

**San Dieguito Union High School District**

**Enrollment Form**

**2018-2019**

<b>SCHOOL</b>	← school staff only →	<b>PERMANENT ID</b>
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**STUDENT INFORMATION**

Student's LEGAL Last Name		Student's LEGAL First Name	Middle Name	Suffix
Grade	Gender	Nick Name	Primary Phone Number	
Birth Date (mm/dd/yyyy)	Birth Place	Birth State	Birth Country	

**RACE AND ETHNICITY**

Please select one:       This student is Hispanic or Latino       This student is not Hispanic or Latino

**Race(s) check any/all that apply**

<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Laotian	<input type="checkbox"/> Other Pacific Islanders Δ
<input type="checkbox"/> Chinese	<input type="checkbox"/> White	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Vietnamese Δ
<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Tahitian	<input type="checkbox"/> Guamanian Δ
<input type="checkbox"/> Korean	<input type="checkbox"/> Filipino	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Japanese
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hmong	<input type="checkbox"/> Middle Eastern	

**HOME ADDRESS      MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)**

Address _____			Address _____		
City	State CA	Zip	City	State CA	Zip

Type of Dwelling: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	In order to assist students in transition, please respond to one of the following: <input type="checkbox"/> We are living with another family or in transitional accommodations due to financial hardship <input type="checkbox"/> This does not apply to my family
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**LANGUAGES**

The California Education Code 52164.1 requires schools to determine the language(s) spoken at home by each student and the date they first enrolled in school in the United States. This information is essential for schools to provide meaningful instruction for all students.

- Which language did your student learn when he/she first began to talk? \_\_\_\_\_
- What language does your student most frequently use at home? \_\_\_\_\_
- What language do you most frequently speak to your student? \_\_\_\_\_
- What language is spoken most often by the adults at home? \_\_\_\_\_

**DATE FIRST ENROLLED IN:**

CA Public School / / ____ mm/ dd /yyyy	US Public or Private School / / ____ mm/ dd /yyyy
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**PREVIOUSLY ATTENDED SCHOOLS**

School Name	Address	City	State	Zip	Years Attended

**SPECIAL PROGRAMS OR SERVICES RECEIVED AT A PREVIOUS SCHOOL**

Does your child receive special education on a current Individualized Educational Plan (IEP) or other program services?     yes     no

Educational Program(s) Received at a Previous School       GATE       English Language Learner (ELL)

Check all that apply:       504 Plan       Other \_\_\_\_\_

**PLEASE LIST ALL SIBLINGS ENROLLED IN SDUHS D SCHOOLS AND THEIR CURRENT SCHOOL OF ATTENDANCE**

Name	School	Name	School
Name	School	Name	School

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<b>PARENT/GUARDIAN INFORMATION – List Parent/Guardian living in PRIMARY residence FIRST</b>						
PARENT/ GUARDIAN 1	Last Name		First Name		Relationship	Email Address
	Employer		Job Title		Education Level	Primary Phone Number <span style="float: right;">Type</span>
	Address, if different from student Street		City		Zip Code	Alternate Phone Number <span style="float: right;">Type</span>
	<input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Lives with <input type="checkbox"/> Mail/Email Allowed					Active Military if yes, branch
PARENT/ GUARDIAN 2	Last Name		Name		Relationship	Email Address
	Employer		Job Title		Education Level	Primary Phone Number <span style="float: right;">Type</span>
	Address, if different from student Street		City		Zip Code	Alternate Phone Number <span style="float: right;">Type</span>
	<input checked="" type="checkbox"/> Contact Allowed <input checked="" type="checkbox"/> Educational Rights <input checked="" type="checkbox"/> Has Custody <input checked="" type="checkbox"/> Lives with <input checked="" type="checkbox"/> Mail/Email Allowed					Active Military if yes, branch
STEPARENT	Last Name		First Name		Relationship	Email Address
	Employer		Job Title		Education Level	Primary Phone Number <span style="float: right;">Type</span>
	Address, if different from student Street		City		Zip Code	Alternate Phone Number <span style="float: right;">Type</span>
	<input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights** <input type="checkbox"/> Has Custody** <input type="checkbox"/> Lives with <input type="checkbox"/> Mail/Email Allowed <input type="checkbox"/> Active Military if yes, branch					

**PLEASE NOTE:** If you need to add additional Legal Guardians or Stepparents, please attach an additional page to your enrollment packet.  
 \*\* If "yes" to stepparent Educational Rights or Custody, please provide court documentation.

<b>ADULTS OTHER THAN PARENTS OR GUARDIANS AUTHORIZED TO PICK UP YOUR STUDENT FOR MEDICAL, EMERGENCY RELEASE, OR OTHER REASONS. (MUST BE 18 YEARS OF AGE OR OLDER)</b>							
<b>**Please note: Pick up during the school day requires prior notification to school office and that ID is shown**</b>							
Contact Order	Relationship	Name			Phone	Type	Alt. Phone

<b>ACKNOWLEDGEMENTS</b>							
<ul style="list-style-type: none"> <li>When deemed necessary, I authorize school district personnel to secure emergency services (medical, dental, paramedic, ambulance) for my child at my expense and to release any pertinent medical information.</li> <li>I certify that all information above is accurate and that it is my responsibility to apprise the school of any changes in residency, employment, phone numbers, changes in custody or guardianship, and emergency release contacts.</li> <li>This form must be completed, signed, and on file at school before the student can be admitted.</li> </ul>							
<b>PARENT/GUARDIAN SIGNATURE(S) – AT LEAST ONE REQUIRED</b>							
Signature of Parent /Guardian 1 /18-Year-Old Student				Date			
Signature of Parent /Guardian 2 /18-Year-Old Student				Date			
~ FOR SCHOOL OFFICE USE ONLY ~							
Signature of Registrar	Start Date	IDT Date	Birth Verification	Language		Initial Below if left blank in either E or R Field	
		IDT Reason		Remarks		Ethnicity	Race

*(PARENT)* The Poway Unified School District (PUSD) is an equal opportunity employer/program and is committed to an active Nondiscrimination Program. PUSD prohibits discrimination, harassment, intimidation, and bullying based on actual or perceived ancestry, age, color, disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sex, sexual orientation, or association with a person or a group with one or more of these actual or perceived characteristics. For more information, please contact the Title IX/Equity Compliance Officer, Associate Superintendent of Personnel Support Services, Poway Unified School District, 15250 Avenue of Science, San Diego, CA 92128-3406, 858-521-2800, extension 2761.