



2022-2023
**HALF-DAY TRANSITIONAL
KINDERGARTEN
ENROLLMENT PACKET**



22/23 TRANSITIONAL KINDERGARTEN TK/CSPP/HEAD START ENROLLMENT INFORMATION

YOUR CHILD MUST BE 5 YEARS OF AGE FROM SEPTEMBER 2, 2022, THROUGH AND INCLUDING FEBRUARY 2, 2023.
FOR MORE DETAILS, PLEASE CHECK OUR WEBSITE AT [HTTPS://WWW.SCUSD.EDU/TK](https://www.scusd.edu/TK).

HALF-DAY PROGRAMS

2022-2023 Half-Day Transitional Kindergarten (TK) registration begins March 15, 2022, and applications will continue to be collected throughout the year.

ENROLLMENT MATERIALS

- Applications can be submitted either 1) online at <http://www.scusd.edu/TK> or 2) paper copies can be picked up at the Enrollment Center Help Desk or at the Half-Day TK school locations listed below. Please deliver completed applications to school locations only.
- Enrollment will be based on lottery results held in May or space availability at the time of the application.
- Parents will be notified directly by mail, email, or from the school office/district office staff once a student's enrollment status has been determined. A complete application with all needed/updated documents is required.

PROGRAM OPTIONS

Current Half-Day TK Open Enrollment School Locations

- A. M. Winn Public Waldorf (TK-8) 2551 Explorer Dr. 95827, 916-395-4505, (AM and PM classes)
- Alice Birney Public Waldorf (TK-8) 6251-13th St. 95831, 916-395-4510, (AM and PM classes)
- Leonardo da Vinci (TK-8) 4701` Joaquin Way, 95822, 916-395-4635, (AM class)

If interested in applying at the above 3 school sites, please contact the school site directly before applying as there is a parent visitation requirement for these 3 open enrollment school locations

Current Regional Half-Day TK Schools

- H. W. Harkness (TK-6) 2147-54th Ave. 95822, 916-395-4585, (AM Class)
- Hubert Bancroft (TK-6) 2929 Belmar St. 95826, 916-395-4595 (AM Class)
- John Sloat (TK-6) 7525 Candlewood Way 95822, 916-395-4620 (AM Class)
- Pacific (TK-6) 6201-41st. Ave. 95822, 916-395-4670, (AM Class)
- Tahoe (TK-6) 3110-60th Street, 95819, 916-395-4750, (AM Class)
- Theodore Judah (TK-6) 3919 McKinley Blvd. 95819, 916-4790 (AM Class)
- Washington (TK-6) 520- 18th Street,95811, 916-395-4760 (AM Class)

FULL DAY PROGRAMS

2022-2023 Full Day Transitional Kindergarten (TK) registration begins April 1, 2022. For more information contact the Hiram Johnson Family Information Center (3535-65th Street, 916-395-5500)

New TK/Head Start Collaboration Full Day School Locations

- Edward Kemble (TK-6) 7495- 29th Street, 95822, 916-395-4550
- Ethel Phillips (UTK-6) 2930-21 Ave. 95820, 916-395-4565

New TK/CSPP Full Day Collaboration School Locations

- Earl Warren (TK-6) 5420 Lowell Street, 95820, 916-395-4545
- Isador Cohen (K-6) 9025 Salmon Falls Dr. 95826, 916-395-4600
- John Bidwell (K-6) 1730-65th Street,95822, 916-395-4610
- Mark Twain (K-6) 4914-58th Street, 95820, 916-395-4640
- Martin Luther King Jr. (K-8) 480 Little River Way 95831, 916-395-4645
- Susan B. Anthony (K-6) 7864 Detroit Blvd. 95832, 916-395-4710
- Parkway (K-6) 4720 Forest Parkway 95832, 916-395-4675

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.

