



# SCUSD

PUTTING CHILDREN FIRST

## Enrollment Center

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

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 or educational rights holder who enrolls the child will be required to present photo identification.

# 2022-23

## K-12 REGISTRATION PACKET

Incomplete applications will not be processed.

Please note that our current processing times have changed. Our online and in-person drop box processing times can range from 5-10 days. A technician will contact you when your application is processed.

### YOU CAN ENROLL ONLINE

- Please visit our website at [www.scusd.edu/enrollment-center-k-12](http://www.scusd.edu/enrollment-center-k-12) to register online.
- An Enrollment Technician will contact you in the order it was received. Check your spam/junk email.

### THE ENROLLMENT CENTER LIVE DESK SUPPORT HOURS

- Monday-Thursday 8am-3:30pm; Friday 8am-11am. Closed for lunch Monday-Thursday 11:30am-12:00pm.
- Summer 2022 Hours: CLOSED on Fridays starting June 24<sup>th</sup>-August 19<sup>th</sup>. Regular Friday hours will resume on August 26<sup>th</sup>.
- Holiday hours will vary. For current hours, visit [www.scusd.edu/enrollment-center-k-12](http://www.scusd.edu/enrollment-center-k-12)

### THE ENROLLMENT CENTER SELF-SERVE LOBBY & DROP BOX HOURS

- Monday-Friday, 8am-5pm. Registration packets are available in the lobby.
- Completed packets can be dropped-off in the **DROP BOX**.
- An Enrollment Technician will contact you in the order it was received. Check your spam/junk email.

## REQUIRED DOCUMENTS TO COMPLETE ENROLLMENT TO THE DISTRICT

- ➔ **Photo Identification** State issued I.D. or other photo identification of legal guardian (Work Badge, Passport, Costco)
- ➔ **Address Verification** Submit one (1) Name on I.D. must match name on bill issued within 30 days. (Ed. Code 48204.1)
  - Current Utility Bill – SMUD, PG&E or WATER
  - Current Mortgage Statement
  - Current Property Tax Bill
  - Current Rental/Lease Agreement with landlord's information and signature (If lease is older than one (1) year OR is a month-to-month lease, the current month's rent receipt is required)
  - Current Voter Registration Only (we cannot accept Voter Election Guides or Voting Ballots)
  - Current Government Agency Letter on Official Letterhead
  - Current Employment Pay Stub
- ➔ **Proof of Birth** County issued Birth Certificate or Non-Expired Passport. When none of the foregoing is obtainable, the parent/guardian may provide any other appropriate means of proving the age of the child (Ed. Code 48002)
- ➔ **Immunization Record** Current for Each Child (California Health and Safety Code, Sections 120325-120375) T-Dap Booster required for grades 7th-12th. Both name and date of birth must be on the immunization record.
- ➔ **Current Withdrawal Grades and Transcripts** Required for Grades 9th-12th
- ➔ **Individualized Education Plan (IEP)** Documentation for Receiving Special Education Services (if applicable)
- ➔ **Guardianship/Custody Documents** (if applicable)

### HAS YOUR ADDRESS CHANGED?

Please submit the following documents with your online or drop-off application:

1. **Photo I.D.** of parent/legal guardian or education rights holder.
2. **One (1) address verification** listed above. Name on I.D. must match name on address verification. 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/legal guardian or educational rights holder and **DO NOT** have an address verification in your name, you **MUST BRING ALL OF THE FOLLOWING:**

1. **Declaration of Residency (DOR)** completed & signed by you and the bill holder whose name is on the address verification.
2. A copy of the **Photo I.D. of the bill holder** who's correct same name is on the address verification.
3. A copy or original of **one (1) address verification from bill holder** listed above with the same name on the bill holder's I.D. Name on I.D. must match name on address verification. Must be current within 30 days of issued date.

### IF A STUDENT IS HOMELESS

Please contact the Enrollment and Attendance Center or the district's **Homeless Program Coordinator at 916-277-6892** for important enrollment information and see the "**Summary of Rights for Homeless Students**" flyer.

If you have further questions, visit our website at [www.scusd.edu/enrollment-center-k-12](http://www.scusd.edu/enrollment-center-k-12) or contact an Enrollment Center Team Member at <https://www.scusd.edu/pod/contact-enrollment-center>.



# PARENT/LEGAL GUARDIAN CHECKLIST

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## Applications not completely filled out and without the required documents will not be processed.

The Enrollment Center is not able to make copies at this time. Please make your own copies before you submit your application. Submit copies only. If you submit original documents like your I.D. or a birth certificate, they WILL NOT be mailed back you. Check your spam/junk email for correspondence from our technicians!

The following documents are required to complete enrollment to the district. Drop-off documents must be sealed in an envelope.

