

DÑO Required Forms for Enrollment

- Student Enrollment Form **(with copy of birth certificate attached)**
- Proof of Residence Form **(attach 2 copies of proof of residence)**
- Special Programs Form **(required)**
- Health information card (yellow) **(attach copy of current immunization record)**
- Class planning card (blue) (including applications as required)
- New Student Orientation/Cougar Camp form (August 11th and August 12th)
- Computer Acceptable Use Policy **(student and parent sign and return last page – keep the rest of the packet for future reference)**
- Emergency Form **(required)**
- Annual Notification **(required)**
- E-Option Form

We are looking forward to helping you plan your student's transition to middle school. If you have any questions regarding the registration process please feel free to call the Diegueño Counseling Office at:

(760) 944-1892, EXT 6604

SAN DIEGUITO UNION HIGH SCHOOL DISTRICT STUDENT ENROLLMENT FORM

(COPY OF BIRTH CERTIFICATE REQUIRED)

PRINT Legal Name (No Nicknames): Enrolling in: _____ School _____ Grade: _____ Student ID# _____

STUDENT: Last Name _____ First Name _____ Middle _____ Male Female Date of Birth: _____
Month/Day/Year

PLACE OF BIRTH _____ Social Security # _____
City _____ State _____ Country _____

Student's E-mail Address _____ With whom does student reside? _____

Father's Name _____ (Note: Father / Guardian / Caregiver) Mother's Name _____ (Note: Mother / Guardian / Caregiver)

Home Phone _____ Work Phone _____ Home Phone _____ Work Phone _____

Father's E-mail Address _____ Cell Phone _____ Mother's E-mail Address _____ Cell Phone _____

Father's Home Address _____ City _____ State _____ Zip Code _____ Mother's Home Address _____ City _____ State _____ Zip Code _____

Mailing Address (If Different from Above Address) _____ City _____ State _____ Zip Code _____ Mailing Address (If Different from Above Address) _____ City _____ State _____ Zip Code _____

Father needs interpreter for phone calls / meetings: Yes No Mother needs interpreter for phone calls / meetings: Yes No

When did your student begin school in the United States? _____
Month/Day/Year

Last School your Student Attended _____ City _____ State _____ Zip Code _____ School's Fax Number _____ School's Telephone Number _____

Has student previously attended school in the San Dieguito Union High School District? No Yes, School: _____

Home Language Survey

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Please answer the following questions:

1. Has your student been designated as an English Learner in California public schools within the last 12 months? Yes No
2. What language did your child speak when he/she first began to talk? _____
3. What language does your child most frequently use at home? _____
4. What language do you use most frequently to speak to your child? _____
5. Name the language in the order most often spoken by the adults at home. 1st _____ 2nd _____
6. I prefer materials sent home in: English If available in: Spanish Other: _____

The district must comply with many Federal and State reporting requirements. Your assistance in denoting the ethnic background of your student would be appreciated. **Is the student Hispanic or Latino?** Yes, Hispanic or Latino No, Not Hispanic or Latino

Please continue to answer the following by marking one or more boxes to indicate what you consider the student's race to be.

<input type="checkbox"/> White	<input type="checkbox"/> Pacific Islander	→	<input type="checkbox"/> Chinese	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Japanese
<input type="checkbox"/> Filipino	<input type="checkbox"/> Asian/Asian American	→	<input type="checkbox"/> Samoan	<input type="checkbox"/> Korean	<input type="checkbox"/> Tahitian
<input type="checkbox"/> Black or African American			<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Laotian	<input type="checkbox"/> Asian Indian
<input type="checkbox"/> American Indian/Alaskan			<input type="checkbox"/> Cambodian	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Homng

The California Education Code requires schools to gather information regarding the highest level of education achieved by the parent with the most schooling. **Please choose the corresponding:** 1) Finished elementary school 2) Not a high school graduate
 3) High school graduate 4) Some college 5) College graduate 6) Graduate school/Graduate training 7) Decline to state or unknown

Parent/Guardian Signature _____ **Date** _____

District programs and activities are free from discrimination based on sex, race, color, religion, national origin, ethnic group, sexual orientation, marital or parental status, physical or mental disability or any other unlawful consideration.

