuals and organizations authorized to receive this type of information unless it is prohibited by the parent/guardian. See the district’s [*Facts for Parents*](http://www.sandi.net/factsforparents) for the individuals and organizations, and the student information that may be released. If you do not want the information shared, you must select “Opt Out.”  Opt Out | | | | | | | | | | **11a.** Student email address (optional): | | | | | | **11b**. Student phone  (optional): | |
|  | | | | | | | | | |  | | | | | | (   ) | |
| **12.** Household address: | | | | | | City, State: | | | | ZIP Code: | | | | | | | |
|  | | | | | |  | | | |  | | | | | | | |
| **13.** Primary phone:  ( ) | | | | **14**. Mailing address (if different from household): | | | | | | City, State: | | | | | | | ZIP Code: |
| **15.** City, State, Country of birth: | | | | | **16.** First enrolled in US Preschool:  Date: | | | | **17a.** First enrolled in a CA school (TK-12): Date: | | | | | **17b.** First enrolled in a US school (TK-12): Date: | | | |
| **18.** Current Caregiver (check one):  Parent/legal guardian  Other adult (not legal guardian, requires Caregiver Affidavit) | | | | | | | | | | | | | | | | | |
| **19a.** Foster Living Situation:  Check one if applicable:  Family Home (FFH)  Group Home (FGH) (FFA)  Formal Kinship Care (including NREFM) | | | | | | | **19b.**Temporary/inadequate residence due to financial hardship:  Check all that apply:  Living with someone/Doubling up  Unaccompanied Youth  Hotel/motel  Sheltered  Unsheltered  Runaway Youth | | | | | | | | | | |
| **20.** Other Living Situation:  International Exchange  Residential facility  Hospital (not state hospital) | | | | | | | | | | | | | | | | | |
| **21.** Complete and include all minors under 18 years of age who live in the same household (siblings and non-siblings), even if not enrolled in San Diego Unified. If additional space is needed, use “Notes” in Section IV on back of form. | | | | | | | | | | | | | | | | | |
| Full Name: | | | Birthdate: | | | School name: | | | | | | Relationship to student: | | | | | |
| Full Name: | | | Birthdate: | | | School name: | | | | | | Relationship to student: | | | | | |
| Full Name: | | | Birthdate: | | | School name: | | | | | | Relationship to student: | | | | | |
| II. CONTACT INFORMATION Provide at least three contacts—if additional space is needed use “Notes” in Section IV on back of form. | | | | | | | | | | | | | | | | | |
|  | **22. Parent/Guardian/Contact** | | | | | | | **23. Parent/Guardian/Contact** | | | **24. Emergency Contacts**  **(other than already listed)** | | | | | | |
| Full name |  | | | | | | |  | | | Full name: | | | | | | |
| Relationship to student |  | | | | | | |  | | |  | | | | | | |
| Lives with student? | Yes  No  If no, provide address here: | | | | | | | Yes  No  If no, provide address here: | | | Relationship to student: | | | | | | |
|  |  | | | | | | |  | | | Home phone (   ) | | | | | | |
|  |  | | | | | | |  | | | Work phone (   ) | | | | | | |
|  |  | | | | | | |  | | | Cell Phone (   ) | | | | | | |
| Home phone | (   ) | | | | | | | (   ) | | | Email address: | | | | | | |
| Work phone | (   ) | | | | | | | (   ) | | | Primary language: | | | | | | |
| Cell phone | (   ) | | | | | | | (   ) | | | Interpreter required | | | | | | |
| Email address |  | | | | | | |  | | | OK to release student | | | | | | |
| Employer |  | | | | | | |  | | |  | | | | | | |
| Military (check all that apply) | Active Duty  DOD Employee  Reserves  National Guard  Full Time  Part Time | | | | | | | Active Duty  DOD Employee  Reserves  National Guard  Full Time  Part Time | | | Full name: | | | | | | |
|  |  | | | | | | |  | | | Relationship to student: | | | | | | |
| Primary language |  | | | | | | |  | | | Home phone (   ) | | | | | | |
| Education level  (select one) | Not a High School Graduate  High School Graduate  Some College/AA Degree  College Graduate  Graduate School/Post-Graduate  Decline to state | | | | | | | Not a High School Graduate  High School Graduate  Some College/AA Degree  College Graduate  Graduate School/Post-Graduate  Decline to state | | | Work phone (   ) | | | | | | |
|  |  | | | | | | |  | | | Cell Phone (   ) | | | | | | |
|  |  | | | | | | |  | | | Email address: | | | | | | |
|  |  | | | | | | |  | | | Primary language: | | | | | | |
|  |  | | | | | | |  | | | Interpreter required | | | | | | |
| Additional information | Report card & Progress report provided  Interpreter required  Access to student info online | | | | | | | Report card  Progress report  Interpreter required  Access to student info online | | | OK to release student | | | | | | |

