



# EARLY KINDERGARTEN

Please print all information

Requested School \_\_\_\_\_ Primary Language \_\_\_\_\_  
 Student Legal Name (last, first) \_\_\_\_\_ Birth Date \_\_\_\_\_  
 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: \_\_\_\_\_ Date: \_\_\_\_\_

# EARLY KINDER

## 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: \_\_\_\_\_

<input type="checkbox"/> To School	<input type="checkbox"/> From School	Bus # _____	Phone #1: _____	Phone #2: _____
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**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: \_\_\_\_\_

**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.**

**Signature of Person Registering Student**

**Relationship to Student**

**Date**

<b>Student Name:</b>	<b>Grade:</b>
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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 <sup>st</sup> student's LEGAL name:	Date of Birth:	Grade and School:	Relationship to student:
2 <sup>nd</sup> student's LEGAL name:	Date of Birth:	Grade and School:	Relationship to student:
3 <sup>rd</sup> student's LEGAL name:	Date of Birth:	Grade and School:	Relationship to student:
4 <sup>th</sup> student's LEGAL name:	Date of Birth:	Grade and School:	Relationship to student:
5 <sup>th</sup> student's LEGAL name:	Date of Birth:	Grade and School:	Relationship to student:

**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?*

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.*

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

<b>Parent/Guardian</b>		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: _____		<b>Relationship to Student:</b> _____	Contact Preferences ( <i>check preferred methods</i> ): <input type="checkbox"/> Infinite Campus Parent Portal <input type="checkbox"/> Email <input type="checkbox"/> Mailings	

<b>Other Adult in Household</b>		Full Legal Name: _____		
_____	_____	_____	_____	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.

<b>Address:</b>	_____					
	Number	Street	Apt/Lot	City	State	Zip

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

<b>Parent/Guardian</b>	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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<b>Other Adult in Household</b>	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: _____ |                                                  |

# GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY

## GRADES TK/K-12



Requirements by Age and Grade Before Entering:

| Vaccine                                                   | 4-6 Years Old<br>Elementary School at<br>Transitional-Kindergarten/<br>Kindergarten and Above                                          | 7-17 Years Old<br>Elementary or Secondary School                                                                                                                                                                  | 7th Grade*                                                                                              |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Polio<br/>(OPV or IPV)</b>                             | <b>4 doses</b><br>(3 doses OK if one was given on or after 4th birthday)                                                               | <b>4 doses</b><br>(3 doses OK if one was given on or after 2nd birthday)                                                                                                                                          |                                                                                                         |
| <b>Diphtheria,<br/>Tetanus, and<br/>Pertussis</b>         | <b>5 doses of DTaP, DTP, or DT</b><br>(4 doses OK if one was given on or after 4th birthday)                                           | <b>4 doses of DTaP, DTP, DT, Tdap, or Td</b><br>(3 doses OK if last dose was given on or after 2nd birthday. At least one dose must be Tdap or DTaP/DTP given on or after 7th birthday for all 7th-12th graders.) | <b>1 dose of Tdap</b><br>(Or DTP/DTaP given on or after the 7th birthday.)                              |
| <b>Measles, Mumps,<br/>and Rubella<br/>(MMR or MMR-V)</b> | <b>2 doses</b><br>(Both given on or after 1st birthday. Only one dose of mumps and rubella vaccines are required if given separately.) | <b>1 dose</b><br>(Dose given on or after 1st birthday. Mumps vaccine is not required if given separately.)                                                                                                        | <b>2 doses of MMR</b> or any measles-containing vaccine<br>(Both doses given on or after 1st birthday.) |
| <b>Hepatitis B<br/>(Hep B or HBV)</b>                     | <b>3 doses</b>                                                                                                                         |                                                                                                                                                                                                                   |                                                                                                         |
| <b>Varicella<br/>(chickenpox, VAR,<br/>MMR-V, or VZV)</b> | <b>1 dose</b>                                                                                                                          | <b>1 dose</b> for ages 7-12 years.<br><b>2 doses</b> for ages 13-17 years.                                                                                                                                        |                                                                                                         |

\*New admissions to 7th grade should also meet the requirements for ages 7-17 years.

### INSTRUCTIONS:

California schools are required to check immunization records for all new student admissions at TK/Kindergarten **through** 12th grade and all students advancing to 7th grade before entry.

1. Notify parents of required immunizations and collect immunization records.
2. Copy the date of each vaccine from the child's immunization record to the California School Immunization Record (Blue Card, CDPH-286) and/or supplemental Tdap sticker [PM 286 S (01/11)] or enter into an approved electronic system that prints a Blue Card.
3. Compare number of doses on the Blue Card to the requirements above.
4. Determine whether child can be admitted.

Continued on next page.



**GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY GRADES TK/K-12 (continued)**

**ADMIT A CHILD UNCONDITIONALLY WHO:**

- Has all immunizations required for their age or grade, or
- Is entering 1<sup>st</sup>-6<sup>th</sup> grade or 8<sup>th</sup>-12<sup>th</sup> grade and submits a valid PBE filed at a prior California school for missing shot(s) and immunization records with dates for all required shots not exempted. **The PBE must have been filed before January 1, 2016 and is only valid for the current grade span (TK/K through 6<sup>th</sup> or 7<sup>th</sup> through 12<sup>th</sup> grade).** For complete details, visit ShotsforSchool.org, or
- Submits a licensed physician's written statement of a permanent **medical exemption** for missing shot(s) and immunization records with dates for all required shots not exempted.

