



## SAN DIEGO UNIFIED SCHOOL DISTRICT K-12 ENROLLMENT FORM

Complete Sections I-IV then sign on p.2. Section V must be completed by office staff. Please print legibly using black or blue pen.  
For full directions, please refer to *Completing Your Child's Enrollment Form* available at [www.sandi.net/enrollment](http://www.sandi.net/enrollment).

<b>OFFICE ONLY</b> 1. Student District ID:	<b>OFFICE ONLY</b> 2. Student State ID (CSIS):
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### I. STUDENT INFORMATION

Please complete this entire section about the student. Be prepared to provide proof of address and birth verification at the time of enrollment.

3. Last name (LEGAL NAME ONLY) First Middle Suffix (Jr, II, III)

4. Nickname:	5. Other name(s) used previously (AKA):	6. Birth date: / /	7. Student Social Security no.:
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8. Gender: <input type="checkbox"/> M <input type="checkbox"/> F	9. Ethnicity (check one): <b>PROVIDE THIS ONLY UPON FIRST ENROLLMENT IN DISTRICT</b> <input type="checkbox"/> African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not Portuguese) <input type="checkbox"/> Cambodian (not Hmong) <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Laotian (not Hmong) <input type="checkbox"/> Vietnamese <input type="checkbox"/> Am Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian Native <input type="checkbox"/> Hmong <input type="checkbox"/> Korean <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Portuguese <input type="checkbox"/> Samoan <input type="checkbox"/> Other _____	10. Additional ethnicity write-in (optional):
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11. Home phone no.: ( )	12. Household address: _____	City, State: _____	ZIP Code: _____
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<b>OFFICE ONLY</b> Home address verified:	13. Mailing address: _____	City, State: _____	ZIP Code: _____
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Date: / /	14. City & state of birth:	15. Country of birth:	16. First enrolled in a CA school (K-12 only): Date: / /	17. First enrolled in a US school (K-12 only): Date: / /
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Birth verification basis: <input type="checkbox"/> Birth certificate <input type="checkbox"/> Affidavit <input type="checkbox"/> Church records <input type="checkbox"/> Passport <input type="checkbox"/> School records <input type="checkbox"/> Unverified	18. Student residential status (check one): <input type="checkbox"/> Parent/legal guardian <input type="checkbox"/> Residential facility <input type="checkbox"/> State hospital <input type="checkbox"/> Hospital (not state hospital) <input type="checkbox"/> Developmental center <input type="checkbox"/> Foreign exchange student <input type="checkbox"/> Incarcerated institution <input type="checkbox"/> Foster Home (FFH)* <input type="checkbox"/> Licensed Children's Institution (LCI)* <input type="checkbox"/> Other _____ *Residential facility license no.: _____
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### II. SIBLING INFORMATION

19. Complete this section only if applicable. Include only siblings who are currently in Grades K-12 in SDUSD.

Sibling 1 full name:	Grade:	School Name:
Sibling 2 full name:	Grade:	School Name:
Sibling 3 full name:	Grade:	School Name:

### III. CONTACT INFORMATION

Please complete this entire section. You must provide information for three contacts. For additional contacts, use the Notes section on the next page.

	20. PARENT/GUARDIAN	21. OTHER PARENT/GUARDIAN	22. EMERGENCY CONTACT (OTHER THAN PARENT)
Contact full name			
Relationship to student			
Lives with student? (circle one)	Yes / No If no, provide address here. _____ _____	Yes / No If no, provide address here. _____ _____	This information is not needed.
Home phone	( )	( )	( )
Work phone	( )	( )	( )
Cell phone	( )	( )	( )
Email address			This information is not needed.
Employer			This information is not needed.
Contact primary language			
Education level (circle one)	G / C / SC / HS / NHS / DEC	G / C / SC / HS / NHS / DEC	This information is not needed.
Flags (circle all that apply)	INT / PC	RC / PR / INT / PC	OK / RC / PR / INT / PC

**Education levels:** G = Graduate/Post grad C = College grad SC = Some college/AA degree HS = High school grad NHS = Not a high school grad DEC = Decline to state  
**Flags:** INT = Interpreter needed PC = ParentConnection access OK = OK to release student RC = Report card copy PR = Progress report copy

OFFICE ONLY Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Room #: \_\_\_\_\_

### IV. QUESTIONS FOR PARENT/GUARDIAN

Please complete Questions 23-30. Check Yes or No for each question.

**23.** Has your child ever received **Special Education** services?  Yes  No

**24.** Would you like to provide educational signing rights to a surrogate? If yes, provide surrogate name:  Yes  No  
\_\_\_\_\_

**25.** Are you now engaged in migrant work, or have you been engaged in migrant work in the last three years?  Yes  No

**26.** Do you want to exclude your child's information from the directory used internally at school?  Yes  No

**27.** Is it okay to release the primary contact's email address as part of your student's information?  Yes  No

**28.** Do you give consent for SDUSD to submit information regarding school health services provided to your child for the purpose of receiving federal reimbursement? All information is kept confidential.  Yes  No

**29.** Has your child ever played interscholastic athletics? (For high school only)  Yes  No

**30.** Is it okay to release your child's information to military recruiters? (For high school only)  Yes  No

The information provided in Sections I-IV is true to the best of my knowledge.

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Date*

### V. DISTRICT ADMINISTRATIVE INFORMATION – FOR OFFICE USE ONLY

**OFFICE ONLY:** Complete this section.

#### ADDRESS/BOUNDARY INFORMATION

**31.** Address verification document: \_\_\_\_\_

**32.** School of residence: \_\_\_\_\_

**33.** District of residence: \_\_\_\_\_

Interdistrict attendance permit  InterSELPA agreement

**34.** Boundary exception for non-resident student

Type: \_\_\_\_\_ Reason: \_\_\_\_\_

#### ENTRY/EXIT

**35.** Previously enrolled in SDUSD?  Yes\*  No

\*If Yes: Last year \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**36.** Entry date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**37.** Entry reason (check one):

Enter from within SDUSD (**E11**)  \*Enter from out of district (**E13**)

\*\*Enter from out of state (**E14**)  \*Initial enrollment (**E15**)

Enter from charter school within district (**E18**)

**38a.** \*For students entering as **E13** or **E15** only:

Previous CA district: \_\_\_\_\_

Previous CA school name: \_\_\_\_\_

CSIS/State ID (if known): \_\_\_\_\_

**38b.** \*\*For students entering as **E14** only:

Previous out-of-state school: \_\_\_\_\_

City, State: \_\_\_\_\_

**39.** Exit date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**40.** Exit reason (check one):

Grades PK-6 transfer within SDUSD (**L51**)  Grades PK-6 transfer out of SDUSD (**L54**)

Grades 7-12 transfer within SDUSD (**L01**)  Grades 7-12 transfer out of SDUSD (**L04**)

No show (**L05**)  Withdrew Grades PK-6 (**450**)

Other: \_\_\_\_\_

**41.** Records requested: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### LEGAL BINDINGS

#### NOTES/ADDITIONAL INFORMATION

#### IMMUNIZATIONS

**42a.** Immunization status:

Complete  Incomplete  Exempt

**42b.** Dental Exam (**K only**)?  Yes  No