EARLY KINDER

ENROLLMENT INFORMATION

Please be advised that for the safety and security of all children ONLY the parent(s), legal guardian(s) or educational rights holder(s) may enroll a child into our district. The parent/legal guardian/educational rights holder who enrolls the child will be required to present PHOTO IDENTIFICATION.

The following documents are required to complete enrollment for students:
Please bring the following documents along with this completed packet to enroll your child at the Enrollment Center.

ADDRESS VERIFICATION

1. Bring ONE of the following forms:
   CURRENT mortgage / property tax bill
   CURRENT Rental / lease agreement
   CURRENT utility bill (SMUD, PG&E, or WATER) with correct name and address in the
   parent/legal guardian or education rights holders name (must be current within 30 days)

2. Proof of birth – original COUNTY ISSUED birth certificate or passport for each child.
3. Immunization Record current for each child.
4. Guardianship / Custody papers (if applicable)

NO ADDRESS VERIFICATION IN YOUR NAME?
Important-If you reside with someone and you are the parent/guardian/educational rights holder and do not have address verification in your name, you MUST BRING THE FOLLOWING:
- Declaration of Residency form (DOR). Must be completed and signed (see DOR form).
- A copy of the photo I.D. of the person who’s name is on the address verification document.
- A copy or original of the address verification document.

Please contact the school office for information about Early Kinder enrollment.

A.M.WINN
3551 Explorer Dr. 95827
(916) 228-5880

Leonardo da Vinci
4701 Joaquin Way 95822
(916) 277-6496

Alice Birney Waldorf-Inspired K-8
6251 13th Street 95831
(916) 433-5544

Pacific
6201 41st Street 95824
(916) 433-5089

H.W Harkness
2147 54th Ave 95822
(916) 433-5042

Theodore Judah
3919 McKinley Blvd. 95819
(916) 277-6364

Hubert Bancroft
2929 Belmar St. 95826
(916) 382-5940

Washington
520 18th Street 95811
(916) 264-4160

For further information regarding SCUSD'S Early Kinder Program please contact
John Conway, Early Kinder Coordinator SCUSD, at (916) 643-9280
Early Kinder Program

What is Early Kinder?

Early Kinder (also called Transitional Kindergarten) is the first year of a two-year kindergarten experience for children who turn age five from September 2nd through December 2nd.

The Early Kinder classes are taught by a credentialed teacher with a developmentally appropriate curriculum, which promotes a strong foundation and prerequisite skills needed for student success in kindergarten. Early Kinder is an optional program that gives children an additional year of preparation so they enter kindergarten with stronger academic, social, and emotional skills needed for future success in school.

Early Kinder/Kindergarten Registration Information

A child is eligible for kindergarten in the same year that he or she has their fifth birthday by September 1st of that school year.

A child shall be eligible for Early Kinder (Transitional Kindergarten) if he or she has their fifth birthday from September 2nd through December 2nd of that school year.

Early Kinder Registration

School sites will consider student placement in SCUSD’s Early Kinder Program based upon the following:

- Students born on September 2nd through December 2nd are eligible for Early Kinder not kindergarten.
- Students shall not be enrolled into Early Kinder if the child turns age 5 after December 2nd.
- There is no separate priority for November, October, or September born children. Children born within this 3 month span have equal access to the Early Kinder Program.
- Children with a sibling already enrolled in one of the eight schools with an Early Kinder Program will be given enrollment priority.

Parents requesting admission to a criteria-based school must meet admission requirements (example: Alice Birney Waldorf-Inspired K-8).

Due to space availability, parent’s request for placement in SCUSD’s Early Kinder Program does not guarantee student placement in the school or program requested. If over enrollment occurs, a special lottery will be held. All September 2nd through December 2nd born students shall have their names placed in an equitable lottery at the school site. The following year, Early Kinder students return to their home school site for kindergarten in accordance with district policy: “Students enrolled at a regional non-neighborhood Early Kinder school site shall return to their assigned neighborhood home school to continue their regular second year in kindergarten. Parents requesting to continue the second year of kindergarten at a regional non-neighborhood school would apply to do so through the Open Enrollment process.”
Early Kinder Information Request

