



ENROLLMENT and ATTENDANCE CENTER
KINDERGARTEN
Kindergarten Information Request

Neighborhood School

Primary Language

Male Female

Student Legal Last, First Name

Birth Date

Gender

Parent Name

Cell Phone

Home Phone

Street Address

Work Phone

City, State, Zip

GENERAL INFORMATION



2) 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.

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: _____

KINDERGARTEN READINESS

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

8) Please check what your child is able to do:

- Write his/her name
- Count from 1 to 10
- Hop on both feet
- Skip
- Tie shoes
- Recognize letters in the alphabet (out of order)
- Listen to a story
- Read a simple story
- Rhyme
- Say the alphabet
- Hop on one-foot
- Identify primary colors
- Recognize common shapes

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: _____

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: _____



2022-23

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

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 **2022-23** 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) 643-9000

•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:



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: _____ Month/Day/Year Verification: Birth Certificate Other _____

Place of Birth: _____ City _____ State _____ Country _____

Date student first attended school in CALIFORNIA? _____ Date student first attended 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.
- | | | | |
|---|---|---|-----------------------------------|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> SEVERE Allergy to: _____ | <input type="checkbox"/> Diabetes ___Type I | <input type="checkbox"/> ___Type II | |
| <input type="checkbox"/> Epi-Pen | <input type="checkbox"/> 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)

- | | | | |
|--|------------------------------|--|--|
| <input type="checkbox"/> Resource (RSP) | <input type="checkbox"/> 504 | <input type="checkbox"/> Speech & Language | <input type="checkbox"/> Gifted (GATE) |
| <input type="checkbox"/> Special Day Class (SDC) | <input type="checkbox"/> IEP | <input type="checkbox"/> English Learner Support | <input type="checkbox"/> 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
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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)?

NO

(Skip to Primary Household)

YES

(Complete the boxes 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	<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> Number Street Apt/Lot City State Zip </div>
Mailing Address (if different)	<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> Number Street Apt/Lot City State Zip </div>

#1 Parent/Guardian Full Legal Name:

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

Other Adult In Household Full Legal Name:

<i>Relationship To Student</i>	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

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:

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

Other Adult In Household Full Legal Name:

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

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</u> Email Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Primary Guardian's</u> Home Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Primary Guardian's</u> Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Primary Guardian's</u> Work Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Other Adult's</u> Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Secondary Guardian's</u> Email Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Secondary Guardian's</u> Home Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Secondary Guardian's</u> Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Secondary Guardian's</u> Work Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Other Adult's</u> 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: _____