Kindergarten Information Request

Please print all information

Neighborhood/Requested School

Student Legal Name (last, first)  
Birth Date

Parent Name  
Home Phone

Street Address

City, State, Zip

Primary Language

Gender: M  F

Cell Phone

Work Phone

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  ☐ Hop on one foot
   ☐ Listen to a story  ☐ Identify primary colors
   ☐ Read a simple story  ☐ Recognize common shapes
   ☐ Rhyme  ☐ Tie shoes
   ☐ Say the alphabet
   ☐ Skip

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

Hours of Service:
Monday, Tuesday, Wednesday: 8:00 a.m. – 3:15 p.m.
Thursday: 11:00 a.m. – 6:15 p.m.
Friday: CLOSED FROM JUNE 5th & REOPENING SEPTEMBER 4th 2015
Self-Service Lobby Hours: Monday, Tuesday, Wednesday: 8:00am-5:00pm; Thursday 11:00am-7:00pm; Friday: CLOSED
5601 47th Avenue • Sacramento, CA 95824 • (916) 643-2400

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 NEW to the district.
Please bring the following documents along with this completed packet to enroll your child at the Enrollment Center.

1. Address verification: 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. Grades 7th -12th a T-Dap Booster shot is required.

4. CURRENT withdrawal grades and transcripts (Grades 9th – 12th only)

5. Individualized Education Plan (IEP) documentation for children receiving Special Education Services (if applicable)

6. Guardianship / Custody papers (if applicable)

HAS YOUR ADDRESS CHANGED?
Please bring the following documents to the Enrollment Center

1. Photo I.D. of parent/legal guardian or education rights holder.
2. The new address verification as listed above. (If a utility bill it must be current within 30 days)

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.

IF A STUDENT IS HOMELESS, please contact the Enrollment Center or the district’s Homeless Program Coordinator (916 277-8892) for important enrollment information and see the "Summary of Rights for Homeless Students" flyer.

If you have any questions please contact the Enrollment Center at (916) 643-2400.
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>
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<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  ☐ Filipino/Filipino American  ☐ Korean  ☐ Samoan
☐ African American or Black  ☐ Guamanian  ☐ Laotian  ☐ Tahitian
☐ Asian Indian  ☐ Hawaiian  ☐ Other Asian  ☐ Vietnamese
☐ Cambodian  ☐ Hmong  ☐ Other Pacific Islander  ☐ White
☐ Chinese  ☐ Japanese

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  ☐ Some College (includes AA degrees)
☐ College Graduate  ☐ Graduate Degree or Higher

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

☐ To School  ☐ From School  Bus #:  
Daycare Provider:  
Phone #:  Phone #:  

NON-HOUSEHOLD EMERGENCY CONTACTS: Place a checkmark next to people who may also check your child out of school.

☐ Name:  Relationship:  Primary Phone Number:  
☐ Name:  Relationship:  Primary Phone Number:  
☐ Name:  Relationship:  Primary Phone Number:  

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.

_________________________________________ Relationship to Student ____________ Date ____________

Signature of Person Registering Student
STUDENT REGISTRATION FORM (cont.)

Student Name:          Grade:

SECTION C: HOUSEHOLD INFORMATION

Are there other students in this household who attend ANY SCUSD schools (elementary, middle, or high schools)?  
☐ No  ☐ Yes  
(Skip to Primary Household.)  (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>
</table>

<table>
<thead>
<tr>
<th>2nd student’s LEGAL name:</th>
<th>Date of Birth:</th>
<th>Grade and School:</th>
<th>Relationship to student:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>3rd student’s LEGAL name:</th>
<th>Date of Birth:</th>
<th>Grade and School:</th>
<th>Relationship to student:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>4th student’s LEGAL name:</th>
<th>Date of Birth:</th>
<th>Grade and School:</th>
<th>Relationship to student:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>5th student’s LEGAL name:</th>
<th>Date of Birth:</th>
<th>Grade and School:</th>
<th>Relationship to student:</th>
</tr>
</thead>
</table>