Please print all information

Neighborhood/Requested School _____________________________

Primary Language _____________________________

Student Legal Name (last, first) _____________________________

Gender: M F

Birth Date _____________________________

Parent Name _____________________________

Home Phone _____________________________

Cell Phone _____________________________

Street Address _____________________________

Work Phone _____________________________

City, State, Zip _____________________________

GENERAL INFORMATION

1. I would like to request that my child be placed in the ☐ AM class ☐ PM class ☐ No Preference

2. How will your child get to school?
   ☐ I will transport to and from school  ☐ My child will need to ride the SCUSD bus (bussing not available at all sites)

3. Will your child be attending daycare?
   ☐ No ☐ Private Daycare ☐ Child Development Site: _____________________________

4. Does your child have any allergies or medical needs? ☐ No ☐ Yes
   If yes, please describe: _____________________________________________

5. Names and grade level of siblings (brothers/sisters) attending the requested school:

   _____________________________________________

6. Has your child been receiving Special Education services? ☐ No ☐ Yes
   If yes, please tell us what services your child has received:
   ☐ Special Day Class (SDC) Preschool ☐ Speech Therapy ☐ Adaptive P.E.
   ☐ Other, please describe: _____________________________________________

KINDERGARTEN READINESS

7. Has your child attended preschool? ☐ No ☐ Yes If yes, how long? _____________________________________________

8. Please check what your child is able to do:
   ☐ Write his/her name ☐ Recognize letters in the alphabet (out of order) ☐ Count from 1 to 10
   ☐ Listen to a story ☐ Hop on one foot ☐ Hop on both feet
   ☐ Read a simple story ☐ Identify primary colors ☐ Skip
   ☐ Rhyme ☐ Recognize common shapes ☐ Tie shoes
   ☐ Say the alphabet _____________________________

   Is there any other information you would like us to know about your child? _____________________________________________

   Are you interested in being a volunteer helper at the school site? ☐ Yes ☐ No

   _____________________________________________

I understand that I have completed this form for informational purposes and I still need to complete enrollment. I also understand this does not guarantee placement in the school or program which I have requested.

Parent Signature: _____________________________ Date: _____________________________
EARLY KINDER

Home Language Survey

English, Spanish, Hmong (Leng/Der)

1. Which language did your child learn when he or she first began to talk?

¿Qué idioma aprendió su hijo/a cuándo empezó a hablar?
Yaam lug twg yog yaam kws koj tug mivnyuas kawm thaud nwg pib xyum has lug?
Thaum koj tus menyuam pib hais lus ntawv nws hais hom lus twg?

2. Which language does your child most frequently use at home?

¿Qué idioma usa su hijo/a en la casa?
Koj tug mivnyuas has (siv) yaam lug twg heev tshaaj nyob tom tsev?
Nyob hauv tsev, feem ntau koj tus menyuam hais hom lus twg?

3. Which language do you use most frequently to speak to your child?

¿Qué idioma usa usted regularmente con su hijo/a?
Koj has yaam lug twg heev tshaaj rua koj tug mivnyuas?
Feem ntau koj hais hom lus twg rau koj tus menyuam?

4. Which language is most often spoken by adults in the home?

¿Qué idioma usan los adultos más a menudo en casa?
Yaam lug twg yog yaam kws cov tuab-neeg laug has heev tshaaj nyob huv koj tsev?
Nyob hauv tsev, feem ntau cov neeg laus hauv tsev hais hom lus twg?

If your child was not born in the United States, please answer the following questions.
Si su hijo/a no nació en los Estados Unidos, por favor conteste las siguientes preguntas.
Yog has tus koj tug mivnyuas isi yug nyob tebchaws Asmesliskas nuav, thov teb cov lug-nug mraag qab nuav.
Yog koj tus menyuam tsis yug nyob teb chaws Asmesliskas no, thov teb cov lus hauv qab no.

1. In what country was your child born?

¿En qué país nació su hijo/a?
Koj tug mivnyuas yug nyob rua lub teb chaws twg?
Koj tus menyuam yug nyob rau lub teb chaws twg?