OFFICE USE ONLY: _____ **Emergency Card** _____ **Health Card** _____ **Birth Cert.** _____ **AUP** _____
_____ **Imm. Verified** _____ **Chicken Pox** _____ **Hep. #1** _____ **Hep. #2** _____ **Hep. #3** _____

San Dieguito Union High School District

Verification of Residency

The California Attorney General has concluded that, with limited exceptions, a child must attend school in the district where the child's parent or guardian resides, rather than where the child lives. Therefore, a child who lives apart from his or her parents or guardians must still attend school in a district in which a parent or guardian resides. (Guardian is defined as court appointed legal guardian, "blood relative," or CAREGIVER).

There are a few exceptions to the general rule. An exception is made for a child who has been placed in a licensed institution, a licensed home, or a state hospital. A further exception is made for a child granted an inter district transfer in accordance with Education Code Section 46600, etseq. There is also an exception for a child who is legally emancipated through judicial declaration, marriage, or military service.

Student Name: _____

Parent Name: _____

Parent Address: _____ Phone #: _____

Falsification of any information or documents, either written or verbal, relative to this verification procedure will result in revocation of the enrollment process.

I am the parent/guardian of a student residing within the boundaries of the San Dieguito Union High School District. I hereby confirm that the information provided on this form is correct.

Signature of parent or guardian: _____ Date: _____

INCLUDE COPIES OF AT LEAST TWO OF THE FOLLOWING ITEMS

- | | |
|--|---|
| <input type="checkbox"/> Regular Driver's License (not temporary and without modifications). | <input type="checkbox"/> Receipt from local utility company (deposit or bill paid). |
| <input type="checkbox"/> Deed or Escrow documents to a home. | <input type="checkbox"/> Other government or business document which reliably establishes current residence, as determined by the District. |
| <input type="checkbox"/> Tax Receipt (personal or property taxes). | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bank checkbook with name and address imprinted. | |

The housing status of a student must be verified by presentation of one of the following:

HOUSING STATUS

Living with parent(s)
Living with Foster Parent(s)
Living with Court-appointed legal guardian
Living with a "CAREGIVER"

DOCUMENTATION REQUIRED

Prove district residency
Order placing child with Foster Parent(s)
Court order authorizing guardianship
CAREGIVER's Authorization Affidavit

School Official: _____ Date: _____

04/04

Elementary School _____

Student I.D. # _____

San Dieguito

Union High School District

710 Encinitas Blvd.
Encinitas, CA 92024-3357
(760) 753-6491
www.sduhsd.net

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DIEGUENO MIDDLE SCHOOL



MaryAnne Nuskin
Principal



Carmel Valley MS
Diegueno MS
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North Coast Alternative HS
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San Dieguito Adult Education
San Dieguito HS Academy
Sunset HS
Torrey Pines HS

SPECIAL PROGRAMS FORM

Education Code Section 48915.1(b) states, "If a student has been previously expelled from his/her previous school, the parent/guardian, shall, upon enrollment, inform the receiving school district of his/her status with the previous school district."

STUDENT NAME: _____ SCHOOL: _____

Has your son/daughter been previously expelled? YES _____ NO _____

If YES, please explain including dates of expulsion and school: _____

Has your son/daughter been previously suspended? YES _____ NO _____

If YES, please explain including dates of suspension and school: _____

Is your student currently enrolled in a GATE/Advancing Learner Program?

YES _____ NO _____

Has your student ever received Special Ed. Services? YES _____ NO _____

Does your student have an ACTIVE IEP ?

YES _____ NO _____ (Please attach a copy)

Does your student have an ACTIVE 504 plan?

YES _____ NO _____ (Please attach a copy)

Has your student ever received 504 plan accommodations?

YES _____ NO _____

Has your student ever been placed on a SARB (Student Attendance Review Board) contract?

