

SAN DIEGUITO UNION HIGH SCHOOL DISTRICT STUDENT ENROLLMENT FORM

STUDENT INFORMATION

Student's LEGAL LastName		Student's LEGAL FirstName		Middle Name	Suffix
Grade Level	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	Nickname, if preferred student name		Primary Phone Number	
Birth Date (MM/DD/YYYY)	Birth City, State and Country*			*Date Student Entered US, if not at birth	

HOME ADDRESS		MAILING ADDRESS (ONLY IF DIFFERENT FROM HOME ADDRESS)			
Address _____		Address _____			
City _____ State <u>CA</u> Zip _____		City _____ State <u>CA</u> Zip _____			

SDUHSD must comply with Education Code and Federal and State reporting requirements. Your assistance in denoting the background of the student is appreciated.

Please select one: Yes, this student is Hispanic or Latino. No, this student is not Hispanic or Latino.

RACE AND ETHNICITY PLEASE CHECK ANY/ALL THAT APPLY:

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian/Asian American or <input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Black or African American	Select all that apply:
<input type="checkbox"/> White	<input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Hmong <input type="checkbox"/> Indian-Asian <input type="checkbox"/> Japanese
	<input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Vietnamese

LANGUAGES California Education Code 52164.1 requires schools to determine the language(s) spoken at home by each student and the date they first enrolled in school in the United States. This information is essential for schools to provide meaningful instruction for all students.

1. Which language did your student learn when he/she first began to talk? _____	*Does parent/guardian need interpreter for phone calls or meetings? Father: <input type="checkbox"/> Yes <input type="checkbox"/> No Mother: <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Which language does your student use most frequently at home? _____	
3. Which language do you use most frequently speak to the student? _____	
4. Which language is spoken most often by the adults at home? _____	

PARENT/GUARDIAN/CAREGIVER INFORMATION – List Parent/Guardian(s) student is living with in PRIMARY RESIDENCE FIRST

PARENT/ GUARDIAN 1	Last Name _____ First Name _____	Relationship _____	Parent/Guardian Email Address _____
	Address, only if different from student _____		Phone Number Primary _____ <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work Alternate _____ <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work
	Employer Name _____	Parent/Guardian Education Level <input type="checkbox"/> Not HS Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Grad School/post grad training <input type="checkbox"/> Decline to State/Unknown	
	<input type="checkbox"/> Lives with <input type="checkbox"/> Has Legal Custody <input type="checkbox"/> Has Educational Rights <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Mail/Email Allowed <input type="checkbox"/> Active Military If Yes, branch _____		

PARENT/ GUARDIAN 2	Last Name _____ First Name _____	Relationship _____	Parent/Guardian Email Address _____
	Address, only if different from student _____		Phone Number Primary _____ <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work Alternate _____ <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work
	Employer Name and Phone Number _____	Parent/Guardian Education Level <input type="checkbox"/> Not HS Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Grad School/post grad training <input type="checkbox"/> Decline to State/Unknown	
	<input type="checkbox"/> Lives with <input type="checkbox"/> Has Legal Custody <input type="checkbox"/> Has Educational Rights <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Mail/Email Allowed <input type="checkbox"/> Active Military If Yes, branch _____		

STEP-PARENT	Last Name _____ First Name _____	Relationship _____	Email Address _____
	Address, only if different from student _____		Phone Number Primary _____ <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work Alternate _____ <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work
	Employer Name and Phone Number _____	Education Level <input type="checkbox"/> Not HS Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Grad School/post grad training <input type="checkbox"/> Decline to State/Unknown	
	<input type="checkbox"/> Lives with <input type="checkbox"/> Has Legal Custody** <input type="checkbox"/> Has Educational Rights** <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Mail/Email Allowed <input type="checkbox"/> Active Military If Yes, branch _____		

****If "yes" to step-parent Educational Rights or Custody, please provide court documentation.**

PLEASE NOTE: If you need to add additional Legal Guardians or Stepparents, please attach an additional page to your enrollment packet.

