



ENROLLMENT CENTER  
Kindergarten Information Request

Kindergarten  
2012 - 2013

Please print all information

Neighborhood/Requested School

Primary Language

Student Legal Name (last, first)

Birth Date

Gender: M F

Parent Name

Home Phone

Cell Phone

Street Address

Work Phone

City, State, Zip

GENERAL INFORMATION

- I would like to request that my child be placed in the  AM class  PM class  No Preference
- 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)
- Will your child be attending daycare?  
 No  Private Daycare  Child Development Site: \_\_\_\_\_
- Does your child have any allergies or medical needs?  No  Yes  
If yes, please describe: \_\_\_\_\_
- Names and grade level of siblings (brothers/sisters) attending the requested school:  
\_\_\_\_\_
- 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

- Has your child attended preschool?  No  Yes If yes, how long? \_\_\_\_\_
  - 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: \_\_\_\_\_





## ENROLLMENT INFORMATION

Please be advised that for the safety and security of all children only parents or legal guardians may enroll a child into our district. ***The person who enrolls a child will be required to present photo identification.***

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

1. CURRENT mortgage / property tax bill **or** rental / lease agreement
2. CURRENT utility bill (SMUD, PG&E, or WATER) with correct name and address
3. Proof of birth – original COUNTY ISSUED birth certificate or passport for each child that will be enrolled
4. Immunization record for each child

In addition:

1. CURRENT report card, withdrawal grades or transcripts (Grades 7-12)
2. Individualized Education Plan (IEP) if your child is receiving Special Education services
3. Guardianship / Custody papers (if applicable)

There are no exceptions to the documentation required. If you have any questions please contact the Enrollment Center at (916) 643-2400.

**WE DO NOT FAX OR PHONE PREVIOUS SCHOOLS, LANDLORDS, OR UTILITY COMPANIES FOR MISSING DOCUMENTS.** Parents/guardians are responsible for providing ALL required documentation.

### IF YOU HAVE MOVED

If you have moved within the school district boundaries and your child does **NOT** need to change schools you will need the following:

- Photo identification of the parent/guardian
- Verification of the new address (lease agreement, utility bill)
- You may provide this information directly at the school site if you prefer

If you have moved within the school district boundaries and your child **DOES** need to change schools you will need the following:

- Photo identification of the parent/guardian
- Verification of the new address (lease agreement, utility bill)
- Registration form for each child
- Emergency card for each child
- Students entering grades 10-12 need to check-out of the previous high school and bring a withdrawal report along with registration documents before the transfer can be processed

### Hours of Service (effective 2-14-12):

Monday, Tuesday, Wednesday: 8:00 a.m. – 4:00 p.m. (please arrive by 3:15 p.m.)

Thursday: 11:00 a.m. – 7:00 p.m. (please arrive by 6:15 p.m.)

Friday: 8:00 a.m. – 2:00 p.m. (please arrive by 1:15 p.m.)

First Saturday of the Month: 10:00 a.m. – 2:00 p.m. (please arrive by 1:15 p.m.)

**5601 47<sup>th</sup> Avenue • Sacramento, CA 95824 • (916) 643-2400**





# STUDENT REGISTRATION FORM

<b>Legal Last Name</b>	<b>Legal First Name</b>	<b>Legal Middle Name</b>	<b>Other Names / Nickname</b>
<b>PARENT EDUCATION</b> - Check the box that best describes the highest education level of either parent (or guardian). <input type="checkbox"/> College Graduate <span style="margin-left: 200px;"><input type="checkbox"/> Not a High School Graduate</span> <input type="checkbox"/> Graduate Degree or Higher <span style="margin-left: 100px;"><input type="checkbox"/> Some College (includes AA degrees)</span> <input type="checkbox"/> High School Graduate			
<b>PRIMARY LANGUAGE</b> (Indicate one language as listed on the <i>Home Language Survey</i> )			
<b>WHAT SPECIAL SERVICES HAS YOUR CHILD RECEIVED?</b> (Check all boxes that apply)			
Special Education: <input type="checkbox"/> IEP <input type="checkbox"/> Resource (RSP) <input type="checkbox"/> Special Day Class (SDC) <input type="checkbox"/> Speech & Language <input type="checkbox"/> Other			
Other: <input type="checkbox"/> 504 <input type="checkbox"/> Gifted (GATE) <input type="checkbox"/> Math Intervention <input type="checkbox"/> Reading Intervention <input type="checkbox"/> After School Program <input type="checkbox"/> Counseling <input type="checkbox"/> SARB / SART <input type="checkbox"/> Student Study Team <input type="checkbox"/> English Learner Support <input type="checkbox"/> Behavior Support/Improvement			
<b>MOST RECENT SCHOOL(S) ATTENDED</b>			
<b>School</b>	<b>City / State</b>	<b>Grade(s)</b>	<b>Dates</b>
<b>HAS YOUR CHILD EVER BEEN EXPELLED?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, name of district and school:			