YES _____ Dates: _____ NO _____

Parent/Guardian Signature Date

NOTE: Failure to disclose this information could result in termination from the San Dieguito Union High School District. If further information is desired, please contact the Executive Director of Pupil Services, Bruce Cochran at (760) 753-6491 extension 5556.

SAN DIEGUITO HIGH SCHOOL DISTRICT HEALTH INFORMATION

The following information is necessary for the student health record. It is required only once upon registration of the student. If, however, new health problems develop in the future, we request that you notify the school nurse as this will help her provide better care for your child. Please complete this form and return it to the school nurse's office.

STUDENT NAME: _____ BIRTHDATE: _____ GRADE: _____

Please check the appropriate box if your child has any of the following conditions:

CONDITION FREQUENTLY OCCASIONALLY EXPLAIN:

- | | | | |
|---|--------------------------|--------------------------|--|
| <input type="checkbox"/> Allergy | <input type="checkbox"/> | <input type="checkbox"/> | To what? _____ |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> | <input type="checkbox"/> | When was last attack? _____ |
| <input type="checkbox"/> Dizziness/Fainting | <input type="checkbox"/> | <input type="checkbox"/> | What kind? _____ |
| <input type="checkbox"/> Kidney Disorder | <input type="checkbox"/> | <input type="checkbox"/> | Under doctor's care? _____ |
| <input type="checkbox"/> Nervous Disorder | <input type="checkbox"/> | <input type="checkbox"/> | What kind? _____ |
| <input type="checkbox"/> Orthopedic problem | <input type="checkbox"/> | <input type="checkbox"/> | When was the last one? _____ |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Severe Headaches | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
|
 | | | |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> | <input type="checkbox"/> | What kind? _____ |
| <input type="checkbox"/> Birth Defect | <input type="checkbox"/> | <input type="checkbox"/> | How affected? _____ |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> | <input type="checkbox"/> | Special equipment used _____ |
| <input type="checkbox"/> Diagnosed ADHD | <input type="checkbox"/> | <input type="checkbox"/> | Medication? _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | When diagnosed? _____ |
| <input type="checkbox"/> Heart Disease/Defect | <input type="checkbox"/> | <input type="checkbox"/> | What kind? _____ |
| <input type="checkbox"/> Immune Deficiency Syndrome | <input type="checkbox"/> | <input type="checkbox"/> | What kind? _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

VISION:

- Student wears: glasses contact lenses
- Glasses are worn for:
- Distance vision
 - Reading
 - Astigmatism
 - Continuously

Date of last doctor's vision test? _____

MEDICATION:

- Does the student take continuing medication? No Yes
- If yes, what?
- Current dosage _____ From Dr. _____
- Will it be necessary to take at school?**
- If yes, submit "Authorization for Medication Administration**

HEARING:

- Student has a hearing problem
- Left Ear Right Ear Both Ears

SPEECH:

- Student has a speech problem
- Has had therapy
- Needs therapy

PHYSICAL RESTRICTIONS:

Are there any physical restrictions to P.E. class participation? _____

What kind of restrictions? _____

SIGNATURE _____	DATE _____
(Parent/Guardian)	
Nurse's Noes: _____	

DIEGUENO MIDDLE SCHOOL
8 TH GRADE CLASS PLANNING SHEET

School Year _____

NAME (LAST) _____ (FIRST) _____

1st Sem 7th _____ 2nd Sem 7th _____

PLEASE CHOOSE YOUR ELECTIVE CAREFULLY AS THESE CHOICES WILL BE USED FOR BOTH SEMESTERS! IT MAY NOT BE POSSIBLE TO CHANGE COURSES ONCE YOUR SCHEDULE HAS BEEN MADE! Each student will receive 1 year OR 2 semester electives in the 8th grade. Please number your choices in order of preference, 1- 6, with #1 being your first choice, etc.

