



## SAN DIEGO UNIFIED SCHOOL DISTRICT PK-12 ENROLLMENT FORM 2009-10

Complete Sections I-IV and sign page 2. Section V must be completed by office staff. Please print legibly using black or blue pen.  
For full directions, please refer to *Completing Your Child's Enrollment Form* available at [www.sandi.net/enrollment](http://www.sandi.net/enrollment).

<b>OFFICE ONLY</b> 1. Student District ID: _____	<b>OFFICE ONLY</b> 2. Student State ID (SSID): _____
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### I. STUDENT INFORMATION

3. Last name (LEGAL NAME ONLY) _____				First _____		Middle _____		Suffix (Jr, II, III) _____	
4. Nickname: _____		5. Other name(s) used previously (AKA): _____			6. Birth date: _____ / ____ / ____		7. Student Social Security Number: _____ - - - - -		
8. Gender: <input type="checkbox"/> M <input type="checkbox"/> F		9. Is student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Race (select one or more): <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Hmong <input type="checkbox"/> Korean <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Tahitian <input type="checkbox"/> Samoan					
11. Home phone: _____ ( ) _____		12. Household address: _____				City, State: _____		ZIP Code: _____	
<b>OFFICE ONLY</b> Home address verified: Date: ____ / ____ / ____		13. Mailing address: _____				City, State: _____		ZIP Code: _____	
Birth verification basis: <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		14. City & state of birth: _____		15. Country of birth: _____		16. First enrolled in a CA school (K-12 only): Date: ____ / ____ / ____		17. First enrolled in a US school (K-12 only): Date: ____ / ____ / ____	
18. Student residential status (check one): <input type="checkbox"/> Parent/legal guardian (home) <input type="checkbox"/> Foster Family Home (FFH) <input type="checkbox"/> Foster Group Home (FGH) (FFA) <input type="checkbox"/> Homelessness-doubling up (living with someone) * <input type="checkbox"/> Homelessness-hotel/motel * <input type="checkbox"/> Homelessness-sheltered * <input type="checkbox"/> Homelessness-unsheltered * <input type="checkbox"/> Hospital (not state hospital) <input type="checkbox"/> Incarcerated institution <input type="checkbox"/> Residential facility <input type="checkbox"/> Other _____ * Temporary Residence due to financial hardship									

### II. SIBLING INFORMATION

19. Complete this section only if applicable. Include only siblings who are currently in Grades PK-12 in SDUSD.

Sibling 1 full name: _____	Grade: _____	School Name: _____
Sibling 2 full name: _____	Grade: _____	School Name: _____
Sibling 3 full name: _____	Grade: _____	School Name: _____

### III. CONTACT INFORMATION

Please complete this entire section. You must provide information for three contacts. For additional contacts, use the Notes section on the next page.

	20. PARENT/GUARDIAN	21. OTHER PARENT/GUARDIAN	22. EMERGENCY CONTACT (OTHER THAN PARENT)
Contact full name	_____	_____	_____
Relationship to student	_____	_____	_____
Lives with student? (circle one)	Yes / No If no, provide address here. _____ _____	Yes / No If no, provide address here. _____ _____	This information is not needed.
Home phone	( ) _____	( ) _____	( ) _____
Work phone	( ) _____	( ) _____	( ) _____
Cell phone	( ) _____	( ) _____	( ) _____
Email address	_____	_____	This information is not needed.
Employer	_____	_____	This information is not needed.
Contact primary language	_____	_____	_____
Education level (circle one)	NHS / HS / SC / C / G / DEC	NHS / HS / SC / C / G / DEC	This information is not needed.
Flags (circle all that apply)	INT / PC / AM	RC / PR / INT / PC / AM	RC / PR / INT / OK / PC

**Education levels:** NHS = Not a high school grad HS = High school grad SC = Some college/AA degree C = College grad G = Graduate/Post grad DEC = Decline to state  
**Flags:** RC = Report card copy PR = Progress report copy INT = Interpreter needed OK = OK to release student PC = ParentConnection access AM = Active Military

**SIGNATURE REQUIRED ON REVERSE**

OFFICE ONLY Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Room #: \_\_\_\_\_

### IV. QUESTIONS FOR PARENT/GUARDIAN

Please complete Questions 23-29. Check Yes or No for each question.

<b>23.</b> Has your child ever received <b>Special Education</b> services? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>24.</b> Are you now engaged in migrant work, or have you been engaged in migrant work (moved and worked seasonally in agricultural, lumber or fishery related jobs) in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>25.</b> Do you want your child's information to be unlisted in the school directory? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>26.</b> Do you want the primary contact's email address to be included in the student information system? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>27. (For high school students only)</b> Has your child ever played interscholastic athletics? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>28. (For high school students only)</b> Is it okay to release your child's information to military recruiters? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>29. (For students born outside the U.S.–see #15)</b> 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	

The information provided in Sections I-IV is true to the best of my knowledge.

**X** \_\_\_\_\_  
 Parent/Guardian signature (required) Date

### V. DISTRICT ADMINISTRATIVE INFORMATION – FOR OFFICE USE ONLY

**OFFICE ONLY:** Complete this section.

ADDRESS/BOUNDARY INFORMATION	LEGAL BINDINGS
<b>30.</b> Address verification document: _____ <b>31.</b> School of residence: _____ <b>32.</b> District of residence: _____ <input type="checkbox"/> Interdistrict attendance permit <input type="checkbox"/> InterSELPA agreement <b>33.</b> Boundary exception for non-resident student Type: _____ Reason: _____	
ENTRY/EXIT	NOTES/ADDITIONAL INFORMATION
<b>34.</b> Previously enrolled in SDUSD? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If Yes: Last year _____ School _____ Grade _____ <b>35.</b> Entry date: ____ / ____ / ____ <b>36.</b> Entry reason (check one): <input type="checkbox"/> Enter from within SDUSD ( <b>E11</b> ) <input type="checkbox"/> *Enter from Out of District ( <b>E13</b> ) <input type="checkbox"/> **Enter from Out of State ( <b>E14</b> ) <input type="checkbox"/> *Initial Enrollment K-12 ( <b>E15</b> ) <input type="checkbox"/> Enter from Charter School within SDUSD ( <b>E18</b> ) <b>37a.</b> *For students entering as <b>E13</b> or <b>E15</b> only: Previous CA district: _____ Previous CA school name: _____ Student State ID (SSID) (if known): _____ <b>37b.</b> **For students entering as <b>E14</b> only: Previous out-of-state school: _____ City, State: _____	
<b>38.</b> Exit date: ____ / ____ / ____ <b>39.</b> Exit reason (check one): <input type="checkbox"/> Grades PK-6 transfer within SDUSD ( <b>L51</b> ) <input type="checkbox"/> Grades PK-6 transfer out of SDUSD ( <b>L54</b> ) <input type="checkbox"/> Grades 7-12 transfer within SDUSD ( <b>L01</b> ) <input type="checkbox"/> Grades 7-12 transfer out of SDUSD ( <b>L04</b> ) <input type="checkbox"/> No Show-Enrollment Dropped ( <b>L05</b> ) <input type="checkbox"/> Withdrew Grades PK-6 ( <b>450</b> ) <input type="checkbox"/> Other: _____	<b>IMMUNIZATIONS</b> <b>41a.</b> Immunization status: <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Exempt <b>41b.</b> Dental Exam ( <b>K only</b> )? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>40.</b> Records requested: ____ / ____ / ____ Received: ____ / ____ / ____	