*The information provided above is accurate to the best of my knowledge.*

<b>Signature of Person Registering Pupil</b>	<b>Relation to Student</b>	<b>Date</b>

<b>District Use Only</b>					
<b>Proof of Residence</b>	<b>Proof of Immunization</b>	<b>Date / Time Registered</b>	<b>Enrollment Date</b>	<b>Grade</b>	<b>District Official Signature</b>
Type:	Type:	Date:			
Verified:	Verified:	Time:			
<b>Type of Registration</b>					
<input type="checkbox"/> Neighborhood <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Program Improvement <input type="checkbox"/> Intradistrict Transfer <input type="checkbox"/> Interdistrict Transfer <input type="checkbox"/> Overenrollment - Neighborhood school: _____ Receiving school: _____ <input type="checkbox"/> Special Education - Placement: _____					
<b>SSID</b> (if available from previous school)					
<b>COMMENTS</b>					



Date: \_\_\_\_\_  
 Student ID: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Last School Attended: \_\_\_\_\_

# Home Language Survey

## English, Spanish, Hmong (Leng/Der)

<b>School/ Escuela</b>	<b>Name of student/ Nombre del estudiante</b>	<b>Grade/Grado</b>
Tsev kawmntawv/Tsev kawm ntawv	Npe miv-nyuas kawmntawv/ Menyuum kawm ntawv npe	Qeb/ Qib

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 menyuum pib hais lus ntawd nws hais lus ab tsi?
  
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 menyuum hais lus ab tsi?
  
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 dab tsi rau koj tus menyuum?
  
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 lus ab tsi?

**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 tas koj tug mivnyuas tsi yug nyob tebchaws Asmesliskas nuav, thov teb cov lug-nug nraag qaab nuav.  
 Yog koj tus menyuum tsis yug nyob teb chaws Asmesliskas no, thov teb cov lus hauv qab no.

1. **Where was your child born?** \_\_\_\_\_  
 ¿Dónde nació su hijo/a?  
 Koj tug mivnyuas yug nyob rua qhov twg?  
 Koj tus menyuum yug nyob qhov 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 ntaw rau thawj lub tsev kawm ntawv hauv Asmesliskas no?

\_\_\_\_\_  
**Parent Signature/Firma del Padre**  
 Nam-txiv suam npe/ Niam Txiv Kes Npe

\_\_\_\_\_  
**Date/Fecha**  
 Nub-tim/ Hnub tim

- ◆ If the answers to all the questions are English, enter “Eng” in the native language code in the box below. Fill in the ZANGLE the same way.
- ◆ If the answers to questions 1, 2, or 3 are a language other than English, enter the appropriate native language code in the box below. Fill in the ZANGLE the same way.
- ◆ If the answer to question 4 is the only response indicating a language other than English, enter “Eng” in the native language box below. Fill in the ZANGLE the same way.

**Home Language Code:** \_\_\_\_\_

**Chinese, Vietnamese, and Russian Translations on the back.**



Date: \_\_\_\_\_  
 Student ID: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Last School Attended: \_\_\_\_\_

# Home Language Survey

## Chinese, Vietnamese, Russian

### Chinese/母語調查

學校名稱: \_\_\_\_\_ 學生姓名: \_\_\_\_\_ 第 \_\_\_\_\_ 年級

- 當你的子女初學講話時他/她學的什麼語言? \_\_\_\_\_
- 現在你的子女在家中談話時最常用的什麼語言? \_\_\_\_\_
- 你家中最常用的什麼語言? \_\_\_\_\_
- 你家中的成年人大多數用什麼語言談話? \_\_\_\_\_

