



**CALIPATRIA UNIFIED SCHOOL DISTRICT
K-12 ENROLLMENT FORM 2016-2017 SCHOOL YEAR (rev 8.16)**

Complete Sections I-V and sign page 2. Section V must be completed by office staff. Please print legibly using black or blue pen.

I. STUDENT INFORMATION

1. Last name (LEGAL NAME ONLY)		First	Middle	Suffix (Jr., II, III)
2. Preferred Name (First Last)		3. Other name(s) used previously		4. Birth date / /
5. Student Social Security Number -- --		6. Gender <input type="checkbox"/> M <input type="checkbox"/> F		7. Home phone ()
8. First enrolled in a CA school Date: / /		9. First enrolled in a US school Date: / /		
Parent/Guardian must provide annual Proof of Residency to school office. Copy of birth certificate or other legal form of identification and immunization records must also be provided or on file.	10. Residence address		City	State
	11. Mailing address (P.O. box or street # and name)		City	State
	12. City of birth	13. State of birth	14. Country of birth	15. Was this student born in a foreign country to diplomatic, military personnel or other U.S. citizen and granted U.S. citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No
	16. Student residential status (check one): <input type="checkbox"/> Parent/legal guardian <input type="checkbox"/> Foster Family <input type="checkbox"/> Other than parent/legal guardian <i>If other than Parent or legal guardian, please obtain a "Caregiver's Authorization Affidavit" from the school office.</i>			
	17. Family military status (check one): <input type="checkbox"/> No parent is currently in the military <input type="checkbox"/> Parent actively serving--Branch: _____			
18. Student primary residence category (check one): <input type="checkbox"/> Permanent Housing <input type="checkbox"/> Temporary Shelter <input type="checkbox"/> Foster Family Home or Kinship Placement <input type="checkbox"/> Temporarily Unsheltered <input type="checkbox"/> Licensed Children's Institution <input type="checkbox"/> Other _____				

II. PARENT/GUARDIAN INFORMATION

Please complete this entire section. You must provide information for one contact. For additional contacts, use the Notes section.

	19. PARENT / GUARDIAN	20. OTHER PARENT / GUARDIAN
Contact full name		
Relationship to student		
Lives with student?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide address here.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide address here.
Has custody of student?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide Parental Access information to school office.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide Parental Access information to school office.
Home phone	()	()
Work phone	()	()
Cell phone	()	()
Email address		
Employer		
Employer Address		
Contact primary language		
Education level (circle one)	NHS / HS / SC / C / G / DEC	NHS / HS / SC / C / G / DEC

Education levels: NHS = Not a high school grad HS = high school grad SC = Some college/AA degree C = College BA Degree G = Graduate/Post grad DEC = Decline to state

III. SIBLING INFORMATION

21. Complete this section only if applicable. Include only siblings who are currently enrolled in CUSD. Additional siblings may be added in Notes section.

Last Name:	First Name	Grade	School

OFFICE ONLY

Student ID: _____ School Site: _____ Grade: _____ Teacher: _____

IV. SCHOOL HISTORY INFORMATION

22. Did your child attend this school during the 2015-2016 school year? Yes No
23. If no, what was the previous school of attendance _____ City and State _____
 Type of School : Regular, Public K-12 Private Charter Alternative Ed Other _____
24. Please check those programs your child was eligible to participate in at the previous school: Special Education/RSP/SDC/Speech
 English Language Development Migrant Education Gifted (GATE) After School Programs Remedial Programs Counseling

V. QUESTIONS FOR PARENT/GUARDIAN

Please complete. Check Yes or No for each question. Speak with your school site officials to clarify any questions.

- | | |
|---|---|
| 25. Has your child ever received Special Education services?
<input type="checkbox"/> Yes <input type="checkbox"/> No | 26. Does your child have a current IEP or Section 504 Disability Plan?
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27. Has your child ever taken the CELDT (California English Language Development Test)?
<input type="checkbox"/> Yes <input type="checkbox"/> No | 28. Has your child been designated as a RFEP (Reclassified Fluent English Proficient) student?
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 29. Has your child ever been suspended from school or currently pending suspension from school?
<input type="checkbox"/> Yes <input type="checkbox"/> No | 30. Has your child ever been expelled from school or currently pending expulsion from school?
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 31. Do you want your child's directory information to be released for official school activities and to official school sanction groups (sports, newspaper, clubs, yearbook)?
<input type="checkbox"/> Yes <input type="checkbox"/> No | 32. Do you want your child's photo to be released for official school activities and to official school sanction groups (sports, newspaper, clubs, yearbook)?
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 33. (For Grades 7-12 only) Do you want your child's information released to military recruiters?
<input type="checkbox"/> Yes <input type="checkbox"/> No | 34. (For grades 7-12 only) Do you want your child's information released to college recruiters?
<input type="checkbox"/> Yes <input type="checkbox"/> No |

NOTES SECTION:

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

Signature of Parent/guardian: _____ Date: _____

VI. DISTRICT ADMINISTRATIVE INFORMATION --- FOR OFFICE USE ONLY

Complete this section and input into the CUSD student database system

ADDRESS/BOUNDARY INFORMATION	LEGAL DOCUMENTS
Address verification document: _____ Meets Homelessness criteria: <input type="checkbox"/> Yes <input type="checkbox"/> No School of residence: _____ District of residence: _____ <input type="checkbox"/> Interdistrict on file <input type="checkbox"/> InterSELPA agreement	<input type="checkbox"/> Birth certificate <input type="checkbox"/> Interdistrict <input type="checkbox"/> Intradistrict <input type="checkbox"/> Social Security Card <input type="checkbox"/> Caregiver Affidavit <input type="checkbox"/> Passport Court order: <input type="checkbox"/> Custody <input type="checkbox"/> Other Parental Access: <input type="checkbox"/> Grades <input type="checkbox"/> Student Release
ENTRY / EXIT	NOTES/ADDITIONAL INFORMATION
Current year entry date: / / Entry reason (check one): <input type="checkbox"/> Enter from within CUSD <input type="checkbox"/> Enter from Out of District <input type="checkbox"/> Enter from Out of State <input type="checkbox"/> Initial enrollment to K-12	<div style="text-align: center;">RECORDS REQUESTS</div> Records requested: / / By: <input type="checkbox"/> CUM <input type="checkbox"/> SPED/IEP <input type="checkbox"/> EL <input type="checkbox"/> Health <input type="checkbox"/> Transcript Records received: / / By: <input type="checkbox"/> CUM <input type="checkbox"/> SPED/IEP <input type="checkbox"/> EL <input type="checkbox"/> Health <input type="checkbox"/> Transcript
IMMUNIZATIONS	Immunization status validated: / / By: <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Exempt Notification to update sent: / / Records received: / / Notes:
For students new to the district: Previous district: _____ Previous school name: _____ Previous grade level: _____ Previous CA Student State ID (SSID): _____ Current year exit date: / / Exit reason (check one): <input type="checkbox"/> Transfer within CUSD <input type="checkbox"/> Transfer out to CA public school <input type="checkbox"/> Transfer out to non-CA school <input type="checkbox"/> Transfer to Private school <input type="checkbox"/> Moved-Out of country <input type="checkbox"/> Moved—Unknown <input type="checkbox"/> Withdrew K-6 <input type="checkbox"/> Other _____ <input type="checkbox"/> No Show due to _____	