



SAN JUAN UNIFIED SCHOOL DISTRICT

P-12 ENROLLMENT FORM

Complete Sections I-IV and sign page 2. Section V is completed by office staff. Please print legibly using black or blue pen.

I. STUDENT INFORMATION:

1. Last Name (LEGAL NAME ONLY):		First Name	Middle Name	Suffix (Jr, II, III)
2. Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-Binary	3. Other name(s) used previously (AKA):		4. Birth Date: / /	
5. Ethnicity and Race (please respond to both 5a and 5b):		5a. Are you Hispanic or Latino? <input type="checkbox"/> Y <input type="checkbox"/> N		
5b. <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Chinese <input type="checkbox"/> Pacific Islander/Guamanian <input type="checkbox"/> Asian/Laotian <input type="checkbox"/> Pacific Islander/Samoan <input type="checkbox"/> Asian/Korean		<input type="checkbox"/> Asian/Japanese <input type="checkbox"/> Asian/Vietnamese <input type="checkbox"/> Asian/Asian Indian <input type="checkbox"/> White <input type="checkbox"/> Asian/Cambodian <input type="checkbox"/> Asian/Other Asian <input type="checkbox"/> Pacific Islander/Hawaiian <input type="checkbox"/> Hmong <input type="checkbox"/> Black/African American <input type="checkbox"/> Pacific Islander/Tahitian <input type="checkbox"/> Pacific Islander/Other <input type="checkbox"/> Filipino		
6. Primary phone: ()	7. Household Address:	City, State:	ZIP Code:	
8. Mailing Address (if different than household address):		City, State:	ZIP Code:	
9. Student's residential status (check one): <input type="checkbox"/> Parent/legal Guardian <input type="checkbox"/> Foreign Exchange Student <input type="checkbox"/> Foster Family Home (FFH) <input type="checkbox"/> State Hospital <input type="checkbox"/> Licensed Children's Institution (LCI) <input type="checkbox"/> Developmental Center <input type="checkbox"/> Hospital (not state hospital) <input type="checkbox"/> Incarcerated Institution <input type="checkbox"/> Residential Facility <input type="checkbox"/> Other				
10. Does your student <u>currently</u> receive Special Education services? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please check one: <input type="checkbox"/> Speech <input type="checkbox"/> Resource <input type="checkbox"/> Specialized Program Does your student have a current 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				
11. Has your child ever been expelled from, currently expelled from or has a pending expulsion from any school district? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which district/school _____				
12. Is it okay to release your child's information to military recruiters? (For high school students only) <input type="checkbox"/> Yes <input type="checkbox"/> No				

II. SIBLING INFORMATION:

13. Complete this section only if applicable. **Include only siblings who are currently in Grades P-12 in SJUSD—use reverse side of form (Block 17), if needed.**

Sibling 1 (full name):	Grade:	School:
Sibling 2 (full name):	Grade:	School:
Sibling 3 (full name):	Grade:	School:
Sibling 4 (full name):	Grade:	School:

III. CONTACT INFORMATION:

Please complete this entire section. You must provide information for **three contacts**. For additional contacts, use Block 17 on the reverse side of form.

	14. FIRST PARENT/GUARDIAN	15. SECOND PARENT/GUARDIAN	16. 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. _____ _____	
Cell phone	()	()	()
Work phone	()	()	()
Home phone	()	()	()
Email address			
Employer			
Primary language			
Education level (see below)	NHS / HS / SC / C / G / DEC	NHS / HS / SC / C / G / DEC	

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

ADDITIONAL INFORMATION AND SIGNATURE REQUIRED ON REVERSE

Office Use:
Student Name:

Grade:

Student ID#:

Enrollment date at SJC:

IV. ADDITIONAL INFORMATION (MUST BE COMPLETED FULLY)	
17. (Additional Information from Blocks 13-16)	
18. Does the student have a parent or guardian who is a member of the Armed Forces (Army, Navy, Air Force, Marine Corps or Coast Guard) on active duty or full time National Guard duty? <input type="checkbox"/> Yes <input type="checkbox"/> No	
19. 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	20. Has your child ever played interscholastic athletics? (For high school students only) <input type="checkbox"/> Yes <input type="checkbox"/> No
21. Family Educational Rights and Privacy Act (20 USC §1232g; 34 CFR Part 99) Acknowledgement: <i>I am the parent or legal guardian of the student stated above and understand my right to request to review, receive a copy (at a reasonable fee), and/or challenge the records contained in my child's cumulative file.</i>	
22. San Juan Unified School District Overload Policy: (TO BE READ AT THE TIME OF STUDENT REGISTRATION.) <i>The San Juan Unified School District welcomes you to our school community and district. We need to make you aware that the enrollment at the school where your student has been placed is changing due to increasing over enrollment within your attendance boundary. Consequently, it is difficult to guarantee that your child will be placed in your home school. We want to assure you that we will make every effort to do so; however, it may be necessary to place some children in other district schools in order to comply with state laws and district policies regarding class size.</i> <i>The San Juan Unified School District has a procedure by which this move must occur. Actual date of enrollment determines who is placed at schools when overcrowding occurs.</i>	
23. Anti-Discrimination Policy: <i>District programs and activities shall be free from discrimination based on actual or perceived sex, race, age, color, religion, ancestry, nationality, national origin, immigration status, ethnicity, ethnic group identification, marital or parental status, physical or mental disability, medical condition, sexual orientation, gender, gender identity, gender expression, genetic information, or association with a person or group with one or more of these actual or perceived characteristics.</i>	
24. Authorization to Request Student Records: <i>I am the parent/guardian of the student listed above, and I authorize student information to be requested so that I may enroll my child in the San Juan Unified School District.</i>	
<i>I understand the information contained in sections I-IV. I affirm that the information provided in sections I-IV is true to the best of my knowledge.</i>	
X _____ Please Print Name	_____/_____/_____ Date
X _____ Parent Signature (Required)	

V. DISTRICT ADMINISTRATIVE INFORMATION AND BOUNDARY INFORMATION – FOR OFFICE USE ONLY	
25. Placement Type: <input type="checkbox"/> Resident <input type="checkbox"/> Intra-district transfer <input type="checkbox"/> Inter-district attendance permit <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Overload <input type="checkbox"/> Special Education	
26. School of residence: _____ <i>(If other than requested school)</i>	LEGAL BINDINGS:
27. District of residence: _____ <i>(If other than SJUSD)</i>	
28. Previous District: _____	
29. Previous School Name: _____	