如果你的子女不是在美國出生, 請填寫下列問題。

- 你的子女在什麼國家出生? \_\_\_\_\_
- 你的子女在美國第一次入讀學校的入學日期是 \_\_\_\_\_

家長簽名: \_\_\_\_\_ 日期: \_\_\_\_\_

### Vietnamese/ Tiếng Việt

Trường \_\_\_\_\_ Tên học-sinh \_\_\_\_\_ Lớp \_\_\_\_\_

- Con của Quý Vị học ngôn ngữ nào lúc em bắt đầu biết nói? \_\_\_\_\_
- Con của Quý Vị thường dùng ngôn ngữ nào nhất ở nhà? \_\_\_\_\_
- Quý Vị thường dùng ngôn ngữ nào nhất ở nhà? \_\_\_\_\_
- Trong gia đình, người lớn nói ngôn ngữ nào thường xuyên nhất? \_\_\_\_\_

Nếu con của Quý Vị không sanh ra tại Hoa Kỳ, xin trả lời những câu hỏi sau đây.

- Con của Quý Vị sanh ở đâu? \_\_\_\_\_
- Ngày vào học trường đầu tiên ở Hoa Kỳ là ngày nào? \_\_\_\_\_

\_\_\_\_\_ Ngày  
 Chữ ký của phụ-huynh

### Russian/Русский язык

Название школы \_\_\_\_\_ Имя и фамилия ученика \_\_\_\_\_ Класс \_\_\_\_\_

- На каком языке ваш ребёнок начал говорить с рождения? \_\_\_\_\_
- На каком языке ваш ребёнок чаще всего говорит дома? \_\_\_\_\_
- На каком языке вы чаще всего говорите дома? \_\_\_\_\_
- На каком языке взрослые чаще всего говорят дома? \_\_\_\_\_

Если ваш ребёнок родился за пределами Америки, пожалуйста, ответьте на следующие вопросы.

- Где ваш ребёнок родился? \_\_\_\_\_
- Укажите число, когда ваш ребёнок начал посещать школу в Америке первый раз? \_\_\_\_\_

\_\_\_\_\_ Число  
 Подпись родителей



Student's Last Name (Legal) _____ _____ _____	First Name _____ _____ _____	Middle _____ _____ _____	<b>School Year</b> _____ _____	<p style="text-align: center;"><i>Office Use Only</i></p> Teacher/Counsel. _____ Grade _____ Room _____ Bus _____ CONCAP [ ] Hm. Sch. _____ Sp. Ed. [ ] RSP [ ] Eth. Cd [ ]
Street Address _____ _____ _____			<b>Date of Birth</b> _____ _____	
Home Phone (1) _____ Home Phone (2) _____			Last School of Attendance _____ City _____	
Father's Name (Guardian) _____ _____ Address _____ Check One: Natural ___ Step ___ Guardian/Foster ___ Driver's Lic. # _____		Name & Address of Employment _____ _____ _____ E-mail address _____		Work Phone: _____ Cell Phone: _____ Pager: _____
Mother's Name (Guardian) _____ _____ Address _____ Check One: Natural ___ Step ___ Guardian/Foster ___ Driver's Lic. # _____		Name & Address of Employment _____ _____ _____ E-mail address _____		Work Phone: _____ Cell Phone: _____ Pager: _____
<b>Day Care Provider:</b> _____ Phone #1: _____ Phone #2: _____				
List names of other children attending this school: _____ _____			School is authorized to share my phone number with the PTA: Yes ___ No ___	Check here if student will be riding the bus: Yes ___ Bus Number: _____
<b>Parent/Guardian with whom the child lives</b> _____ Phone _____ If the parents are divorced or separated, to whom has physical custody been given? (attach verification) _____				

**Please Read:**

The parent/guardian is responsible for keeping the school informed of updates or changes to the student's emergency information. The school shall be notified, in writing, of telephone or address changes within three days (3) of the occurrence. If the school is unable to reach anyone on this card in an emergency or if a student is left unattended during non-school hours, the school will contact law enforcement or Child Protective Services.

I have read this and understand my responsibility. \_\_\_\_\_ Parent / Guardian Signature

*Note: The adults listed below are authorized to pick up and care for the above-named student. The student may be released to others with written or verbal authorization.*

Name 1: _____ Phone: _____ Relationship _____	Name 2: _____ Phone: _____ Relationship _____
Name 3: _____ Phone: _____ Relationship _____	Name 4: _____ Phone: _____ Relationship _____
Name 5: _____ Phone: _____ Relationship _____	Name 6: _____ Phone: _____ Relationship _____
Name 7: _____ Phone: _____ Relationship _____	Name 8: _____ Phone: _____ Relationship _____

Special instructions / comments / (Include instructions for pickup of student):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check here if there are no health problems.