Student Name:

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PLEASE LIST ALL SIBLINGS ENROLLED IN SDUHSD SCHOOLS AND THEIR CURRENT SCHOOL OF ATTENDANCE				
Name	School	Name	School	
Name	School	Name	School	
<p>The following information is necessary for the student record. OTHER THAN PARENTS OR GUARDIANS, ADDITIONAL ADULTS AUTHORIZED TO PICK UP STUDENT FOR EMERGENCY RELEASE OR MEDICAL REASONS. Authorized persons MUST BE 18 YEARS OF AGE OR OLDER.</p> <p>Please note: Pick up during the school day requires prior notification to school office and designated adult must provide IDENTIFICATION.</p>				
1 st Contact	Relationship	Full Legal Name	Primary Phone	Alternate Phone
2 nd Contact	Relationship	Full Legal Name	Phone	Alt. Phone
3 rd Contact	Relationship	Full Legal Name	Phone	Alt. Phone
<p>DATE FIRST ENROLLED IN KINDERGARTEN OR HIGHER: (MM/DD/YYYY) California Public School _____ US Public or Private School _____</p>				
<p>PREVIOUSLY ATTENDED SCHOOLS: Has student previously attended school in SDUHSD? <input type="checkbox"/> No <input type="checkbox"/> Yes, School Name:</p>				
School Name and Address			Dates of Attendance	
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School Name and Address			Dates of Attendance	
<p>Education Code Section 48915.1(b) states, "If a student has been previously expelled from his/her previous school, the parent/guardian, shall, upon enrolment, inform the receiving school district of his/her status with the previous school district." NOTE: Failure to disclose this information could result in termination of enrollment in SDUHSD.</p> <p>Has the pupil been previously suspended? <input type="checkbox"/> No <input type="checkbox"/> If YES, please explain, including dates of suspension and school name:</p> <p>Has the pupil previously been expelled? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, please explain, including dates of expulsion and school name:</p>				
<p>PROGRAMS OR SERVICES RECEIVED AT A PREVIOUS SCHOOL:</p> <p>HAS PUPIL EVER RECEIVED ANY OF THE FOLLOWING SERVICES: (Check all that apply.)</p> <p>English Language Learner? <input type="checkbox"/> No <input type="checkbox"/> Yes, Dates _____ School Attendance contract? <input type="checkbox"/> No <input type="checkbox"/> Yes, Dates _____</p> <p>504 plan accommodations? <input type="checkbox"/> No <input type="checkbox"/> Yes, Dates: _____ ACTIVE 504 Plan? <input type="checkbox"/> No <input type="checkbox"/> Yes, attach plan copy including start date _____</p> <p>Special Education services on an Individualized Education Plan (IEP) or other program services? <input type="checkbox"/> No <input type="checkbox"/> Yes, Dates _____</p> <p>CURRENT/ACTIVE IEP Plan? <input type="checkbox"/> No <input type="checkbox"/> Yes, attach plan copy including start date _____</p>				
<p>ACKNOWLEDGEMENTS</p> <ul style="list-style-type: none"> When deemed necessary, I authorize school district personnel to secure emergency services (medical, dental, paramedic, ambulance) for my child at my expense and to release any pertinent medical information. I certify that all information above is accurate and that it is my responsibility to apprise the school of any changes in residency, employment, phone numbers, changes in custody or guardianship, and emergency release contacts. I understand that this form must be completed, signed, and on file at school before the student can be admitted or attend school. 				
<p>PARENT/GUARDIAN SIGNATURE(S) – AT LEAST ONE REQUIRED</p>				
Signature of Parent /Guardian 1 /18-Year-Old Student		Date	Signature of Parent /Guardian 2 /18-Year-Old Student	
~ FOR SCHOOL OFFICE USE ONLY ~				
Signature of Registrar		IDT Reason/Date	Birth Verification	Blank in either Ethnicity or Race Field?

SDUHSD prohibits discrimination, harassment, intimidation and bullying in educational programs, activities, or employment on the basis of actual or perceived ancestry, age, color, disability, gender, gender identity, gender expression, nationality, race or ethnicity, immigration status, religious beliefs or customs, sexual orientation, parental, pregnancy, family or marital status, military status or association with a person or a group with one or more of these actual or perceived characteristics. SDUHSD requires that school personnel take immediate steps to intervene when safe to do so when he or she witnesses an act of discrimination, harassment, intimidation, or bullying.