



# K-12<sup>th</sup> ENROLLMENT INFORMATION 2021-22

Sacramento City Unified School District (SCUSD) | ENROLLMENT and ATTENDANCE CENTER

5601 47th Avenue • Sacramento, CA 95824 • (916) 643-2400 • [www.scusd.edu/enrollment-center-k-12](http://www.scusd.edu/enrollment-center-k-12)

***For New Students To SCUSD & Previous SCUSD Students Not Enrolled For More Than 30 Days. 2021-22 Kindergarten Requires Your Child To Be 5 Years Of Age By September 1, 2021 To Register.***

## **YOU CAN ENROLL ONLINE**

- Please check our website at <https://www.scusd.edu/covid-19-enrollment-registration-forms> to register.

## **THE ENROLLMENT CENTER DESK SUPPORT HOURS**

- **Monday-Thursday 8am-3:30pm; Closed for lunch 11:30am-12:00pm; Friday 8am-11am.**
- **Holiday hours will vary. Please check our website at <https://www.scusd.edu/enrollment-center-k-12> for current hours of operation.**

## **THE ENROLLMENT CENTER SELF-SERVE LOBBY & DROPBOX HOURS**

- **Monday-Friday, 8am-5pm. Applications can be picked-up in the lobby & dropped-off in the **DROP BOX**. An Enrollment Technician will contact you in the order it was received. Please check your spam/junk email!**

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.

## **CHECKLIST: THE FOLLOWING DOCUMENTS ARE REQUIRED 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**—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. Voter Election Guides/Voting Ballots NOT Accepted
  - 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** 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 please 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 CHECKLIST- The Enrollment Center is not able to make copies at this time. Please submit COPIES ONLY. NO ORIGINALS. If you submit original documents, they will not be mailed back you.**

*The following documents are required to complete enrollment to the district. **Incomplete applications without signatures and required documents will not be processed on time.** Drop-off documents must be sealed in an envelope. Contact number & email required. If you have documents for a technician, put their name on the envelope. **Check your spam/junk email for correspondence!***

- 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)
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  - 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)
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- Guardianship/Custody Documents** – (if applicable)





# 2021-22

**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 (K-6) OVERENROLLMENT For The 2021-22 School Year**

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 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 (916) 643-6000
- Pat LaMarr (916) 643-9260

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 Name:

Date:

Student Name:

Grade:





ENROLLMENT and ATTENDANCE CENTER

# KINDERGARTEN ONLY

Kindergarten Information Request

Neighborhood School

Primary Language

PLEASE PRINT ALL INFORMATION

		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Student Legal Last, First Name	Birth Date	Gender	
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? Bussing not available at all sites.
  - I will transport to and from school.
  - My child will need to ride the SCUSD bus.
- 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, what type of services:
  - 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:
  - Write his/her name
  - Recognize letters in the alphabet (out of order)
  - Count from 1 to 10
  - Listen to a story
  - Hop on one-foot
  - Hop on both feet
  - Read a simple story
  - Identify primary colors
  - Skip
  - Rhyme
  - Recognize common shapes
  - Tie shoes
  - Say the alphabet
  - Is there any other information you would like us to know about your child? If yes, please describe \_\_\_\_\_
- 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: \_\_\_\_\_







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

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### 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 \_\_\_\_\_





# STUDENT REGISTRATION FORM

For Office Use Only

Student ID # \_\_\_\_\_

## Students Who Are New or Returning 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:	<u>Month/Day/Year</u>	Verification:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other
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Place of Birth:	<u>City</u>	<u>State</u>	<u>Country</u>
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Date student <b>first attended</b> school in CALIFORNIA?	Date student <b>first attended</b> school in the UNITED STATES?
Month: _____ Day: _____ Year: _____	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:** X \_\_\_\_\_



## 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.***

**X**

**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 your household who attend ANY SCUSD schools (elementary, middle, or high)?

