

**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>.

<b>OFFICE ONLY 1.</b> Student District ID:		<b>OFFICE ONLY 2.</b> Student State ID (SSID):	
<b>I. STUDENT INFORMATION</b>			
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> <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <i>Pacific Islander</i> <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> White <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <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 <a href="#">Facts for Parents</a> 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:
<b>II. CONTACT INFORMATION</b> Provide at least three contacts—if additional space is needed use "Notes" in Section IV on back of form.			
	<b>22. Parent/Guardian/Contact</b>	<b>23. Parent/Guardian/Contact</b>	<b>24. Emergency Contacts (other than parents)</b>
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			
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	Full name:
Primary language			Relationship to student:
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	Home 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	Work phone ( )
			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.

- 25a.** Has your student ever received  Yes  No  
**Special Education** services?  
**25b.** Does your student have a **504 Plan**?  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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 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

- Last grade level completed: \_\_\_\_\_
- 29. (High school students only)** Has your student ever played interscholastic athletics?  Yes  No

- 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.  Opt Out

- 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>  Opt Out

- 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  Yes  No  
 b. Disciplinary Records  Yes  No

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).*

- 33. LEA Medi-Cal Billing Program** ([Facts for 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.*

**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: \_\_\_\_\_
- Interdistrict Attendance Permit  InterSELPA agreement
- 39.** Boundary exception for non-resident student \_\_\_\_\_
- 40.** Immunization status:  Complete  Incomplete  
 Conditional  Exempt - District Nurse Approval Required
- 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