

SAN DIEGO UNIFIED SCHOOL DISTRICT
Early Childhood Education
California School-Age Family Education

California School-Age Family Education (Cal-SAFE) Office
(858) 496-1803

CAL-SAFE STUDENT INQUIRY FORM			
STUDENT INFORMATION			
Last Name:		First Name:	MI:
Date of birth:	SID:	Grade:	Class of: 20____
Current address:			
City:	State:	ZIP Code:	
Home Phone:	Cell Phone:	E-mail:	
Class of:	Credits to Date:	GPA:	
504:	Date:	IEP:	Date:
		Primary Language:	
PARENT/GUARDIAN INFORMATION			
Last Name:		First Name:	MI:
Current address:			
City:	State:	ZIP Code:	
Home Phone:	Cell Phone:	E-mail:	
Relationship:			
CONTACT INFORMATION FROM REFERRING PARTY			
Referred By:			
School:		Best Time To Call:	
Phone:	E-mail:	Fax:	
School Counselor:	School Nurse:	Other:	
CAL-SAFE SERVICES (SELECT ONE)			
Infant/Toddler Care (Check One)	Expectant Teen Classroom	Remain at Current School	
Garfield HS:	Garfield HS Only	Yes: ____ No: ____	
Twain HS:	Yes: ____ No: ____		
OTHER CHILDREN OF MINOR PARENT			
Name		BD	
Name		BD	
REQUIRED			
I authorize the submittal of this application to the Cal-SAFE Program.			
My Parent/Guardian is aware of my pregnancy. Yes: ____ No: ____			
My Due Date is: / / 20____			
Student Signature:			Date:

Please Fax and Attach Transcript to (858) 496-1813
or
Please Mail to Cal-SAFE, IMC, Trailer L, 2441 Cardinal Lane, San Diego, CA 92123-3798