

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
CONCAP STUDENT TEMPORARY ADMITTANCE FORM

STUDENT INFORMATION

SENDING SCHOOL		STUDENT ID NUMBER			
LAST NAME		FIRST NAME			
REGISTRATION DATE		INACTIVE DATE		DOB	
GRADE					
GENDER		ETHNIC CODE		HOMELESS STATUS	
				NON-OVER SIBLING	
FREE LUNCH					
LAST SCHOOL ATTENDED			SPECIAL EDUCATION DESIGNATION, IF APPLICABLE		
PARENT NAME			PRIMARY PHONE #		
ADDRESS					APT
CITY	Sacramento		STATE	CA	ZIP
CAN PARENTS TRANSPORT TO NEARBY SCHOOL?		SCHOOL PREFERENCE?*			

EMERGENCY CONTACT INFORMATION

EMERGENCY NAME		EMERGENCY PHONE #	
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RECEIVING SCHOOL INFORMATION

TAKE BUS #		BUS STOP**		PICK UP TIME	
RETURN BUS #		RECEIVING SCHOOL		DROP TIME	
RECEIVING SCHOOL START DATE			DATE SCHOOLS NOTIFIED		
SCHOOL NUMBER			SCHOOL TIMES		
SCHOOL ADDRESS					
SPECIAL NOTES					

* School preference will be taken into consideration but there is no guarantee of placement at preferred school.
Parents most likely will be required to provide transportation to preferred school.

**Bus transportation is not a requirement and may not be provided for all concap students.

DISTRIBUTION: Copy to remain at home school. Copy goes to parent/guardian. Copy goes with student to receiving school.