2. What was his/her entry date to the first school in the US?

¿Cuál fue su fecha de entrada a la primera escuela en los Estados Unidos?
Nub kws nwg tuaj kawm ntawv rua thawj lub tsev kawm-ntawv huv Asmesliskas yog nub twg?
Hnub twg yog hnub nws nkag kawm ntawv rau thawj lub tsev kawm ntawv hauv Asmesliskas no?
Home Language Survey
Chinese, Vietnamese, Russian

Chinese/母语调查

學校名稱：__________________________ 學生姓名：__________________________ 第______ 年級
1. 當你子女初學講話時，他/她學什麼語言？__________________________
2. 現在你子女在家中談話時最常用什麼語言？__________________________
3. 你在家中最常用什麼語言？__________________________
4. 你家中的成年人大多數用什麼語言談話？__________________________
如果你子女不是在美國出生，請填寫下列問題。
1. 你子女在什麼國家出生？__________________________
2. 你子女在美國第一次入學的日期是__________________________
家長簽名：__________________________ 日期：__________________________

Vietnamese/ Tiếng Việt

Trường __________________________ Tên học sinh __________________________ Lớp ______
1. Con quá vị học ngôn ngữ nào lúc cháu bắt đầu biết nói? __________________________
2. Con quá vị thường dùng ngôn ngữ nào ở nhà nhất? __________________________
3. Quí vị thường sử dụng ngôn ngữ nào ở nhà nhất? __________________________
4. Trong gia đình, người lớn thường dùng ngôn ngữ nào nhất? __________________________
Nếu con quá vị không sinh ở Hoa Kỳ, xin trả lời các câu hỏi sau:
1. Con quá vị sinh tại quốc gia nào? __________________________
2. Ngày đi học đầu tiên ở Hoa Kỳ là ngày nào? __________________________

Chữ ký của phù huynh __________________________ Ngày ____________

Russian/Русский язык

Название школы __________________________ Имя и фамилия ученика __________________________ Класс ______
1. На каком языке ваш ребёнок начал говорить с рождения? __________________________
2. На каком языке ваш ребёнок чаще всего говорит дома? __________________________
3. На каком языке вы чаще всего говорите дома? __________________________
4. На каком языке взрослые чаще всего говорят дома? __________________________
Если ваш ребёнок родился за пределами Америки, пожалуйста, ответьте на следующие вопросы.
1. В какой стране ваш ребёнок родился? __________________________
2. Укажите число, когда ваш ребёнок начал посещать школу в Америке первый раз? __________________________

Подпись родителей __________________________ Число __________________________
# Early Kinder

## Student Registration Form

**Students Who Are New to SCUSD**

### Section A: Demographic Information

<table>
<thead>
<tr>
<th>Student Legal Last Name</th>
<th>Legal First Name</th>
<th>Legal Middle Name</th>
<th>Gender</th>
<th>Incoming Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Legal name of person registering student:  
Relationship to student:  

**Is Your Child Hispanic or Latino?**  
☐ Yes  
☐ No

**What is Your Child's Race?** (Check all that apply; mark "P" next to your child's primary race.)

- ☐ American Indian or Alaskan Native  
- ☐ African American or Black  
- ☐ Asian Indian  
- ☐ Cambodian  
- ☐ Chinese  
- ☐ Filipino/Filipino American  
- ☐ Guamanian  
- ☐ Hawaiian  
- ☐ Hmong  
- ☐ Japanese  
- ☐ Korean  
- ☐ Laotian  
- ☐ Hawaiian  
- ☐ Other Asian  
- ☐ Other Pacific Islander  
- ☐ Samoan  
- ☐ Tahitian  
- ☐ Vietnamese

Date of Birth  
Month:_________  
Day:_________  
Year:_________  

(Verification: ☐ Birth Certificate  ☐ Other:_________

Place of Birth  
City:_________  
State:_________  
Country:_________

Date student first attended school in California?  
Month:_________  
Day:_________  
Year:_________

Date student first attended school in the United States?  
Month:_________  
Day:_________  
Year:_________

**Parent Education:** Check the box that best describes the highest education level of either parent/guardian.

- ☐ Not a High School Graduate  
- ☐ High School Graduate  
- ☐ College Graduate  
- ☐ Graduate Degree or Higher  
- ☐ Some College (includes AA degrees)

