



ENROLLMENT INFORMATION

2019-20 KN

ENROLLMENT and ATTENDANCE CENTER

5601 47th Avenue • Sacramento, CA 95824 • (916) 643-2400 • FAX (916) 433-5403 • www.scusd.edu/enrollment-center-K-12

Hours of Customer Service:

Monday, Tuesday, Wednesday: 8:00 am – 3:00 pm

Thursday: 11:00 am – 6:00 pm

Friday: 8:00 am – 11:00 am

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: NO PAST DUE BILLS will be accepted. Bring ONE of the following forms:**
 - **CURRENT** Mortgage Statement (**Issued within 30 days**)
 - **CURRENT** Property Tax Bill (**Issued within 30 days**)
 - **CURRENT** Rental / Lease Agreement with Landlord's Information. **If the lease is older than one year OR is a month to month contract, the current month's rent receipt is required.**
 - **CURRENT** Utility Bill (SMUD, PG&E, or WATER) with correct same name and address in the parent/legal guardian or education rights holder's name (**Issued within 30 days, NO PAST DUE BILLS will be accepted**)
 - **CURRENT** Voter Registration (**Issued within 30 days**)
 - **CURRENT** Government Agency Letter (**Issued within 30 days**)
 - **CURRENT** Employment Pay Stub (**Issued within 30 days**)
2. **Proof of birth – Original COUNTY ISSUED birth certificate or non-expired passport for each child**
**(Returning Students May Be Required to Present Proof of Birth If Not Available in SCUSD'S Database)*
3. **Immunization Record Current for each child (Grades 7th -12th a T-Dap Booster shot is required)**
**(Returning Students May Be Required to Present Immunization Record If Not Available in SCUSD's Database)*
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 of issued date)

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 (916-277-6892)** for important enrollment information and see the "Summary of Rights for Homeless Students" flyer.

If You Have Further Questions Please Contact the Enrollment and Attendance Center at (916) 643-2400 or visit our website at www.scusd.edu/enrollment-center-k-12.



Date: _____
 Student ID: _____
 Date of Birth: _____
 Last School Attended: _____

Home Language Survey

English, Spanish, Hmong (Leng/Der)

School/ Escuela _____
 Tsev kawm ntawv/Tsev kawm ntawv

Name of student/ Nombre del estudiante _____
 Miv-nyuas kawm ntawv Npe/ Menyuum kawm 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 kawm thaud nwg pib xyum has lug?
 Thaum koj tus menyuum pib hais lus ntawd 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 menyuum 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 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 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 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. **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 menyuum 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?

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 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

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子是 _____

家長簽名: _____ 日期: _____

Vietnamese/ Tiếng Việt

Trường _____ Tên học sinh _____ Lớp _____

1. Con quý vị học ngôn ngữ nào lúc cháu bắt đầu biết nói? _____
2. Con quý vị thường dùng ngôn ngữ nào ở nhà nhất? _____
3. Quý vị thường sử dụng ngôn ngữ nào ở nhà nhất? _____
4. Trong gia đình, người lớn thường dùng ngôn ngữ nào nhất? _____

Nếu con quý vị không sanh ở Hoa Kỳ, xin trả lời các câu hỏi sau:

1. Con quý vị sanh 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



2019-20

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(916) 643-2400 • FAX (916) 433-5403

Doug Huscher, Assistant Superintendent Student Support Services

Kenneth R. McPeters, Director III

GioVonna Washington-Woodfy, Specialist III

**POSSIBLE ELEMENTARY OVERENROLLMENT
FOR THE 2019-20 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.

As a parent new to your school area, we need to make you aware that your school's enrollment is changing due to 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 into 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 over-enrollment occurs.

In the event this becomes necessary families may work with the Over-Enrollment Technician to learn what options exist.

Parents with questions should contact the Ombudsperson assigned to your school site or Student Hearing and Placement Office at (916) 643-9425 for further questions.

- Janet Pattullo (916) 643-9290
- Pat LaMarr (916) 643-9260

Sincerely,

Kenneth McPeters, LMFT

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 Name:

Date:

Student Name:

Grade:

BOARD OF EDUCATION

Jessie Ryan
President
Trustee Area 7

Darrel Woo
1st Vice President
Trustee Area 6

Michael Minnick
2nd Vice President
Trustee Area 4

Lisa Murawski
Trustee Area 1

Leticia Garcia
Trustee Area 2

Christina Pritchett
Trustee Area 3

Mai Vang
Trustee Area 5

Rachel Halbo
Student Board Member



KINDERGARTEN 2019-20

Kindergarten Information Request

Please print all information

Neighborhood 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:

<input type="checkbox"/> Write his/her name	<input type="checkbox"/> Recognize letters in the alphabet (out of order)	<input type="checkbox"/> Count from 1 to 10
<input type="checkbox"/> Listen to a story	<input type="checkbox"/> Hop on one foot	<input type="checkbox"/> Hop on both feet
<input type="checkbox"/> Read a simple story	<input type="checkbox"/> Identify primary colors	<input type="checkbox"/> Skip
<input type="checkbox"/> Rhyme	<input type="checkbox"/> Recognize common shapes	<input type="checkbox"/> Tie shoes
<input type="checkbox"/> 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: X _____

Date: X _____



STUDENT REGISTRATION FORM

For Office Use Only
Student ID #

****STUDENTS WHO ARE NEW TO SCUSD****

SECTION A: DEMOGRAPHIC INFORMATION

Student Legal Last Name	Legal First Name	Legal Middle Name	Gender	Incoming Grade
			<input type="checkbox"/> Male <input type="checkbox"/> Female	

Nickname: _____ Preferred Gender Pronoun: _____

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.)