Is there a legal custody agreement regarding this student?  
If yes, check: ☐ 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>
<th>Number</th>
<th>Street</th>
<th>Apt/Lot</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address (if different):</td>
<td>Number</td>
<td>Street</td>
<td>Apt/Lot</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
</tbody>
</table>

Parent/Guardian 1  
Full Legal Name:

<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>Email Address:</td>
<td></td>
<td></td>
<td></td>
<td>☐ No  ☐ Yes</td>
</tr>
<tr>
<td>Relationship to Student:</td>
<td></td>
<td></td>
<td></td>
<td>☐ Infinite Campus Parent Portal ☐ Email ☐ Mailings</td>
</tr>
</tbody>
</table>

Other Adult in Household  
Full Legal Name:

<table>
<thead>
<tr>
<th>Relationship to Student:</th>
<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>
</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></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>Street</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address (if different):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>Street</td>
</tr>
</tbody>
</table>

**Parent/Guardian 2**

<table>
<thead>
<tr>
<th>Full Legal Name:</th>
<th></th>
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</table>

<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>
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<td></td>
<td></td>
<td>[ ] No [ ] Yes</td>
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<table>
<thead>
<tr>
<th>Email Address:</th>
<th>Relationship to Student:</th>
<th>Contact Preferences (check preferred methods):</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>[ ] Infinite Campus Parent Portal [ ] Email [ ] Mailings</td>
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**Other Adult in Household**

<table>
<thead>
<tr>
<th>Full Legal Name:</th>
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<tr>
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<th>Date of Birth</th>
<th>Cell Phone</th>
<th>Work Phone</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[ ] No [ ] Yes</td>
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</table>

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

<table>
<thead>
<tr>
<th>Primary Guardian's Email Address</th>
<th>Attendance</th>
<th>Behavior</th>
<th>General</th>
<th>Teacher</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Primary Guardian's Home Phone</th>
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<table>
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<tr>
<th>Primary Guardian's Cell Phone</th>
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<table>
<thead>
<tr>
<th>Primary Guardian's Work Phone</th>
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<table>
<thead>
<tr>
<th>Secondary Guardian’s Email Address</th>
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<thead>
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</tbody>
</table>

**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>
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</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: Verified:</td>
<td>Type: Verified:</td>
<td>Date: Time:</td>
<td></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:  [ ] Foster Youth  [ ] In-Transition  [ ] Special Education – Placement:

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Home Language Survey

English, Spanish, Hmong (Leng/Der)

School/ Escuela
Tsev kawn ntawv/Tsev kawn ntawv

Name of student/ Nombre del estudiante
Miv-nyuas kawn ntawv Npe/ Menyuum kawn ntawv npe

Grade/Grado
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 kawn thaud nwg pib xyum has lug?
Thaum koj tus menyuum ntawv nws hais hom lug ntwg?

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 hom lug twg?

3. Which language do you use most frequently to speak to your child?
¿Qué idioma usan usted regularmente con su hijo/a?
Koj has yaam lug twg heev tshaaj rau koj tug mivnyuas?
Feem ntau koj hais hom lug twg 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 hom lug 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 tais koj tug mivnyuas tsi yug nyob techaws Asmeslikas nuav, thov teh cov lug-nug raag qaab nuav.
Yog koj tus menyuum tsis yug nyob teh chaws Asmeslikas no, thov teh 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 rau lub teh chaws twg?
Koj tus menyuum yug nyob rau lub teh 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 kawn ntawv rau thawj lub tsev kawn-ntawv huv Asmeslikas yog nub twg?
Hnub twg yog hnb nws nkag kawn ntawv rau thawj lub tsev kawn ntawv huv Asmeslikas no?

Parent Signature/Firma del Padre
Nam-txiv suam npe/ Niam Txiv Kos 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. Enter as Home Primary Language in Infinite Campus.
- 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 Infinite Campus 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 Infinite Campus the same way.

Home Language Survey
Chinese, Vietnamese, Russian

Chinese/母語調查

學校名稱: ___________________ 學生姓名: ___________________ 第____年级
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 ____________ 日期: ____________
家長簽名: ____________

Vietnamese/ Tiếng Việt

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

__________________________ Chữ ký của phụ 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