**What Special Services Does Your Child Receive?** (Check all boxes that apply)

- ☐ Resource (RSP)  
- ☐ 504  
- ☐ Speech & Language  
- ☐ Gifted (GATE)  
- ☐ Special Day Class (SDC)  
- ☐ IEP  
- ☐ English Learner Support  
- ☐ NONE

**Has Your Child Ever Been ExpeLled?**  
☐ No  
☐ Yes  (Name of school and district:_________

### Transportation and Related Information

Check the boxes below if your child rides the bus.  
Daycare Provider:_________  
Phone #1:_________  
Phone #2:_________

**Non-Household Emergency Contacts:** Place a checkmark next to people who may also check your child out of school.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
<th>Primary Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Please Read:** California Education Code 49408 states that school districts can require that emergency information be kept current. Parent/guardian is responsible for notifying the school, in writing, of telephone or address changes within three (3) days of occurrence. If the school is unable to reach anyone on this form in an emergency or if a student is left unattended during non-school hours, the school will contact law enforcement or Child Protective Services.
SECTION B: HEALTH AND EMERGENCY INFORMATION

- Check here if student has NO KNOWN HEALTH PROBLEMS.
- Check here if student has KNOWN HEALTH PROBLEMS and check all that apply below.
  - ADD/ADHD
  - Asthma
  - Heart Problems
  - Seizures
  - SEVERE Allergy to: 
  - Diabetes (Type I, Type II)
  - Epi-Pen
  - Other:

- Check here if student wears glasses/contact lenses.
- Check here if student has hearing loss or uses hearing aids.

Does student have a condition that limits participation in:
- Classroom
- Physical Education

Explain:

List all medications (including dosage) taken by your child and indicate whether medication is needed at home, school, or both. Note: California Education Code 49423 requires that if medications are to be taken at school, there must be a medication form on file at school, signed by both parents and physician. Parent or guardian shall inform the school nurse or designated certificated employee of the medication being taken.

- AT HOME
- AT SCHOOL

Special Instructions/Comments (Medical 504 Plan, special health needs, emergency care plan, etc.):

EMERGENCY AUTHORIZATION

In the event of an emergency, when a parent/guardian is unavailable, I authorize school personnel to make such arrangements for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. I further authorize the physician named below to undertake such care of my child, as he/she considers necessary. In the event said physician is not available, I authorize such care and treatment to be performed by a licensed physician or surgeon. I understand that the parent or guardian is responsible for the cost of such emergency care.

- Physician Name
- Phone
- Pager
- Emergency Facility and Phone Number

Does this student have health insurance? □ Yes □ No

Does this student have dental insurance? □ Yes □ No

Name of Insurance or Health Plan Provider:

Student’s Medical Record Number:

If none, I give permission to SCUSD to share this information to help apply for health insurance for my child. □ Yes □ No

The information provided is accurate to the best of my knowledge, and I understand my responsibility.

Signature of Person Registering Student
Relationship to Student
Date

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### EARLY KINDER

STUDENT REGISTRATION FORM (cont.)

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Grade:</th>
</tr>
</thead>
</table>

#### SECTION C: HOUSEHOLD INFORMATION

Are there other students in this household who attend ANY SCUSD schools (elementary, middle, or high schools)?

- [ ] No (Skip to Primary Household.)
- [ ] Yes (Complete the table below. Attach additional paper if needed.)

<table>
<thead>
<tr>
<th>1st student's LEGAL name:</th>
<th>Date of Birth:</th>
<th>Grade and School:</th>
<th>Relationship to student:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd student's LEGAL name:</td>
<td>Date of Birth:</td>
<td>Grade and School:</td>
<td>Relationship to student:</td>
</tr>
<tr>
<td>3rd student's LEGAL name:</td>
<td>Date of Birth:</td>
<td>Grade and School:</td>
<td>Relationship to student:</td>
</tr>
<tr>
<td>4th student's LEGAL name:</td>
<td>Date of Birth:</td>
<td>Grade and School:</td>
<td>Relationship to student:</td>
</tr>
<tr>
<td>5th student's LEGAL name:</td>
<td>Date of Birth:</td>
<td>Grade and School:</td>
<td>Relationship to student:</td>
</tr>
</tbody>
</table>

Is there a legal custody agreement regarding this student?
- [ ] Sole Custody
- [ ] Joint Custody
- [ ] Guardian
- [ ] Foster/Group Home

Is the student involved in any active court orders?  [ ] No  [ ] Yes  If yes, what kind?