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

<input type="checkbox"/> Not a High School Graduate	<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Some College (includes AA degrees)
<input type="checkbox"/> College Graduate	<input type="checkbox"/> Graduate Degree or Higher	

PRESCHOOL: Did your child attend a preschool program? No Yes (if yes fill in the information below):

Name of preschool _____ City/State _____ Number of years attended _____

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: _____

To School From School Bus # _____ Phone #1: _____ Phone #2: _____

NON-HOUSEHOLD EMERGENCY CONTACTS: *Authorized to pick up and care for the student with written or verbal permission*

Legal Name: _____	Relationship to student: _____	Primary Phone Number: _____
Legal Name: _____	Relationship to student: _____	Primary Phone Number: _____
Legal Name: _____	Relationship to student: _____	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 with 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.

Parent/Guardian Initials: X _____

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 _____

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

*This information does not exclude any student from any Open Enrollment Lottery

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.

X

Signature of Person Registering Student

Relationship to Student

Date

Student Name:	Grade:
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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.)

1 st student's LEGAL name:	Date of Birth:	Grade and School:	Relationship to student:
2 nd student's LEGAL name:	Date of Birth:	Grade and School:	Relationship to student:
3 rd student's LEGAL name:	Date of Birth:	Grade and School:	Relationship to student:
4 th student's LEGAL name:	Date of Birth:	Grade and School:	Relationship to student:
5 th student's LEGAL name:	Date of Birth:	Grade and School:	Relationship to student:

Is there a legal custody agreement regarding this student?

NO
 Sole Custody
 Joint Custody
 Guardian
 Foster/Group Home

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

Is the student part of an active military family? If yes please enter the Start Date: _____ End Date: _____

PRIMARY HOUSEHOLD:

This is the address where the student primarily lives.

Address:	_____ Number Street Apt/Lot City State Zip
Mailing Address <i>(if different):</i>	_____ Number Street Apt/Lot City State Zip

Parent/Guardian

Full Legal Name: _____

_____	_____	_____	_____	Has this person ever been a student in SCUSD? <input type="checkbox"/> No <input type="checkbox"/> Yes
Date of Birth	Home Phone	Cell Phone	Work Phone	
Email Address:	Relationship to Student:	Contact Preferences (<i>check preferred methods</i>): <input type="checkbox"/> Infinite Campus Parent Portal <input type="checkbox"/> Email <input type="checkbox"/> Mailings		

Other Adult in Household

Full Legal Name: _____

Relationship to Student:	_____	_____	_____	Has this person ever been a student in SCUSD? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Date of Birth	Cell Phone	Work Phone	

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

Address:	_____					
	Number	Street	Apt/Lot	City	State	Zip

Mailing Address (if different):	_____					
	Number	Street	Apt/Lot	City	State	Zip

Parent/Guardian	Full Legal Name: _____				
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_____	_____	_____	_____	Has this person ever been a student in SCUSD? <input type="checkbox"/> No <input type="checkbox"/> Yes
Date of Birth	Home Phone	Cell Phone	Work Phone	

Email Address: _____	Relationship to Student: _____	Contact Preferences (check preferred methods): <input type="checkbox"/> Infinite Campus Parent Portal <input type="checkbox"/> Email <input type="checkbox"/> Mailings
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Other Adult in Household	Full Legal Name: _____				
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Relationship to Student: _____	_____	_____	_____	Has this person ever been a student in SCUSD? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Date of Birth	Cell Phone	Work Phone	

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

	Attendance	Behavior	General	Teacher	Priority
Primary Guardian's Email Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Guardian's Home Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Guardian's Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Guardian's Work Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Adult's Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Guardian's Email Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Guardian's Home Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Guardian's Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Guardian's Work Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Adult's Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

School	City and State	Grade Level	Date Started	Date Left

For District Use Only

Proof of Residence	Proof of Immunization	Date/Time Registered	Enrollment Date	Grade	District Official Signature
Type: _____	Type: _____	Date: _____			
Verified: _____	Verified: _____	Time: _____			

TYPE OF REGISTRATION

<input type="checkbox"/> Neighborhood	<input type="checkbox"/> Open Enrollment	<input type="checkbox"/> Program Improvement	<input type="checkbox"/> Intra-district Transfer	<input type="checkbox"/> Inter-district Transfer
<input type="checkbox"/> Charter School	<input type="checkbox"/> Over Enrollment – Neighborhood School: _____ Receiving School: _____			
<input type="checkbox"/> SHPD	<input type="checkbox"/> Foster Youth	<input type="checkbox"/> In-Transition	<input type="checkbox"/> Special Education – Placement:	