- Photo Identification**-State issued I.D. or other photo identification of parent/legal guardian (Work Badge, Passport, Costco)
- Address Verification**-Name on I.D. must match name on bill issued within 30 days. Submit one (1) (Ed. Code 48204.1)
  - Current Utility Bill – SMUD, PG&E or WATER
  - Current Mortgage Statement
  - Current Property Tax Bill
  - Current Rental/Lease Agreement with landlord's information and signature (If lease is older than one (1) year OR is a month-to-month, the current month's rent receipt is required)
  - Current Voter Registration Only (Not Accepted: Voter Election Guides/Voting Ballots)
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- Individualized Education Plan (IEP)**-Documentation for Receiving Special Education Services (if applicable)
- Guardianship/Custody Documents** – (if applicable)



# HOME LANGUAGE SURVEY

Surname / Family Name of Student: \_\_\_\_\_

First Given Name of Student: \_\_\_\_\_

Second Given Name of Student: \_\_\_\_\_

Age of Student: \_\_\_\_\_ Grade Level of Student: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

## Directions to Parents and Guardians

The California *Education Code* contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.

1. Which language did your child learn when they first began to talk? \_\_\_\_\_
2. Which language does your child most frequently speak at home? \_\_\_\_\_
3. Which language do you (the parents and guardians most frequently use when speaking with your child? \_\_\_\_\_
4. Which language is most often spoken by adults in the home?  
(parents, guardians, grandparents, or any other adults) \_\_\_\_\_

**Please sign and date this form in the spaces provided below, then return this form to your child's teacher. Thank you for your cooperation.**

➔ Signature of Parent or Guardian: \_\_\_\_\_

➔ Date: \_\_\_\_\_



# 2022-23

**ENROLLMENT & ATTENDANCE CENTER**

5601 47th Avenue • Sacramento, CA 95824

(916) 643-2400 • FAX (916) 433-5403

*GioVonna Washington-Woodfy, Director III*

## **POSSIBLE ELEMENTARY (K-6 ONLY) OVERENROLLMENT**

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 **2022-23** 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 for further questions.

- Constituent Services Office (916) 643-9000

Sincerely,

GioVonna Washington-Woodfy

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:**



ENROLLMENT and ATTENDANCE CENTER  
**KINDERGARTEN**  
Kindergarten Information Request

Neighborhood School

Primary Language

Male  Female

Student Legal Last, First Name

Birth Date

Gender

Parent Name

Cell Phone

Home 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? Bussing not available at all sites.  
 I will transport to and from school.  My child will need to ride the SCUSD bus.
- 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, what type of services:  
 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:
 

<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? If yes, please describe:  
\_\_\_\_\_
- 9) Are you interested in being a volunteer helper at the school site?  No  Yes

→ 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/Legal Guardian Signature: X \_\_\_\_\_ Date: \_\_\_\_\_



# STUDENT REGISTRATION FORM

**Students Who Are New or Returning to SCUSD**

## SECTION A: STUDENT DEMOGRAPHIC INFORMATION

<b>1) Student Legal Last Name</b>	<b>Legal First Name</b>	<b>Legal Middle Name</b>	<b>Gender</b>	<b>Incoming Grade</b>	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
Nickname:		Preferred Gender Pronoun:			
<b>2) Legal Name Of Person Registering Student:</b>		<b>Relationship To Student:</b>			
<b>3) Name of School Most Recently Attended:</b>					
<u>City &amp; State</u>	<u>Grade</u>	<u>Date Begin</u>	<u>Date Left</u>		
<b>a) Date student first attended school in <u>California</u>.</b>		Month	Day	Year	
<b>b) Date student first attended school in the <u>United States</u>.</b>		Month	Day	Year	
<b>4) Is Your Child Hispanic or Latino?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes					
<b>5) What Is Your Child's Race? (Check All That Apply. Mark "P" Next To Your Child's PRIMARY Race)</b>					
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> African American or Black <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino/Filipino American <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Hmong <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 <input type="checkbox"/> White		
<b>6) Date of Birth &amp; Place of Birth</b>	<u>Month</u>	<u>Day</u>	<u>Year</u>	<u>City</u>	<u>State</u>
<b>7) Verification</b> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other _____					
<b>8) Preschool</b> Did your child attend a preschool program? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes fill in the information below) Name of Preschool _____ City & State _____ Number of Years Attended _____					
<b>9) Has Your Child Ever Been Expelled?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Name of school and district: _____					
<b>10) Transportation and Related Information</b> Check the boxes below if your child rides the bus. <input type="checkbox"/> To School <input type="checkbox"/> From School Bus # _____ Daycare Provider: _____ Phone#: _____					
<b>11) Non-Household Emergency Contacts</b> Authorized to pick up and care for the student with written or verbal permission.					
Legal Name:	Relationship to student:	Contact Number:			
Legal Name:	Relationship to student:	Contact Number:			
Legal Name:	Relationship to student:	Contact Number:			
<b>12) PLEASE READ!</b> 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.					
<b>Parent/Guardian Initials: X</b> _____					

## SECTION B: HEALTH AND EMERGENCY INFORMATION

- 13)**  Check here if student has **known health problems** and check all that apply below.  
 Check here if student has **no known health problems.**

- ADD/ADHD  
 Asthma  
 Epi-Pen

- Heart Problems  
 Seizures  
 Diabetes \_\_\_Type I \_\_\_Type II

- SEVERE Allergy to: \_\_\_\_\_  
 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 **Please 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 \_\_\_\_\_

**14) Does your child have an Individualized Education Plan (IEP)?** No Yes

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

If **YES**, what special services does your child receive?

