

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: / /

8. Gender ☐ Female ☐ Male 9. Is student Hispanic or Latino? ☐ Yes ☐ No 10. Race: (check all boxes that apply)

☐ American Indian or Alaskan Native *Asian/Indochinese* ☐ Asian Indian ☐ Cambodian ☐ Chinese ☐ Pacific Islander
☐ Black or African American ☐ Hmong ☐ Japanese ☐ Korean ☐ Guamanian ☐ Hawaiian
☐ Filipino ☐ Laotian ☐ Vietnamese ☐ Other Asian ☐ Samoan ☐ Tahitian
☐ White ☐ 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." ☐ 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): ☐ Parent/legal guardian ☐ Other adult (not legal guardian, requires Caregiver Affidavit)

20a. Foster Living Situation: Check one if applicable: ☐ Family Home (FFH) ☐ Group Home (FGH) (FFA) ☐ Formal Kinship Care (including NREFM) 20b. Homeless Living Situation (temporary residence due to financial hardship): Check all that apply: ☐ Living with someone/Doubling up ☐ Unaccompanied Youth ☐ Hotel/motel ☐ Sheltered ☐ Unsheltered ☐ Runaway Youth

21. Other Living Situation: ☐ International Exchange ☐ Residential facility ☐ Hospital (not state hospital) ☐

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:		Lives with student? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide address here:		Home phone ()	
				Work phone ()	
Home phone ()		Home phone ()		Cell Phone ()	
Work phone ()		Work phone ()		<input type="checkbox"/> Interpreter required <input type="checkbox"/> OK to release student	
Cell phone ()		Cell phone ()			
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		Military (check all that apply): <input type="checkbox"/> Active Duty <input type="checkbox"/> DOD Employee <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves			
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		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		Work phone ()	
Additional information: Report Card & Progress Report Provided <input type="checkbox"/> Interpreter required <input type="checkbox"/> Access to student info online		Additional information: Report card <input type="checkbox"/> Progress report <input type="checkbox"/> Interpreter required <input type="checkbox"/> Access to student info online		Cell phone ()	

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.

26a. Has your student ever received Special Education services? <input type="checkbox"/> Yes <input type="checkbox"/> No	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
26b. Does your student have a 504? <input type="checkbox"/> Yes <input type="checkbox"/> No	
28. Name, city, and state/country of last school attended: _____ _____ _____ Last grade level completed: _____	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
30. (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	31. (High school students only) Has your student ever played interscholastic athletics? <input type="checkbox"/> Yes <input type="checkbox"/> No
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	
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.	

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: <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
38. District of residence: _____	39. Boundary exception for non-resident student _____
<input type="checkbox"/> Interdistrict attendance permit <input type="checkbox"/> InterSELPA agreement	

ENTRY INFORMATION

40. Previously enrolled in San Diego Unified? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If Yes: Last year enrolled _____ School _____ Grade _____	
41. Entry date: _____ / _____ / _____	
42. Entry reason (check one): <input type="checkbox"/> Enter from within San Diego Unified <input type="checkbox"/> Enter from Out of District <input type="checkbox"/> Initial Enrollment-Preschool <input type="checkbox"/> Enter from Out of State <input type="checkbox"/> Initial Enrollment TK-12 <input type="checkbox"/> Preschool Enroll-Not Initial <input type="checkbox"/> 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): <input type="checkbox"/> PK-6 transferred within San Diego Unified <input type="checkbox"/> PK transferred out of San Diego Unified <input type="checkbox"/> 7-12 transferred within SDUSD <input type="checkbox"/> 7-12 transferred out of San Diego Unified <input type="checkbox"/> No Show-Enrollment Dropped <input type="checkbox"/> Withdrew Grades PK-6 <input type="checkbox"/> Other: _____
47a. Immunization status: <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Exempt	
47b. (K only) Dental Exam? <input type="checkbox"/> Yes <input type="checkbox"/> No	

LEGAL BINDINGS/NOTES/ADDITIONAL INFORMATION