SEMESTER ELECTIVE COURSES

- _____ 6051 General Studio Art
- _____ 6052 Advanced Art
- _____ 6072 Intro to Drama
- _____ 6073 Advanced Drama
- _____ 7251 Intro to Multi-Media
- _____ 7252 Advanced Multi-Media
- _____ 4202 CE SMART Lab
- _____ 8253 Leadership **
- _____ 8254 Peer Helping **
- _____ 1303 Reading
- _____ 2305 Algebra Topics
- _____ 8251 Academic Success

YEAR LONG ELECTIVE COURSES

- _____ G5681 Spanish I
- _____ G5682 Spanish II
- _____ 1201 Journalism **
- _____ 8252 AVID **
- _____ 6160 Beginning Marching Band
 - As elective credit
- _____ 6160 Beginning Marching Band
 - As PE credit
- _____ 6161 Intermediate Marching Band
 - As elective credit
- _____ 6161 Intermediate Marching Band
 - As PE credit
- _____ 8201/8202 Teacher/Office Assistant (pass/fail)

**** APPLICATION NEEDED**

Parent/Guardian Signature _____

Computer available at home: yes _____ no _____

Student Signature _____

Internet access available at home: yes _____ no _____

Home Phone _____

E-mail address: _____

Work/Cell Phone _____

Parent/Guardian Input

Please indicate the level/class that you feel your student would be most successful in. Your selection is for information only and does not guarantee placement.

Math: Algebra Readiness _____ Algebra 1A _____ Algebra _____ Algebra Honors _____

English: English 8 _____ English Honors _____

Has your student been identified as a GATE or Advancing Learner: Yes _____ No _____

San Dieguito

Union High School
District

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MaryAnne Nuskin
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North Coast Alternative HS
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San Dieguito Adult Education
San Dieguito HS Academy
Sunset HS
Torrey Pines HS

January 2009

Dear Parents:

Please encourage your student to attend Diegueño COUGAR CAMP! We feel it will help relieve some of the anticipation associated with transitioning to middle school. Cougar Camp also gives us the opportunity to introduce our expectations for Diegueño students, while providing a chance to address student concerns before school begins. Students will have the opportunity to tour the campus, learn about ways to get involved and be successful, and meet new friends.

During Cougar Camp parents will have the opportunity to meet with the counselors and other school staff. **A general session with counselors will be from 9:00 a.m. to 10:00 a.m. on both days.** Parents can also tour the school, ask questions, and become involved at Diegueño.

Cougar Camp will be held on two days: Tuesday, August 11th from 8:30a.m-12:00 noon and Wednesday, August 12th from 8:30 a.m.-12:00 noon. **Check-in will begin at 8:00. Your student will select one day to attend.** Transportation is the parent's responsibility. A **\$15.00 donation** will help defray the expense of materials and food. At noon each student will be given pizza and juice.

To reserve your student's spot, return this form as soon as possible with your registration materials. Please make checks payable to Diegueño Middle School. If necessary, you may also mail this to:

COUGAR CAMP
c/o Diegueño Middle School
710 Encinitas Blvd.
Encinitas, CA 92024

Your reservation confirmation with an agenda for the day will be mailed to you just prior to Cougar Camp.

Sincerely,

Mary Anne Nuskin
Principal

Missy Nunez
Cougar Camp Coordinator

(Please print)

Name of Student: _____

Name of Parent: _____

Mailing Address: _____

Daytime Telephone Number: _____

Please indicate below if you and/or your student will be attending Cougar Camp and which day:

I will be attending alone My student will be attending alone My student and I will be attending

Tuesday, August 11th Wednesday, August 12th

San Dieguito Union High School District
EMERGENCY FORM—2009 - 2010

- The following information is necessary for the Student Health Records. Please complete this form, sign and return to your school during school business days.
Note: This is not a "change of residency" form. If you have changed your residence, please complete and submit a "Verification of Residency Form," available from your school's registrar.

