

**SAN DIEGO UNIFIED SCHOOL DISTRICT
Preschool-Grade 12 ENROLLMENT FORM 2017-18**



Complete Sections I-III and sign page 2. Section IV must be completed by office staff. Please print legibly using black or blue pen.
For full directions, please refer to *Directions for Completing the PreK-12 Enrollment Form* available at <https://www.sandiegounified.org/enrollment-forms>.

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. Preferred/Actual Name:		5. Former legal name(s) (optional):		6. Birthdate:		7. Social Security Number (optional):	
8. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	9. Is student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Race: (check all boxes that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Filipino <input type="checkbox"/> White		<i>Asian/Indochinese</i> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Hmong <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese		<i>Pacific Islander</i> <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander	
11. 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 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." <input type="checkbox"/> Opt Out						12. Student email address (optional):	
13. Household address:				City, State:		ZIP Code:	
14. Home phone: ()		15. Mailing address (if different from household):		City, State:		ZIP Code:	
16. City, State, Country of birth:						17. First enrolled in a CA school (K-12): Date: / /	18. First enrolled in a US school (K-12): Date: / /
19. Current Caregiver (check one): <input type="checkbox"/> Parent/legal guardian <input type="checkbox"/> Other adult (not legal guardian, requires Caregiver Affidavit)							
20a. Foster Living Situation: Check one if applicable: <input type="checkbox"/> Family Home (FFH) <input type="checkbox"/> Group Home (FGH) (FFA) <input type="checkbox"/> Formal Kinship Care (including NREFM)				20b. Homeless Living Situation (temporary residence due to financial hardship): Check all that apply: <input type="checkbox"/> Living with someone/Doubling up <input type="checkbox"/> Hotel/motel <input type="checkbox"/> Sheltered <input type="checkbox"/> Unsheltered <input type="checkbox"/> Unaccompanied Youth <input type="checkbox"/> Runaway Youth			
21. Other Living Situation: <input type="checkbox"/> International Exchange <input type="checkbox"/> Residential facility <input type="checkbox"/> Hospital (not state hospital) <input type="checkbox"/> _____							
22. Complete and include siblings who are currently in PreK-Grade 12 in San Diego Unified (only if applicable).							
Sibling 1 Full name:			Grade:		School name:		
Sibling 2 Full name:			Grade:		School name:		
Sibling 3 Full name:			Grade:		School name:		

II. CONTACT INFORMATION Provide at least three contacts—if additional space is needed use "Notes" in Section IV on back of form.

	23. Parent/Guardian/Contact	24. Parent/Guardian/Contact	25. EMERGENCY CONTACTS (OTHER THAN PARENTS)
Full name			Full name:
Relationship to student			Relationship to student:
Lives with student?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide address here: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide address here: _____	Home phone ()
Home phone	()	()	Work phone ()
Work phone	()	()	Cell Phone ()
Cell phone	()	()	<input type="checkbox"/> Interpreter required <input type="checkbox"/> OK to release student
Email address			Full name:
Employer			Relationship to student:
Military (check all that apply):	<input type="checkbox"/> Active Duty <input type="checkbox"/> DOD Employee <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves	<input type="checkbox"/> Active Duty <input type="checkbox"/> DOD Employee <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves	Home phone ()
Primary language			Work phone ()
Education level (select one)	<input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College/AA Degree <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School/Post-Graduate <input type="checkbox"/> Decline to state	<input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College/AA Degree <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School/Post-Graduate <input type="checkbox"/> Decline to state	Cell phone ()
Additional information	Report Card & Progress Report Provided <input type="checkbox"/> Interpreter required <input type="checkbox"/> Access to student info online	<input type="checkbox"/> Report card <input type="checkbox"/> Progress report <input type="checkbox"/> Interpreter required <input type="checkbox"/> Access to student info online	<input type="checkbox"/> Interpreter required <input type="checkbox"/> OK to release student

SIGNATURE REQUIRED ON REVERSE

OFFICE ONLY Student Name: _____

Grade: _____

Teacher: _____

Room #: _____

III. QUESTIONS FOR PARENT/GUARDIAN

The following questions provide important information for the school staff. Parents must answer the following questions. Check "Yes" or "No" for each question where appropriate. Questions 30 & 32 require that you check "Opt Out" or leave blank if you agree to your student's participation.

<p>26a. Has your student ever received <input type="checkbox"/> Yes <input type="checkbox"/> No Special Education services?</p> <p>26b. Does your student have a 504? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>27. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>28. Name, city, and state/country of last school attended: _____ _____ _____ Last grade level completed: _____</p>	<p>29. (For students born outside the U.S., see #16) Was this student born in a foreign country to diplomatic, military personnel or other U.S. citizen, and granted U.S. citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>30. (For students in Grades 7, 9, & 11) <input type="checkbox"/> Opt Out 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".</p>	<p>31. (High school students only) Has your student ever played interscholastic athletics? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>32. (High school students 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 <input type="checkbox"/> Opt Out</p>	
<p>33. (High school students only) Parents may authorize their student's school to release educational information including, but not limited to: a. Transcripts, Letters of Recommendation, Financial Aid Forms, GPA Verification Forms, School Reports, and Class Ranking Status <input type="checkbox"/> Yes b. Disciplinary Records <input type="checkbox"/> Yes 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.</p>	

The information provided in Sections I-III is true to the best of my knowledge.

x _____

Parent/Guardian/Contact signature (required)

Date

IV. DISTRICT ADMINISTRATIVE INFORMATION – FOR OFFICE USE ONLY

34. Address verification document: _____ **35.** Date address verified: / /

36. Neighborhood school: _____ **37.** Birth verification documents:
 Birth certificate Affidavit Church records Passport
 School records Unverified

38. District of residence: _____ **39.** Boundary exception for non-resident student _____
 Interdistrict attendance permit InterSELPA agreement

ENTRY INFORMATION

40. Previously enrolled in San Diego Unified? Yes* No
*If Yes: Last year enrolled _____ School _____ Grade _____

41. Entry date: ____ / ____ / ____

42. 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

43. For students new to San Diego Unified entering from **within** California:
Student State ID (SSID) (if known): _____
Previous CA district: _____
Previous CA school name: _____

44. For students new to San Diego Unified entering from **outside** of California:
Previous school name: _____
City, State/Country: _____

EXIT INFORMATION

45. Exit date: ____ / ____ / ____

46. Exit reason (check one):
 PK-6 transferred within San Diego Unified PK transferred out of San Diego Unified
 7-12 transferred within SDUSD 7-12 transferred out of San Diego Unified
 No Show-Enrollment Dropped Withdrew Grades PK-6
 Other: _____

47a. Immunization status:
 Complete Incomplete Exempt

47b. (K only) Dental Exam? Yes No

LEGAL BINDINGS/NOTES/ADDITIONAL INFORMATION