THE FOLLOWING DOCUMENTS ARE REQUIRED TO COMPLETE THE ENROLLMENT TO THE DISTRICT

- 1. Photo Identification**-State Issued I.D. or other photo identification (Work Badge, Passport, Student I.D, Costco)
- 2. Address Verification**-Name on I.D. must match name on bill issued within 30 days. Bring one (1) (Ed. Code 48204.1):
 - a. Current Utility Bill – SMUD, PG&E or WATER
 - b. Current Mortgage Statement
 - c. Current Property Tax Bill
 - d. 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)
 - e. Current Voter Registration. Voter Election Guides/Voting Ballots NOT Accepted
 - f. Current Government Agency Letter on official letterhead
 - g. Current Employment Pay Stub
- 3. 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)
- 4. Immunization Record** – Current for Each Child (California Health and Safety Code, Sections 120325-120375)
- 5. Individualized Education Plan (IEP)** - Documentation for Receiving Special Education Services (if applicable)
- 6. 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 whose 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 or contact an

Enrollment Center Team Member at <https://www.scusd.edu/pod/contact-enrollment-center>.



TRANSITIONAL KINDERGARTEN HALF-DAY PROGRAM SCHOOL PLACEMENT REQUEST FOR 2022/2023



PLEASE PRINT ALL THE INFORMATION

School Requested (1)

Alternate School (2)

Primary Language

.....

Student Legal Last, First Name

Birth Date

MALE FEMALE
Gender

Parent Name

Home Phone

Cell Phone

Street Address

Work Phone

City, State, Zip

GENERAL INFORMATION

1. I would like to request that my child be placed in

- AM class PM class No Preference

2. Busing is not available

- I will transport to and from school.

3. Will your child be attending daycare?

- No Private Daycare Child Development Site: _____

4. Does your child have any allergies or medical needs? No Yes - If yes, please describe:

5. Names and grade level of siblings (brothers/sisters) attending the requested school:

6. 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: _____

7. Has your child attended preschool? No Yes - If yes, how long? _____

8. Is there any other information you would like us to know about your child? If yes, please describe

9. 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: _____



TRANSITIONAL KINDERGARTEN PARENT/GUARDIAN AGREEMENT FORM

I, _____ parent/guardian(s)
of _____, fully understand
that the Transitional Kindergarten Program is not a substitution for the regular
kindergarten program.

Therefore, I understand that upon completion of the Transitional Kindergarten Program
in June, 2023, my child(ren) _____,
will return to the kindergarten program at their home school site. Parents will need to
register at their home school or apply for other school placement through the district
Enrollment Center for the 2023/2024 school year.

Print Parent/Guardian Name(s)

Parent/Guardian - Signature

Date

Administrator - Signature

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: _____

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

Students Who Are New or Returning to SCUSD

All questions must be answered completely. Incomplete applications will not be processed!

SECTION A: DEMOGRAPHIC INFORMATION

1) 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:		
2) Legal Name Of Person Registering Student		Relationship To Student		
3) School Most Recently Attended				
<u>City & State</u>	<u>Grade</u>	<u>Date Begin</u>	<u>Date Left</u>	
a) Date student <u>first attended</u> school in California ?	Month	Day	Year	
b) Date student <u>first attended</u> school in the United States ?	Month	Day	Year	
4) Is Your Child Hispanic or Latino? <input type="checkbox"/> No <input type="checkbox"/> Yes				
5) 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			
6) Date of Birth & Place of Birth	<u>Month</u>	<u>Day</u>	<u>Year</u>	<u>City</u> <u>State</u>
7) Verification <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other _____				
8) Parent Education Check the box that best describes the highest education level of <u>either</u> 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			
9) Preschool Did your child attend a preschool program? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes fill in the information below)				
Name of Preschool _____ City & State _____ Number of Years Attended _____				
10) Has Your Child Ever Been Expelled? <input type="checkbox"/> No <input type="checkbox"/> Yes Name of school and district: _____				
11) Transportation and Related Information Check the boxes below if your child rides the bus.				
<input type="checkbox"/> To School <input type="checkbox"/> From School Bus # _____ Daycare Provider: _____ Phone#: _____				
12) Non-Household Emergency Contacts Authorized to pick up and care for the student with written or verbal permission.				
Legal Name:	Relationship to student:		Contact Number:	
Legal Name:	Relationship to student:		Contact Number:	
Legal Name:	Relationship to student:		Contact Number:	
13) 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

- 14)** Check here if student has **known health problems** and check all that apply below.
 Check here if student has **no known health problems.**

<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Epi-Pen	<input type="checkbox"/> Heart Problems <input type="checkbox"/> Seizures <input type="checkbox"/> Diabetes ___Type I ___Type II	<input type="checkbox"/> <u>SEVERE</u> Allergy to: _____ _____ <input type="checkbox"/> Other: _____
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- 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 **Please 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 _____