Student's Last Name Student's First Name Middle Initial

Address: Street Apartment # City Zip Code

Mailing Address: (If different from street address) City Zip Code

/ / ()

Date of Birth Student ID # School Grade Home Telephone #

Father/Guardian E-mail Address Mother/Guardian E-Mail Address Student E-mail Address

Place a check mark before the parent/guardian below who should be contacted first, and complete information:

Mother/Guardian () Home Phone # () Cell Phone #

Mother/Guardian Address (if different from student) Apartment # City Zip Code

Mother/Guardian Employer Work Phone #

Father/Guardian () Home Phone # () Cell Phone #

Father/Guardian Address (if different from student) Apartment # City Zip Code

Father/Guardian Employer Work Phone #

In an emergency, if parent/guardian cannot be reached, we authorize the school to release the student to the following [adults other than parent/guardian—this must be a local contact]:

1st Contact: Full Name Relationship to Student Home/Work/Cell Number

2nd Contact: Full Name Relationship to Student Home/Work/Cell Number

Name of Student's Physician/Clinic: () Phone # Physician/Clinic

Student is on a continuing medication program: YES ___ NO ___ If yes, you have permission to contact physician.

Medication: Dosage:

Medical Insurance Carrier: () Phone #

Consent for family physician, EMT and/or hospital to give emergency treatment: YES ___ NO ___

X Signature of Mother/Guardian Date X Signature of Father/Guardian Date

If parent/guardian needs an interpreter, indicate the language here:

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Tuesday, August 11th Wednesday, August 12th

STUDENT

I understand and will abide by the provisions and conditions of this contract. I understand that any violations of the above provisions will result in appropriate disciplinary action, such as:

1. LEVEL ONE: Misuse of District equipment, inappropriate internet use, downloading/sharing/copying inappropriate material, such as music, pornography, or offensive material, or sending inappropriate e-mail may result in loss of privileges, parent conferences, detention, or suspension.
2. LEVEL TWO: Repeat offenders, or Violation of privacy of others, creating websites that are offensive, bullying, threatening, drug or sexually related, or are otherwise disruptive to the learning environment, stealing passwords, introducing harmful applications onto the network, cheating, or other forms of network abuse may result in criminal prosecution, civil litigation, suspension, involuntary transfer to another school, or recommendation for expulsion.
3. LEVEL THREE - Major Violation: Any unauthorized attempt or action to enter into a teacher's computer, the district's data information center for any reason, including but not limited to, changing grades, acquiring test or instructional material, altering attendance records, or deliberately damaging systems. Any major breach of personal privacy, any attempt or action to cheat which compromises a teacher's or the district's computer/network security may result in criminal prosecution, civil litigation, involuntary transfer to another school, or expulsion.

I also agree to report any misuse of the information system to my school principal. All of the school rules or codes of conduct described in Board Policy 5131 and 5151.9 apply when I am on the network.

As the parent or guardian of this student, I have read this contract and understand that it is designed for educational purposes. Although SDUHSD has implemented a filtering system designed to restrict minors' access to harmful materials, I understand that it is impossible for the San Dieguito Union High School District to restrict access to all controversial materials. Therefore, I hereby waive all claims against the District, its officers, agents, or employees, for damages occurring by reason of the student's use of the information system. I also agree to report any misuse of the information system to the school principal.

STUDENT

ACCEPTABLE USE CONTRACT

I accept full responsibility for supervision if and when my child's technology use is not in a school setting and may have an impact on school activities.

The student and the parent or legal guardian of the student agree to hold harmless and indemnify the District for and against any claim that is brought by the student, the student's parent or legal guardian, or on their behalf, which may arise from the student's use of the information system. In addition, the student and/or parent or legal guardian of the student agree to indemnify the District for any actual damages to the District arising from the student's intentional misuse of the information system and/or any other intentional violation of this policy.

As parent or legal guardian of the student, I have read this document and voluntarily give my permission to issue an account to my child, and I voluntarily sign my name on the behalf of my child and myself as evidence of our acceptance of the foregoing responsibilities and associated risks.