### PRIMARY HOUSEHOLD:

*This is the address where the student primarily lives.*

<table>
<thead>
<tr>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
</tr>
</tbody>
</table>

Mailing Address (if different):

| Number | Street | Apt/Lot | City | State | Zip |

<table>
<thead>
<tr>
<th>Parent/Guardian 1</th>
<th>Full Legal Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>Home Phone</td>
</tr>
<tr>
<td>Email Address:</td>
<td>Relationship to Student:</td>
</tr>
<tr>
<td>Contact Preferences: [check preferred methods]:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Infinite Campus Parent Portal</td>
</tr>
<tr>
<td></td>
<td>[ ] Email</td>
</tr>
<tr>
<td></td>
<td>[ ] Mailings</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Adult in Household</th>
<th>Full Legal Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to Student:</td>
<td>Has this person ever been a student in SCUSD?</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Cell Phone</td>
</tr>
<tr>
<td>Has this person ever been a student in SCUSD?</td>
<td></td>
</tr>
<tr>
<td>[ ] No</td>
<td>[ ] Yes</td>
</tr>
</tbody>
</table>

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**SECONDARY HOUSEHOLD:** Complete this section if parents do not live in same household.

<table>
<thead>
<tr>
<th>Address:</th>
<th>Number</th>
<th>Street</th>
<th>Apt/Lot</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Mailing Address (if different):

<table>
<thead>
<tr>
<th>Number</th>
<th>Street</th>
<th>Apt/Lot</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Parent/Guardian 2**

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Work Phone</th>
<th>Has this person ever been a student in SCUSD?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[ ] No [ ] Yes</td>
</tr>
</tbody>
</table>

**Email Address:**

**Relationship to Student:**

<table>
<thead>
<tr>
<th>Contact Preferences (check preferred methods):</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Infinite Campus Parent Portal [ ] Email [ ] Mailings</td>
</tr>
</tbody>
</table>

**Other Adult in Household**

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Cell Phone</th>
<th>Work Phone</th>
<th>Has this person ever been a student in SCUSD?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>[ ] No [ ] Yes</td>
</tr>
</tbody>
</table>

**AUTOMATED MESSENGER CONTACT INFORMATION:** Check to receive automated messages.

<table>
<thead>
<tr>
<th>Attendance</th>
<th>Behavior</th>
<th>General</th>
<th>Teacher</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Primary Guardian's Email Address: [ ]
Primary Guardian's Home Phone: [ ]
Primary Guardian's Cell Phone: [ ]
Primary Guardian's Work Phone: [ ]
Other Adult's Cell Phone: [ ]
Secondary Guardian's Email Address: [ ]
Secondary Guardian's Home Phone: [ ]
Secondary Guardian's Cell Phone: [ ]
Secondary Guardian's Work Phone: [ ]
Other Adult's Cell Phone: [ ]

**SCHOOL MOST RECENTLY ATTENDED (Attach additional information, if needed.)**

<table>
<thead>
<tr>
<th>School</th>
<th>City and State</th>
<th>Grade Level</th>
<th>Date Started</th>
<th>Date Left</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

---

**For District Use Only**

<table>
<thead>
<tr>
<th>Proof of Residence</th>
<th>Proof of Immunization</th>
<th>Date/Time Registered</th>
<th>Enrollment Date</th>
<th>Grade</th>
<th>District Official Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type:</td>
<td>Type:</td>
<td>Date:</td>
<td>Time:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TYPE OF REGISTRATION**

[ ] Neighborhood  [ ] Open Enrollment  [ ] Program Improvement  [ ] Intra-district Transfer  [ ] Inter-district Transfer
[ ] Charter School  [ ] Over Enrollment - Neighborhood School  [ ]  [ ] Receiving School:
[ ] SHPD  [ ] Foster Youth  [ ] In-Transition  [ ] Special Education - Placement:

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