15) Does your child have an Individualized Education Plan (IEP)? No Yes

*****This information does not exclude any student from any Open Enrollment Lottery*****

If YES , what special services does your child receive?	<input type="checkbox"/> Resource (RSP) <input type="checkbox"/> Special Day Class (SDC) <input type="checkbox"/> Speech & Language	<input type="checkbox"/> Autism (AUT) <input type="checkbox"/> DHH (Deaf/Hard of Hearing) <input type="checkbox"/> Other _____
Other non-IEP Services	<input type="checkbox"/> Gifted (GATE) <input type="checkbox"/> English Learner Support <input type="checkbox"/> 504 <input type="checkbox"/> Other_____	

Special Instructions/Comments
 (Medical 504 Plan, special health needs emergency care plan, etc.)

16) **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.

1. Physician Name _____ Phone _____ Pager _____
2. Emergency Facility and Phone Number _____
3. **Does this student have health insurance?** Yes No **Does this student have dental insurance?** Yes No
4. Name of Insurance or Health Plan Provider: _____ Student's Medical Record Number: _____
5. 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.

<u>Signature of Person Registering Student</u>	<u>Relationship to Student</u>	<u>Date</u>
X		

SECTION C: HOUSEHOLD INFORMATION

17)	<u>Name of Student You Are Registering</u>	<u>Grade</u>
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Are there other students in your household who attend ANY SCUSD schools (elementary, middle, or high schools)?	<input type="checkbox"/> NO <input type="checkbox"/> YES Complete the table below. Attach additional paper if needed.
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1 st Student's Legal Name:	Date of Birth:	Grade and School:	Relationship to <u>student</u> :
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2 nd Student's Legal Name :	Date of Birth:	Grade and School:	Relationship to <u>student</u> :
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3 rd Student's Legal Name :	Date of Birth:	Grade and School:	Relationship to <u>student</u> :
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4 th Student's Legal Name :	Date of Birth:	Grade and School:	Relationship to <u>student</u> :
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5 th Student's Legal Name :	Date of Birth:	Grade and School:	Relationship to <u>student</u> :
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18) Is there a legal custody agreement regarding this student? No Yes

19) If YES, what type? Sole Custody Joint Custody Guardian Foster/Group Home

20) Is the student involved in any active court orders? No Yes If yes, what kind? _____

21) Is the student part of an active military family? If yes, please enter Start Date: _____ End Date: _____

PRIMARY HOUSEHOLD

This Is The Address Where The Student Primarily Lives.

22) ADDRESS	Number	Street	Apt/Lot	City	State	Zip
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Mailing Address (if different)	Number	Street	Apt/Lot	City	State	Zip
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23) #1 Parent/Guardian Full Legal Name

Date of Birth	Home Phone	Cell Phone	Work Phone	Has this person ever been a student in SCUSD? <input type="checkbox"/> NO <input type="checkbox"/> YES
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Relationship To Student	Email Address	Contact Preferences- check preferred methods <input type="checkbox"/> Email <input type="checkbox"/> Mailings <input type="checkbox"/> Infinite Campus Parent Portal
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24) Other Adult In Household Full Legal Name

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

25) ADDRESS	Number	Street	Apt/Lot	City	State	Zip
Mailing Address (if different)	Number	Street	Apt/Lot	City	State	Zip

26) #2 Parent/Guardian Full Legal Name

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

27) Other Adult In Household Full Legal Name

Relationship To Student	Date of Birth	Cell Phone	Work Phone	Has this person ever been a student in SCUSD? <input type="checkbox"/> NO <input type="checkbox"/> YES
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28) AUTOMATED MESSENGER CONTACT INFORMATION

Check boxes to receive automated messages.

	Attendance	Behavior	Teacher	Priority
Primary Guardian's				
Email Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Phone	<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"/>
Secondary Guardian's				
Email Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Phone	<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"/>

~~~~~ **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"/> In-Transition | <input type="checkbox"/> INTRA Permit | <input type="checkbox"/> Over Enrollment |                         |
| <input type="checkbox"/> Open Enrollment | <input type="checkbox"/> Foster        | <input type="checkbox"/> INTER Permit | <u>Neighborhood School</u>               | <u>Receiving School</u> |
| <input type="checkbox"/> Charter         | <input type="checkbox"/> SPED – PLCMNT | <input type="checkbox"/> SHPD         |                                          |                         |