



**SAN DIEGO UNIFIED SCHOOL DISTRICT
2020-21 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-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. First Name on teacher rosters:	5. Former legal name(s) (optional):	6. Birthdate: / /	7. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary
8. Is student Hispanic or Latino/a/x? <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"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese	<i>Pacific Islander</i> <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean	<input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian
	<input type="checkbox"/> Filipino	<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	11a. Student email address (optional):		11b. Student phone (optional): ()
12. Household address:		City, State:	ZIP Code:
13. Primary phone: ()	14. Mailing address (if different from household):		City, State: ZIP Code:
15. City, State, Country of birth:	16. First enrolled in US Preschool: Date: / /	17a. First enrolled in a CA school (TK-12): Date: / /	17b. 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. Temporary/inadequate 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 already listed)
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 () Work phone () Cell Phone ()
Home phone ()		()	Email address:
Work phone ()		()	Primary language:
Cell phone ()		()	<input type="checkbox"/> Interpreter required <input type="checkbox"/> OK to release student
Email address			
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 () Work phone () 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	Email address: Primary language: <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 review 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 Special Education services? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
25b. Does your student have a 504 Plan ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
27. Name, city, and state/country of last school attended: _____ _____ _____ Last grade level completed : _____	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 29. (High school students only) Has your student ever played interscholastic athletics? <input type="checkbox"/> Yes <input type="checkbox"/> No
30. (Grade 12 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 by October 1 of each year unless you select "Opt Out," or submit an Opt Out form. https://mygrantinfo.csac.ca.gov/ <input type="checkbox"/> Opt Out	
31. (High school 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	
32. (High school 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 including UC ELC data <input type="checkbox"/> Yes <input type="checkbox"/> No b. Disciplinary Records <input type="checkbox"/> Yes <input type="checkbox"/> 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. <i>Special Education and medical information will not be released without additional consent (a separate form will need to be submitted).</i>	
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	

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: _____ <input type="checkbox"/> Interdistrict Attendance Permit <input type="checkbox"/> InterSELPA agreement	39. Boundary exception for non-resident student _____
40. Immunization status: <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Conditional <input type="checkbox"/> Exempt - District Nurse Approval Required	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

ENTRY INFORMATION

42. Previously enrolled in San Diego Unified? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If Yes: Last year enrolled _____ School _____ Grade _____	
43. Entry date: _____ / _____ / _____	
44. 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	
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