**NO**

(Skip to Primary Household)

**YES**

(Complete the boxes below. Attach additional paper if needed)

<b>1<sup>st</sup> student's LEGAL name:</b>	<b>Date of Birth:</b>	<b>Grade and School:</b>	<b>Relationship to <u>student</u>:</b>
<b>2<sup>nd</sup> student's LEGAL name:</b>	<b>Date of Birth:</b>	<b>Grade and School:</b>	<b>Relationship to <u>student</u>:</b>
<b>3<sup>rd</sup> student's LEGAL name:</b>	<b>Date of Birth:</b>	<b>Grade and School:</b>	<b>Relationship to <u>student</u>:</b>
<b>4<sup>th</sup> student's LEGAL name:</b>	<b>Date of Birth:</b>	<b>Grade and School:</b>	<b>Relationship to <u>student</u>:</b>
<b>5<sup>th</sup> student's LEGAL name:</b>	<b>Date of Birth:</b>	<b>Grade and School:</b>	<b>Relationship to <u>student</u>:</b>

### Is There A Legal Custody Agreement Regarding This Student?

NO     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>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; border-bottom: 1px solid black;">Number</td> <td style="width:25%; border-bottom: 1px solid black;">Street</td> <td style="width:15%; border-bottom: 1px solid black;">Apt/Lot</td> <td style="width:15%; border-bottom: 1px solid black;">City</td> <td style="width:15%; border-bottom: 1px solid black;">State</td> <td style="width:15%; border-bottom: 1px solid black;">Zip</td> </tr> </table>	Number	Street	Apt/Lot	City	State	Zip
Number	Street	Apt/Lot	City	State	Zip		
<b>Mailing Address</b> (if different)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; border-bottom: 1px solid black;">Number</td> <td style="width:25%; border-bottom: 1px solid black;">Street</td> <td style="width:15%; border-bottom: 1px solid black;">Apt/Lot</td> <td style="width:15%; border-bottom: 1px solid black;">City</td> <td style="width:15%; border-bottom: 1px solid black;">State</td> <td style="width:15%; border-bottom: 1px solid black;">Zip</td> </tr> </table>	Number	Street	Apt/Lot	City	State	Zip
Number	Street	Apt/Lot	City	State	Zip		

### #1 Parent/Guardian Full Legal Name:

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

### Other Adult In Household Full Legal Name:

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





## SECONDARY HOUSEHOLD

Complete this section only if **PARENT #1 AND #2 DO NOT LIVE in the same household.**

Will This Secondary Household Address Be Receiving SCUSD Mail?  NO  YES

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

### #2 Parent/Guardian Full Legal Name:

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

### Other Adult In Household Full Legal Name:

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

### Automated Messenger Contact Information: *Check boxes to receive automated messages.*

How do you want to be contacted for:	Attendance	Behavior	General	Teacher	Priority
<u>Primary Guardian's Email Address</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Primary Guardian's Home Phone</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Primary Guardian's Cell Phone</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Primary Guardian's Work Phone</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Other Adult's Cell Phone</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Secondary Guardian's Email Address</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Secondary Guardian's Home Phone</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Secondary Guardian's Cell Phone</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Secondary Guardian's Work Phone</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Other Adult's Cell Phone</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### SCHOOL MOST RECENTLY ATTENDED *(Attach additional information, if needed)*

Previous School	City & State	Grade Level	Date Started	Date Left
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

### For District Use Only

<b>Proof of Residence</b>	<b>Proof of Immunization</b>	<b>Date &amp; Time Registered</b>	<b>Enrollment Date</b>	<b>Grade</b>	<b>District Official Signature</b>
Type: <hr/>	Type: <hr/>	Date: <hr/>	<hr/>	<hr/>	<hr/>
Verified: <hr/>	Verified: <hr/>	Time: <hr/>	<hr/>	<hr/>	

### Type Of Registration

- Neighborhood   
  Open Enrollment   
  INTRA-DISTRICT Transfer   
  INTER-DISTRICT Transfer   
  Charter  
 SPED – Placement: \_\_\_\_\_   
  In-Transition   
  SHPD   
  FOSTER  
 Over Enrollment – Neighborhood School: \_\_\_\_\_ Receiving School: \_\_\_\_\_