Blood type, if known \_\_\_\_\_

Eyes: Wears glasses  Glasses to be worn at all times  Wears Contacts  Requires preferential seating

Comments: \_\_\_\_\_

Ears: Known hearing problem  Uses hearing aids  Has tubes in ears  Requires preferential seating

Comments: \_\_\_\_\_

**Has the following condition(s):**

Epilepsy  **Severe** bee sting allergy  Diabetes  Heart Condition  Asthma  ADHD  ADD

**Severe** Allergies  **Severe** Food Allergies  Detail health condition: \_\_\_\_\_

Other: \_\_\_\_\_

Are any of the above life threatening? Yes  No  Please explain: \_\_\_\_\_

\* Medicine prescribed on a regular basis: \_\_\_\_\_ Dosage: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

\* Does the medication need to be taken during school hours? Yes \_\_\_ No \_\_\_ Prescribed by Dr. \_\_\_\_\_ Phone \_\_\_\_\_

Has condition that limits participation in: classroom  physical education  Explain: \_\_\_\_\_

Under care of Dr. \_\_\_\_\_ Phone \_\_\_\_\_

**Please Read:**

- \* California Education Code 49408 states that school districts may require that emergency information be kept current.
- \*\* The parent or legal guardian of a public school pupil on a continuing medication regimen shall inform the school nurse or other designated certificated employee of the medication being taken.
- \*\*\* 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 parent and physician.

**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/Phone \_\_\_\_\_

**Do you have Health Insurance?**  Yes or No

Name of Insurance Coverage or Health Plan Provider: \_\_\_\_\_ Student's Medical Record Number \_\_\_\_\_

If not, I give permission to share this information with an agency to help apply for health insurance.  Yes or No

**I certify that the information is true and correct.**  Please Initial

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Special instructions / comments: List any special health needs or medical problems, including allergic reactions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's  
Photograph



## Office of Accountability

### Enrollment Center

5601 47th Avenue • Sacramento, CA 95824  
(916) 643-2400 • Fax (916) 643-2370

*Jonathan P. Raymond, Superintendent*  
*Mary C. Shelton, Chief Accountability Officer*  
*Michael J. Crosby, Enrollment Coordinator*

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### POSSIBLE OVERENROLLMENT FOR **THE 2012 – 2013 SCHOOL YEAR**

TO BE READ AND SIGNED AT THE TIME OF STUDENT REGISTRATION

Dear Parent/Guardian:

The Sacramento City Unified School District welcomes you to our school community. It is our pleasure to welcome your family into our school district.

As a parent new to your school area, we need to make you aware that your school's enrollment is changing due increasing and shifting enrollment patterns within your attendance boundary. Consequently, it is extremely difficult to guarantee that your child will be housed in your school during the coming school year. We want to assure you that we will make every effort to do so; however, it may be necessary to place some children to other district schools in order to comply with state laws and district policies regarding class size.

The Sacramento City Unified School District has a procedure by which this move must occur. Actual date of enrollment determines who is placed at nearby schools when overenrollment occurs.

If you have any questions regarding this issue I will be happy to discuss them with you.

Sincerely,

Michael Crosby

I understand that my child may not be able to attend our neighborhood school due to space capacity and may be enrolled in another school that has an opening in his/her grade level.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_



Parent/Guardian Name \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

## Child Health Conditions Survey

1) Do you have a child with any medical/health conditions?  Yes  No

If so, please list name(s) of child(ren): \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_,

2) Do you have a child that needs to take medications at school?  Yes  No

If so, please list name of school(s), if known: \_\_\_\_\_  
\_\_\_\_\_

3) Does your child have a medical 504 plan?  Yes  No

4) Does your child have any food allergies?  Yes  No

If so, please list/describe: \_\_\_\_\_

## Child Health Insurance Survey

1) Does your child currently have health insurance?  Yes  No

If not, and you would like assistance enrolling your child in a free/low-cost health insurance program, please complete the following information so that someone may contact you.

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Home Address: \_\_\_\_\_

Parent/Guardian's Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Parent/Guardian's E-Mail: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

*Statement of Confidentiality: The information gathered from this flyer is confidential and will be used for the sole purpose of obtaining resources and providing assistance to SCUSD students and their families. Information obtained will only be utilized by SCUSD staff/employees and will not be shared with any additional entity.*

