Print Form

SAN JUAN UNIFIED SCHOOL DISTRICT
P-12 ENROLLMENT FORM

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

Office Use:
Student Name:
Grade:
Student ID #:
CSIS #(if available):
Enrol date at Cent. Enroll.

I. STUDENT INFORMATION:

1. Last name (***LEGAL NAME ONLY***): First name Middle name Suffix (Jr, II, III)

2. Gender: ❑ M ❑ F **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?** ❑ Y ❑ N

5b. ❑ American Indian/Alaskan Native ❑ Asian/Chinese ❑ Asian/Japanese ❑ Asian/Korean ❑ Asian/Vietnamese ❑ Asian/Asian Indian ❑ Asian/Laotian ❑ Asian/Cambodian ❑ Asian/Other Asian ❑ Pacific Islander/Hawaiian ❑ Pacific Islander/Guamanian ❑ White ❑ Pacific Islander/Samoan ❑ Pacific Islander/Tahitian ❑ Pacific Islander/Other ❑ Filipino ❑ Black/African American ❑ Hmong

6. Home phone: **7.** Household address: City, State: ZIP Code:

8. Mailing address *(if different than household address):* City, State: ZIP Code:

9. City & state of birth: **10.** Country of birth:

11. Student's residential status (check one):
❑ Parent/legal guardian ❑ Foreign Exchange Student ❑ Foster Family Home (FFH) ❑ Foster Group Home (FGH) (FFA) ❑ State Hospital
❑ Licensed Children's Institution (LCI) ❑ Developmental Center ❑ Hospital (not state hospital) ❑ Incarcerated institution ❑ Residential facility

II. SIBLING INFORMATION:

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

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

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.

	13. PARENT/GUARDIAN	**14. SECOND PARENT/GUARDIAN**	**15. 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. _____ _____	N/A
Home phone			
Work phone			
Cell phone			
Email address			N/A
Employer			N/A
Contact primary language			
Education level *(see below)*	NHS / HS / SC / C / G / DEC	NHS / HS / SC / C / G / DEC	N/A

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

IV. Additional Information (*must be completed fully*)

Parent/Guardian # 1		Second Parent/Guardian		Emergency Contact
16. Would you like to receive mail?	Yes / No	**Receive mail?**	Yes / No	N/A
17. Do you want access to Parent Connection?	Yes / No	**Access to Parent Connection?**	Yes / No	N/A

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

❑ RSP ❑ SDC ❑ SPT ❑ 504

Date of last IEP *(if known)*: _____

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? ❑ Yes ❑ No

20. Has your child ever been expelled from, currently expelled from or has a pending expulsion from any school district? ❑ Yes ❑ No

If so what district/school _____

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

22. Is it okay to release your child's information to military recruiters? ***(For high school students only)*** ❑ Yes ❑ No

V. District Administrative Information Boundary Information

❑ Intra-district attendance permit ❑ Inter-district attendance permit

23. School of residence: _____
(If other than requested school)

24. District of residence: _____
(If other than SJUSD)

25. Boundary exception:

Type: _____ Reason: _____

26. Home address verified: Date: / /
Document(s) verified select 2:

Utility Bill *Rent Receipt*

Escrow Papers *Driver's license*

27. Birth Verification Document:
❑ Birth Certificate
❑ Baptismal Certificate
❑ Immigration Document

Notes/Additional Information

31. Copies sent to residence school: **Y N**
Address verifications **Y N**
Birth verification **Y N**

33. Immunizations entered into Zangle **Y N**

34. Cum requested **Y N**

Requested from: _____

Date requested: / /

35. Enrollment date entered by Central Enrollment:

/ /

36. Schedule date at school site (school site must double check as these two dates ***must*** match):

/ /

Entry Information:

28. Entry reason code _____

29 a. * For students continuing in or re-entering a CA school:

Previous CA district: _____

Previous CA school name: _____

Student (CSIS#) :
If available

❑❑❑❑❑❑❑❑❑❑

29 b. ** For students entering a CA school for the first time:

Previous out-of-state school: _____

City, State: _____

Legal Bindings:

IMMUNIZATIONS

30 a. Immunization status:
❑ Complete ❑ Incomplete ❑ Exempt

30 b. Dental exams ***(K only)***? ❑ Yes ❑ No

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

✘ _____

Date: _____ Please print name

✘ _____
Parent signature (required)