



# ENROLLMENT INFORMATION

ENROLLMENT and ATTENDANCE CENTER

5601 47th Avenue • Sacramento, CA 95824 • (916) 643-2400 • FAX (916) 433-5403 • [www.scusd.edu/enrollment-center-K-12](http://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: 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 7<sup>th</sup> -12<sup>th</sup> 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 9<sup>th</sup> – 12<sup>th</sup> 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](http://www.scusd.edu/enrollment-center-k-12).**



# Home Language Survey

## English, Spanish, Hmong (Leng/Der)

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

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日期是 \_\_\_\_\_

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 sinh ở Hoa Kỳ, xin trả lời các câu hỏi sau:

1. Con quý vị sinh 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



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

**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**

**Student Name:**

**Grade:**

**SECTION C: HOUSEHOLD INFORMATION**

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

**No**

(Skip to Primary Household.)

**Yes**

(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.*

**Address:**

Number Street Apt/Lot City State Zip

Mailing Address  
(if different):

Number Street Apt/Lot City State Zip

**Parent/Guardian**

Full Legal Name:

Has this person ever been a student in SCUSD?

No  Yes

Date of Birth

Home Phone

Cell Phone

Work Phone

Email Address:

**Relationship to Student:**

Contact Preferences (*check preferred methods*):

Infinite Campus Parent Portal  Email  Mailings

**Other Adult in Household**

Full Legal Name:

Has this person ever been a student in SCUSD?

No  Yes

**Relationship to Student:**

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: _____	



**ENROLLMENT & ATTENDANCE CENTER**

5601 47th Avenue • Sacramento, CA 95824

(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 2018-19 SCHOOL YEAR  
TO BE READ AND SIGNED AT THE TIME OF STUDENT REGISTRATION**

**BOARD OF EDUCATION**

**Jessie Ryan**  
*President  
Trustee Area 7*

**Darrel Woo**  
*1<sup>st</sup> Vice President  
Trustee Area 6*

**Michael Minnick**  
*2<sup>nd</sup> Vice President  
Trustee Area 4*

**Jay Hansen**  
*Trustee Area 1*

**Ellen Cochran**  
*Trustee Area 2*

**Christina Pritchett**  
*Trustee Area 3*

**Mai Vang**  
*Trustee Area 5*

**Sara Nguyen**  
*Student Board Member*

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 overenrollment occurs.

Parents with questions should contact the Ombudsperson assigned to your school site:

- Janet Pattullo (916) 643-9290
- Pat LaMarr (916) 643-9260
- Cindy Kilby (916) 643-9291

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: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_