



## SAN DIEGO UNIFIED SCHOOL DISTRICT K-12 ENROLLMENT FORM 2008-09

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) <span style="float: right;">First <span style="margin-left: 100px;">Middle</span> <span style="margin-left: 100px;">Suffix (Jr, II, III)</span></span>			
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. Ethnicity (check one): <b>PROVIDE ONLY UPON FIRST ENROLLMENT IN DISTRICT</b> <input type="checkbox"/> African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not Portuguese) <input type="checkbox"/> Cambodian (not Hmong) <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Laotian (not Hmong) <input type="checkbox"/> Vietnamese <input type="checkbox"/> Am Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian Native <input type="checkbox"/> Hmong <input type="checkbox"/> Korean <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Portuguese <input type="checkbox"/> Samoan <input type="checkbox"/> Other _____		10. Additional ethnicity write-in (optional):
11. Home phone: ( )	12. Household address: <span style="float: right;">City, State: <span style="margin-left: 50px;">ZIP Code:</span></span>		
<b>OFFICE ONLY</b> Home address verified:  Date: / /	13. Mailing address: <span style="float: right;">City, State: <span style="margin-left: 50px;">ZIP Code:</span></span>		
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 K-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	RC / PR / INT / PC	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

**SIGNATURE REQUIRED ON REVERSE**

OFFICE ONLY Student Name:

Grade:

Teacher:

Room #:

### IV. QUESTIONS FOR PARENT/GUARDIAN

Please complete Questions 23-28. Check Yes or No for each question.

**23.** Has your child ever received **Special Education** services?  Yes  No

**24.** 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?  Yes  No

**25.** Do you want your child's information to be unlisted in the school directory?  Yes  No

**26.** Do you want the primary contact's email address to be included in the student information system?  Yes  No

**27. (For high school students only)** Has your child ever played interscholastic athletics?  Yes  No

**28. (For high school students only)** Is it okay to release your child's information to military recruiters?  Yes  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**

**29.** Address verification document: \_\_\_\_\_

**30.** School of residence: \_\_\_\_\_

**31.** District of residence: \_\_\_\_\_

Interdistrict attendance permit  InterSELPA agreement

**32.** Boundary exception for non-resident student

Type: \_\_\_\_\_ Reason: \_\_\_\_\_

**ENTRY/EXIT**

**33.** Previously enrolled in SDUSD?  Yes\*  No

\*If Yes: Last year \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**34.** Entry date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**35.** Entry reason (check one):

Enter from within SDUSD (**E11**)  \*Enter from Out of District (**E13**)

\*\*Enter from Out of State (**E14**)  \*Initial Enrollment K-12 (**E15**)

Enter from Charter School within SDUSD (**E18**)

**36a.** \*For students entering as **E13** or **E15** only:

Previous CA district: \_\_\_\_\_

Previous CA school name: \_\_\_\_\_

Student State ID (SSID) (if known): \_\_\_\_\_

**36b.** \*\*For students entering as **E14** only:

Previous out-of-state school: \_\_\_\_\_

City, State: \_\_\_\_\_

**37.** Exit date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**38.** Exit reason (check one):

Grades PK-6 transfer within SDUSD (**L51**)  Grades PK-6 transfer out of SDUSD (**L54**)

Grades 7-12 transfer within SDUSD (**L01**)  Grades 7-12 transfer out of SDUSD (**L04**)

No Show-Enrollment Dropped (**L05**)  Withdrew Grades PK-6 (**450**)

Other: \_\_\_\_\_

**39.** Records requested: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**LEGAL BINDINGS**

**NOTES/ADDITIONAL INFORMATION**

**IMMUNIZATIONS**

**40a.** Immunization status:

Complete  Incomplete  Exempt

**40b.** Dental Exam (**K only**)?  Yes  No