- Resource (RSP)  
 Special Day Class (SDC)  
 Speech & Language

- Autism (AUT)  
 DHH (Deaf/Hard of Hearing)  
 Other \_\_\_\_\_

Other non-IEP Services

- Gifted (GATE)  English Learner Support  504  Other \_\_\_\_\_

### Special Instructions/Comments

(Medical 504 Plan, special health needs emergency care plan, etc.)

## **15) 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.

1. Physician Name \_\_\_\_\_ Phone \_\_\_\_\_ Pager \_\_\_\_\_

2. Emergency Facility and Phone Number \_\_\_\_\_

3. **Does this student have health insurance?**  Yes  No **Does this student have dental insurance?**  Yes  No

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

5. 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**

**X** \_\_\_\_\_

## SECTION C: HOUSEHOLD INFORMATION

**16) Name of Student You Are Registering:**

**Grade**

**x**

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

No

Yes Complete the table below. Attach additional paper if needed.

1st Student's Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade and School: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

2nd Student's Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade and School: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

3rd Student's Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade and School: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

4th Student's Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade and School: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

**17) Is there a legal custody agreement regarding this student?**  No  Yes

**18) If YES, what type?**  Sole Custody  Joint Custody  Guardian  Foster/Group Home

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

**20) Is the student part of an active military family?** If yes, please enter Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### PRIMARY #1 HOUSEHOLD

**This Is The Address Where The Student Primarily Lives.**

**21) ADDRESS**

\_\_\_\_\_

Number                      Street                      Apt/Lot                      City                      State                      Zip

**Mailing Address**  
(if different)

\_\_\_\_\_

Number                      Street                      Apt/Lot                      City                      State                      Zip

**22) Primary #1 Parent/Guardian Full Legal Name:**

**Primary Parent #1 Education** Check the box that best describes the highest education level of parent/guardian.

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

**Relationship To Student**

**Email Address (print clearly)**

**Contact Preferences- check preferred method**

Email  Mailings  
 Infinite Campus Parent Portal

**Date of Birth**

**Home Phone**

**Cell Phone**

**Work Phone**

*Has this person ever been a student in SCUSD?*  
 NO  YES

**23) Other Adult #1 In Household Full Legal Name:**

**Other Adult #1 Education** Check the box that best describes the highest education level of parent/guardian.

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

**Relationship To Student**

**Date of Birth**

**Cell Phone**

**Work Phone**

*Has this person ever been a student in SCUSD?*  
 NO  YES

## SECONDARY #2 HOUSEHOLD

Complete this section only if PARENT #1 AND #2 DO NOT LIVE in the same household.  
Will this household receive mail? No Yes

<b>24) ADDRESS</b>	Number	Street	Apt/Lot	City	State	Zip
<b>Mailing Address</b> (if different)	Number	Street	Apt/Lot	City	State	Zip

### 25) Secondary #2 Parent/Guardian Full Legal Name:

**Secondary #2 Education** Check the box that best describes the highest education level of parent/guardian.

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

<b>Relationship To Student</b>	<b>Email Address (print clearly)</b>	<b>Contact Preferences- check preferred method</b>			
		<input type="checkbox"/> Email <input type="checkbox"/> Mailings <input type="checkbox"/> Infinite Campus Parent Portal			
<b>Date of Birth</b>	<b>Home Phone</b>	<b>Cell Phone</b>	<b>Work Phone</b>	<i>Has this person ever been a student in SCUSD?</i> <input type="checkbox"/> NO <input type="checkbox"/> YES	

### 26) Other Adult #2 In Household Full Legal Name:

**Other Adult #2 Education** Check the box that best describes the highest education level of parent/guardian.

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

<b>Relationship To Student</b>	<b>Date of Birth</b>	<b>Cell Phone</b>	<b>Work Phone</b>	<i>Has this person ever been a student in SCUSD?</i> <input type="checkbox"/> NO <input type="checkbox"/> YES	

### 27) Automated Messenger Contact Information Check boxes to receive automated messages.

	Attendance	Behavior	Teacher	Priority
<b>Primary #1 Parent/Guardian</b>				
Email Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Phone	<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"/>
<b>Secondary #2 Parent/Guardian</b>				
Email Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Phone	<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"/>

~~~~~ **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"/> In-Transition | <input type="checkbox"/> INTRA Permit | <input type="checkbox"/> Over Enrollment |                         |
| <input type="checkbox"/> Open Enrollment | <input type="checkbox"/> Foster        | <input type="checkbox"/> INTER Permit | <u>Neighborhood School</u>               | <u>Receiving School</u> |
| <input type="checkbox"/> Charter         | <input type="checkbox"/> SPED – PLCMNT | <input type="checkbox"/> SHPD         |                                          |                         |