

**SAN DIEGO UNIFIED SCHOOL DISTRICT
2019-20 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-form>.

| 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 <input type="checkbox"/> Female <input type="checkbox"/> Male |
| | | / / | |
| 8. Is student Hispanic or Latino/a? <input type="checkbox"/> Yes <input type="checkbox"/> No | 9. Race: (check all boxes that apply) | | |
| | <input type="checkbox"/> American Indian or Alaskan Native | <i>Asian/ Indochinese</i> | <i>Pacific Islander</i> |
| | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese | <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian |
| | <input type="checkbox"/> Filipino | <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian |
| | <input type="checkbox"/> White | <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian | <input type="checkbox"/> 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 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 | | 11. Student email address (optional): | |
| 12. Household address: | | City, State: | ZIP Code: |
| 13. Home phone: () | 14. Mailing address (if different from household): | | City, State: ZIP Code: |
| 15. City, State, Country of birth: | | 16. First enrolled in a CA school (TK-12): Date: / / | 17. First enrolled in a US school (TK-12): Date: / / |
| 18. Current Caregiver (check one): <input type="checkbox"/> Parent/legal guardian <input type="checkbox"/> Other adult (not legal guardian, requires Caregiver Affidavit) | | | |
| 19a. 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) | | 19b. Homeless Living Situation (temporary residence due to financial hardship): Check all that apply: <input type="checkbox"/> Living with someone/Doubling up <input type="checkbox"/> Unaccompanied Youth <input type="checkbox"/> Hotel/motel <input type="checkbox"/> Sheltered <input type="checkbox"/> Unsheltered <input type="checkbox"/> Runaway Youth | |
| 20. Other Living Situation: <input type="checkbox"/> International Exchange <input type="checkbox"/> Residential facility <input type="checkbox"/> Hospital (not state hospital) <input type="checkbox"/> | | | |
| 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 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 | () | () | Email address: |
| Email address | | | <input type="checkbox"/> Interpreter required <input type="checkbox"/> OK to release student |
| Employer | | | Full name: |
| Military (check all that apply) | <input type="checkbox"/> Active Duty <input type="checkbox"/> DOD Employee <input type="checkbox"/> Reserves National Guard <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | <input type="checkbox"/> Active Duty <input type="checkbox"/> DOD Employee <input type="checkbox"/> Reserves National Guard <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | Relationship to student: |
| Primary language | | | Home 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 | Work 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 | Cell phone () |
| | | | Email address: |
| | | | <input type="checkbox"/> Interpreter required <input type="checkbox"/> OK to release student |

OFFICE ONLY Student Name: _____ Grade: _____ Teacher: _____ Room #: _____

SIGNATURE REQUIRED ON REVERSE

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 28, 30 & 31 require that you check "Opt Out" or leave blank if you agree to your student's participation.

| | |
|--|--|
| <p>25a. Has your student ever received <input type="checkbox"/> Yes <input type="checkbox"/> No Special Education services?</p> <p>25b. Does your student have a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>27. Name, city, and state/country of last school attended: _____ _____ _____</p> <p>Last grade level completed: _____</p> | <p>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." <input type="checkbox"/> Opt Out</p> <p>29. (High school students only) Has your student ever played interscholastic athletics? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>30. (High school students 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 unless you select "Opt Out," or submit an Opt Out form. <input type="checkbox"/> Opt Out</p> | |
| <p>31. (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>32. (High school students 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 <input type="checkbox"/> Yes <input type="checkbox"/> No b. Disciplinary Records <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>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. <i>Special Education and medical information will not be released without additional consent (a separate form will need to be submitted).</i></p> | |
| <p>33. LEA Medi-Cal Billing Program (Facts for Parents; Section F-Notice Regarding the District's participation in the LEA Medi-Cal Billing Program) <input type="checkbox"/> I consent to the release of my child's related health records for Medi-Cal billing purposes <input type="checkbox"/> I do not consent to the release of my child's related health records for Medi-Cal billing purposes</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

| | |
|--|--|
| <p>34. Address verification document: _____</p> <p>36. Neighborhood school: _____</p> <p>38. District of residence: _____</p> <p><input type="checkbox"/> Interdistrict Attendance Permit <input type="checkbox"/> InterSELPA agreement</p> <p>40. Immunization status: <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Conditional <input type="checkbox"/> Exempt - District Nurse Approval Required</p> | <p>35. Date address verified: / /</p> <p>37. Birth verification documents: <input type="checkbox"/> Birth certificate <input type="checkbox"/> Affidavit <input type="checkbox"/> Church records <input type="checkbox"/> Passport <input type="checkbox"/> School records <input type="checkbox"/> Unverified</p> <p>39. Boundary exception for non-resident student _____</p> <p>41a. (K only) Dental Exam? <input type="checkbox"/> Yes <input type="checkbox"/> No 41b. (K only) Physical Exam? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|--|--|

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