



ENROLLMENT INFORMATION

SCUSD • ENROLLMENT and ATTENDANCE CENTER

5601 47th Avenue • Sacramento, CA 95824 • (916) 643-2400 • FAX (916) 433-5403 • www.scusd.edu/enrollment-center-K-12

ENROLLMENT REGISTRATION FOR YOUR NEIGHBORHOOD SCHOOL IS CURRENTLY AVAILABLE ONLINE

Online or drop-off, please make sure you submit all required documents to avoid delay.

If application was submitted to the Enrollment Center, a technician will contact you in the order it was received.

ENROLL ONLINE K-12 FOR THE 2020-21 SCHOOL YEAR

<https://www.scusd.edu/form/2020-2021-student-registration-form>

SELF-SERVE LOBBY AT THE ENROLLMENT CENTER

Monday through Friday; 8am-1pm

You can pick-up and drop-off an application. There is a **drop box** to submit the application.

Completed applications are picked up on Fridays to be processed. There is **no face-to-face** service available at this time.

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 ENROLLMENT TO THE DISTRICT

1. **Photo Identification**-State Issued I.D., or other photo identification (*Work Badge, Passport, Student I.D., Costco card*)
2. **Address Verification**-Name on I.D. must match name on bill issued within 30 days. Bring one (1) *or other options listed under (Ed. Code 48204.1)*:
 - a. Utility service contract, statement, or payment receipts
 - b. Declaration of residency executed by the parent/guardian
 - c. Property tax payment receipts
 - d. Rental property contract, lease, or payment receipts
 - e. Voter registration
 - f. Correspondence from a government agency
 - g. Pay stubs
3. **Proof of Birth** – Local registrar or county issued birth certificate, duly attested baptism certificate, or a 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) T-Dap Booster shot is required for grades 7th-12th. Both name and date of birth must be on the immunization record.
5. **Current Withdrawal Grades and Transcripts** –Required for Grades 9th-12th
6. **Individualized Education Plan (IEP)** - Documentation for Receiving Special Education Services (if applicable)
7. **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.** (*types listed above*) 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.** (*types listed above*) 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 or contact an Enrollment Center Team Member at <https://www.scusd.edu/pod/contact-enrollment-center>.



KINDERGARTEN

Kindergarten Information Request

Neighborhood School

Primary Language

PLEASE PRINT ALL INFORMATION

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

- 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: _____



2020-21

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 OVER-ENROLLMENT FOR THE 2020-21 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
- Janet Pattullo (916) 643-9290
- 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:

BOARD OF EDUCATION

Jessie Ryan
President
Trustee Area 7

Darrel Woo
1st Vice President
Trustee Area 6

Michael Minnick
2nd Vice President
Trustee Area 4

Lisa Murawski
Trustee Area 1

Leticia Garcia
Trustee Area 2

Christina Pritchett
Trustee Area 3

Mai Vang
Trustee Area 5

Isa Sheikh
Student Board Member



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 Baptism Certificate Passport Other _____

PLACE OF BIRTH: City: _____ State: _____

Date student first attended school in CALIFORNIA? 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

Student Name:	Grade:
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SECTION C : HOUSEHOLD INFORMATION

Are there other students in your 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 st student's LEGAL name:	Date of Birth:	Grade and School:	Relationship to <u>student</u> :
2 nd student's LEGAL name:	Date of Birth:	Grade and School:	Relationship to <u>student</u> :
3 rd student's LEGAL name:	Date of Birth:	Grade and School:	Relationship to <u>student</u> :
4 th student's LEGAL name:	Date of Birth:	Grade and School:	Relationship to <u>student</u> :
5 th student's LEGAL name:	Date of Birth:	Grade and School:	Relationship to <u>student</u> :

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.

ADDRESS	<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:10%; 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:20%; border-bottom: 1px solid black;">Zip</td> </tr> </table>	Number	Street	Apt/Lot	City	State	Zip
Number	Street	Apt/Lot	City	State	Zip		
Mailing Address (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:10%; 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:20%; 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:

_____	_____	_____	_____	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	
Relationship To Student	Email Address		Contact Preferences (check preferred methods)	
			<input type="checkbox"/> Infinite Campus Parent Portal <input type="checkbox"/> Email <input type="checkbox"/> Mailings	

Other Adult In Household

FULL LEGAL NAME:

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	

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

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

#2 Parent/Guardian	FULL LEGAL NAME:
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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"/> Infinite Campus Parent Portal <input type="checkbox"/> Email <input type="checkbox"/> Mailings
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Other Adult in Household	FULL LEGAL NAME:
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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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AUTOMATED MESSENGER CONTACT INFORMATION: Check boxes to receive automated messages.

How do you want to be contacted for:	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)

Previous School	City & 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

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



This form is not used for enrollment purposes but used to determine educational supports if needed.

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

Home Language Survey
English, Spanish, Hmong (Leng/Der)

School/ Escuela

Tsev kawm ntawv/Tsev kawm ntawv

Name of student/ Nombre del estudiante

Miv-nyuas kawm ntawv Npe/ Menyuaam 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 menyuaam 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 menyuaam 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 menyuaam?

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?

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.



This form is not used for enrollment purposes but used to determine educational supports if needed.

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. 你在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? _____

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? _____

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? _____

Подпись родителей _____ Число _____