## SIGNATURE REQUIRED ON REVERSE

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| III. Questions for Parent/Guardian | | | | | | | | |
| The following questions provide important information for the school staff. Parents must review the following questions. Check “Yes” or “No” for each question where appropriate. Questions 28, 30 & 31 require that you check “Opt Out” or leave blank if you agree to your student’s participation. | | | | | | | | |
| **25a.** Has your student ever received  **Special Education** services?  **25b.** Does your student have a **504 Plan**? | | Yes  No  Yes  No | **26.** Has one of the parents/guardians engaged in migrant work (moved and  worked seasonally in jobs related to agriculture, lumber or fishery) in the past  three years? | | | | | Yes  No |
| **27**. Name, city, and state/country of last school attended:        Last grade level **completed**: | | | | **28. (For students in Grades 7, 9, & 11)** The district would like your  student to participate in the California Healthy Kids Survey (CHKS). The  survey is anonymous and confidential. If you do not want your student to  participate, you must select “Opt Out.” | | | | Opt Out | |
| **29. (High school students only)** Has your student ever played interscholastic athletics? | | | | Yes No | |
| **30.** **(Grade 12 only)** The district is required to submit a Cal Grant high school GPA to the California Student Aid Commission (CSAC) for all graduating seniors unless the parent opts out of the submission process.  The GPA will be submitted electronically by October 1 of each year unless you select “Opt Out,” or submit an Opt Out form. <https://mygrantinfo.csac.ca.gov/> | | | | | | | | Opt Out | |
| **31.** **(High school only)** Federal law requires release of student information to military recruiters. If you do **NOT** want this information released for your student, you must select “Opt Out.”  <http://www2.ed.gov/policy/gen/guid/fpco/hottopics/ht-10-09-02a.html> | | | | | | | | Opt Out | |
| **32. (High school only)** Parents may authorize their student’s school to release educational information including:  a. Transcripts, Letters of Recommendation, Financial Aid Forms, Report Cards, and Class Ranking Status including UC ELC data  b. Disciplinary Records  By checking “Yes” I give permission to State/Federal Financial Aid Programs/Scholarship Programs/Private Schools/University/College personnel and their authorized agents to access my student’s educational records. *Special Education and medical information will not be released without additional consent (a separate form will need to be submitted).* | | | | | | | | Yes  No  Yes  No | |
| **33.** **LEA Medi-Cal Billing Program** ([***Facts for Parents***](https://www.sandiegounified.org/facts-parents): Section F-Notice Regarding the District’s participation in the LEA Medi-Cal Billing Program)  I consent to the release of my child’s related health records for Medi-Cal billing purposes  I do not consent to the release of my child’s related health records for Medi-Cal billing purposes | | | | | | | | | |
| *The information provided in Sections I-III is true to the best of my knowledge.* | | | | | | | | | |
|  |  | | | |  |  |  | |
|  | **Parent/Guardian/Contact signature (required)** | | | |  | **Date** |  | |

🗶

|  |  |
| --- | --- |
| IV. DISTRICT ADMINISTRATIVE INFORMATION – FOR OFFICE USE ONLY | |
| **34.** Address verification document:  **36.** Neighborhood school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **38**. District of residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ Interdistrict Attendance Permit ❑ InterSELPA agreement  **40.** Immunization status: ❑ Complete ❑ Incomplete  ❑ Conditional ❑ Exempt - District Nurse Approval Required | **35.** Date address verified: / /  **37.** Birth verification documents:  ❑ Birth certificate ❑ Affidavit ❑ Church records ❑ Passport  ❑ School records ❑ Unverified  **39.** Boundary exception for non-resident student \_\_  **41a.** (**K only**) Dental Exam? ❑ Yes ❑ No  **41b.** (**K only**) Physical Exam? ❑ Yes ❑ No |
| **ENTRY INFORMATION** | |
| **42.** Previously enrolled in San Diego Unified? ❑ Yes\* ❑ No  \*If Yes: Last year enrolled\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_ | |
| **43.** Entry date: \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_  **44.** Entry reason (check one):  ❑ Enter from within San Diego Unified ❑ Enter from Out of District ❑ Initial Enrollment-Preschool ❑ Enter from Out of State  ❑ Initial Enrollment TK-12 ❑ Preschool Enroll-Not Initial ❑ Enter from Charter School within San Diego Unified | |
| **45.** For students new to San Diego Unified entering from  **within** California:  Student State ID (SSID) (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Previous CA district: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Previous CA school name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **46.** For students new to San Diego Unified entering from **outside** of California:  Previous school name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State/Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| NOTES/Additional Information/Legal Bindings | |
|  | |

SAN DIEGO UNIFIED SCHOOL DISTRICT 2020-21 PreK–Grade 12 ENROLLMENT FORM (rev 03.02.2020)