

**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  FOSTER YOUTH  ELL  FREE LUNCH

LAST SCHOOL ATTENDED  SPECIAL EDUCATION DESIGNATION, IF APPLICABLE

PARENT NAME  PRIMARY PHONE #

ADDRESS  APT

CITY  STATE  ZIP

CAN PARENTS TRANSPORT TO NEARBY SCHOOL?  SCHOOL PREFERENCE? \*

**EMERGENCY CONTACT INFORMATION**

EMERGENCY NAME  EMERGENCY PHONE #

**RECEIVING SCHOOL INFORMATION**

TAKE BUS #	<input type="text"/>	BUS STOP**	<input type="text"/>	PICK UP TIME	<input type="text"/>
------------	----------------------	------------	----------------------	--------------	----------------------

RETURN BUS #	<input type="text"/>	RECEIVING SCHOOL	<input type="text"/>	DROP TIME	<input type="text"/>
--------------	----------------------	------------------	----------------------	-----------	----------------------

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.