The immunization requirements do not prohibit pupils from accessing special education and related services required by their individualized education programs.

**A CHILD WHO IS MISSING REQUIRED SHOTS MAY BE ADMITTED CONDITIONALLY IF HE/SHE:**

- Is missing a dose(s) in a series, but the next dose is not due yet. This means the child has received at least one dose in a series and the deadline for the next dose has **not** passed, according to the table below.
- Has a temporary medical exemption to certain vaccine(s) and has submitted immunization records for vaccines not exempted. The statement must indicate which immunization(s) is postponed and when the exemption expires.

**SCHOOLS NEED TO FOLLOW UP AFTER ADMISSION IF:**

- Child was admitted conditionally. Notify parents of the deadline for missing doses. Review records every 30 days until all required doses are received.
- Awaiting records for transfers from within California or another state. School may allow admission up to 30 school days before exclusion.

**When Missing Doses Can Be Given:**

| Vaccine                    | Age (Years) | Missing Dose | Earliest Date After Previous Dose                                                              | Deadline After Previous Dose |
|----------------------------|-------------|--------------|------------------------------------------------------------------------------------------------|------------------------------|
| Polio                      |             | 2nd          | 6 weeks                                                                                        | 10 weeks                     |
|                            |             | 3rd          | 6 weeks*                                                                                       | 12 months                    |
|                            | 4-6         | 4th          | If the 3rd dose was given before the 4th birthday, one more dose is required before admission. |                              |
|                            | 7-17        | 4th          | If the 3rd dose was given before the 2nd birthday, one more dose is required before admission. |                              |
| DTaP, DTP, or DT           | Under 7     | 2nd or 3rd   | 4 weeks                                                                                        | 8 weeks                      |
|                            |             | 4th          | 6 months                                                                                       | 12 months                    |
|                            |             | 5th          | If the 4th dose was given before the 4th birthday, one more dose is required before admission. |                              |
| DTaP, DTP, DT, Tdap, or Td | 7 & Older   | 2nd          | 4 weeks                                                                                        | 8 weeks                      |
|                            |             | 3rd          | 6 months                                                                                       | 12 months                    |
|                            |             | 4th          | If the 3rd dose was given before the 2nd birthday, one more dose is required before admission. |                              |
| MMR                        |             | 2nd          | 1 month                                                                                        | 3 months                     |
| Hep B                      | 4-6         | 2nd          | 1 month                                                                                        | 2 months                     |
|                            |             | 3rd          | 2 months after 2nd dose and at least 4 months after 1st dose                                   |                              |
| Varicella                  | 13-17       | 2nd          | 4 weeks                                                                                        | 3 months                     |

\* Current national recommendations for children 4 years and older are to administer the third dose at least 6 months after the second dose.

**DO NOT ADMIT A CHILD WHO:**

Does not fit one of the previous categories. Refer parents to their physician indicating which doses are needed.

Maintain a list of unimmunized children (exempted or admitted conditionally), so they can be excluded quickly if an outbreak occurs.



## 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.

### 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

#### Hubert Bancroft

2929 Belmar St. 95826  
(916) 395-4595

#### Pacific

6201 41<sup>st</sup> Street 95824  
(916) 433-5089

#### Alice Birney Waldorf-Inspired

6251 13<sup>th</sup> Street 95831  
(916) 395-4510

#### John Sloat

7525 Candlewood Way 95822  
(916) 433-5051

#### Tahoe

3110- 60<sup>th</sup> St. 95820  
(916) 277-6364

#### H.W. Harkness

2147 54<sup>th</sup> Ave 95822  
(916) 433-5042

#### Leonardo da Vinci

4701 Joaquin Way 95822  
(916) 395-4635

#### Theodore Judah

3919 McKinley Blvd. 95819  
(916) 395-4790

#### Washington

520 18<sup>th</sup> 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 2<sup>nd</sup> through December 2<sup>nd</sup>.

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 1<sup>st</sup> of that school year.

A child shall be eligible for Early Kinder (Transitional Kindergarten) if he or she has their fifth birthday from September 2<sup>nd</sup> through December 2<sup>nd</sup> 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 2<sup>nd</sup> through December 2<sup>nd</sup> are eligible for Early Kinder not kindergarten.
- Students shall not be enrolled into Early Kinder if the child turns age 5 after December 2<sup>nd</sup>.
- 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 ten 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 2<sup>nd</sup> through December 2<sup>nd</sup> 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 as a regional non-neighborhood school would apply to so through the Open Enrollment process."



## Early Kinder Parent/Guardian Agreement Form

I, \_\_\_\_\_ parent/guardian(s) of

\_\_\_\_\_, fully understand that

The Early Kinder Program is not a substitution for the regular kindergarten program.

Therefore, I understand that upon completion of the Early Kinder Program in June,

2018, my child(ren) \_\_\_\_\_, will be

placed in a kindergarten program at their home school site or parents may apply for other school placement through the district Enrollment Center for the 2018/2019 school year.

\_\_\_\_\_  
Print Parent/Guardian Name(s)

\_\_\_\_\_  
Parent/Guardian – Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator – Signature

\_\_\_\_\_  
Date