_____	_____	_____
Student Name (print)	Signature	Date
_____	_____	_____
Parent/Guardian Name (print)	Signature	Date

**San Dieguito Union High School District
ANNUAL NOTIFICATION 2009-2010
- Signature Page -**

DIRECTORY INFORMATION:

The District makes student directory information available in accordance with state and federal laws. This means that each student's name, birthdate, birthplace, address, telephone number, major course of study, participation in school activities, dates of attendance, awards, and previous school attendance may be released in accordance with board policy. In addition, height and weight of athletes may be made available. Appropriate directory information may be provided to any agency or person except private, profit-making organizations. Names and addresses of seniors or terminating students may be given to public or private schools, colleges, employers and military recruiters.

Upon written request from the parent of a student age 17 or younger, the District will withhold directory information about the student. If the student is 18 or older or enrolled in an institution of post-secondary instruction and makes a written request, the pupil's request to deny access to directory information will be honored. Requests must be submitted within 30 calendar days of the receipt of this notification.

If you **DO NOT** elect to allow directory information to be released to any outside agency, including the military, please sign below and return to the school attendance office within 30 days. Parent signature will prohibit the District from providing directory information to the military, news media, schools, parent-teacher organizations, employers, and similar parties.

OPTIONAL SIGNATURE: Please check if you DO NOT want information regarding your student released to:

Military Colleges & Universities Employers
 Internet (photos and interviews on school's web site regarding school activities/athletics)
 News Media (photos and/or interviews regarding school activities/athletics)
 Yearbook ("no release" indicates that you do not want your child's photo in the yearbook)

Student Name (print): _____ School of Attendance/Grade Level: _____
Parent/Guardian Name (print): _____
Parent/Guardian Signature: _____ Date: _____

MEDICATION (EC §49423): Any student who must take prescribed medication at school must submit written instructions from the physician and a written parental request for assistance in administering the medications.

Medication: Student is on a continuing medication program: YES _____ NO _____

If YES, you have my permission to contact the physician listed below:

Physician Name: _____ Telephone #: _____

Medication: _____ Dosage: _____

PARENT/GUARDIAN ACKNOWLEDGEMENT OF SPECIFIC SCHOOL ACTIVITIES:

Education Code Section 48982 **REQUIRES** parents to sign and return this acknowledgement to the school attendance office indicating you have been informed of your rights; however, your signature does not authorize consent to participate in any particular program that has either been given or withheld.

I hereby acknowledge receipt of information regarding my rights, responsibilities and protections. I also attest, under penalty of perjury, that I am a resident of the District, as previously verified, or attend under an approved Inter-district Agreement.

Parent Name (print): _____ Student Name (print): _____

Required Parent Signature _____ **Date** _____

RETURN THIS SIGNED PAGE TO YOUR STUDENT'S SCHOOL

Diegueño Middle School

Take the



E Option

Would you like to be more informed? No more crumpled up notices at the bottom of your student's backpack? Sign up for the E-Option today! ***If you are already signed up – DO NOT RETURN THIS FORM!*** Campus events, important notices, the monthly parent newsletter, and the weekly bulletin (which are the morning announcements read to the students over the intercom) will be communicated to you via email. ***** If you sign up but still don't receive an email at least once a week, please call to find out why. Some providers, like SBCGLOBAL, have problems receiving bulk emails. Also, you will not be removed from the E-Option list until your 8th grader graduates, or you ask to be removed.*****

Parent name: _____

Parent e-mail address: _____

Student's name: _____ Grade in 2009-10: _____

* Please return this form to Vetha Pierce in the Principal's Office

Diegueño Middle School

Toma la



Opción

Electrónica

¿Le gustaría estar más informado? ¿Le gustaría resolver el problema de las hojas extraviadas en la mochila de su estudiante? Ud. podría ayudar a la escuela a ahorrar dinero en imprimir y mandar información a su casa. Inscríbase en la Opción Electrónica hoy! Ud. recibirá el boletín mensual, el boletín semanal (que provee toda la información de los anuncios diarios de la escuela) y otras noticias importantes acerca de eventos que se aproximan, por correo electrónico en cuanto se publiquen.

Nombre de Padres de Familia: _____

Correo Electrónico de Padres: _____

Nombre del Estudiante: _____ Grado en 09-10: _____