Grant TK-8 School

Enrollment Packet for 2022-23

Submit the following to complete the enrollment process for 2022-23 school year:

___ Completed 2022-23 Enrollment packet

___ Copy of Birth Certificate

___ Copy of Immunizations

___ Proof of Address (SDG&E, water, utility bill)

___ Copy of most recent Report Card **(Only for middle school students)**

___ Elective Form **(Only for middle school students)**

___ If applicable, most recent copy of IEP/504

___ If applicable, any legal court documents

Only for UTK or Kindergarten students:

___ School Entry Health Exam form due by **August 29, 2022**.

___ Oral Health Assessment form due by **May 31, 2023**.

Only Middle School – each student must fill out an elective form below:

___ Elective Form for incoming 6th graders: https://forms.gle/ji4bPFvncz82A57CA

___ Elective Form for incoming 7th graders: https://forms.gle/nAY211Y7rUYNX8B88

___ Elective Form for incoming 8th graders: https://forms.gle/1cUs6ixzLT6WJXWYA

Submit enrollment packet in person during one of the following times:

___ 8:15 am – 1:30 pm on M, T, W or F

___ 8:15 am – 11:30 am on TH

___ 1:00 pm -3 pm on TH

The 1st day of school is August 29, 2022.

Office staff can only accept completed enrollment packets. If you have any questions regarding enrollment, feel free to reach out to Veronica at VJacome@sandi.net.

Grant TK-8 School
1425 Washington Place
San Diego, CA 92103
(619) 860-5500

SAN DIEGO UNIFIED SCHOOL DISTRICT
2022-2023 PreK-Grade 12 ENROLLMENT FORM

Complete Sections I-III and sign page 2. Section IV must be completed by office staff. Please print legibly using black or blue ink.
For full directions, please refer to *Directions for Completing the PreK-Grade 12 Enrollment Form*.

OFFICE ONLY 1. Student District ID:	**OFFICE ONLY** 2. Student State ID (SSID):

I. STUDENT INFORMATION

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

4. First Name on teacher rosters:

5. Former legal name(s) (optional):

6. Birthdate: / /

7. Legal Gender
❑ Female ❑ Male ❑ Nonbinary

8. Is student Hispanic or Latino/a/x?
❑ Yes ❑ No

9. Race: (check all boxes that apply)
❑ American Indian or Alaskan Native
❑ Black or African American
❑ Filipino
❑ White

Asian/ Indochinese
❑ Asian Indian ❑ Cambodian ❑ Chinese
❑ Hmong ❑ Japanese ❑ Korean
❑ Laotian ❑ Vietnamese ❑ Other Asian

Pacific Islander
❑ Guamanian ❑ Hawaiian
❑ Samoan ❑ Tahitian
❑ Other Pacific Islander

10. Release of Information: Directory-type information may be shared with individuals and organizations authorized to receive this type of information unless it is prohibited by the parent/guardian. See the district's *Facts for Parents* for the individuals and organizations, and the student information that may be released. If you do not want the information shared, you must select "Opt Out." ❑ Opt Out

11a. Student email address (optional):

11b. Student phone (optional): ( )

12. Household address: | City, State: | ZIP Code:

13. Primary phone: ( )

14. Mailing address (if different from household): | City, State: | ZIP Code:

15. City, State, Country of Birth:

16. First enrolled in US Preschool: Date: / /

17a. First enrolled in a CA school (UTK/Kinder): Date: / /

17b. First enrolled in a US school (UTK/Kinder): Date: / /

18. Current Caregiver (check one): ❑ Parent/Legal Guardian ❑ other Adult (not legal guardian, requires Caregiver Affidavit)

19a. Foster Living Situation:
Check one if applicable: ❑ Family Maintenance
❑ Family Home (FFH) ❑ Group Home (FGH) (FFA)
❑ Formal Kinship Care (including NREFM) ❑ Tribal Foster Care

19b. Temporary/inadequate residence due to financial hardship:
Check all that apply:
❑ Living with someone/Doubling up ❑ Unaccompanied Youth
❑ Hotel/motel ❑ Sheltered ❑ Unsheltered ❑ Runaway Youth

20. Other Living Situation: ❑ International exchange ❑ Residential facility ❑ Hospital (not state hospital) ❑ _____

21. Complete and include for all minors under 18 years of age who live in the same household (siblings and non-siblings), even if not enrolled in San Diego Unified. If additional space is needed, use "Notes" in Section IV on back of form.

Full name:	Birthdate:	School name:	Relationship to student:
Full name:	Birthdate:	School name:	Relationship to student:
Full name:	Birthdate:	School name:	Relationship to student:

II. CONTACT INFORMATION Provide at least three contacts—if additional space is needed use "Notes" in Section IV on back of form.

	22. Parent/Guardian/Contact	**23. Parent/Guardian/Contact**	**24. Emergency Contacts (other than already listed)**
Full name			Full name:
Relationship to student			
Lives with student?	❑ Yes ❑ No If no, provide address here: _____ _____	❑ Yes ❑ No If no, provide address here: _____ _____	Relationship to student:
			Home phone ( )
			Work phone ( )
			Cell Phone ( )
Home phone	( )	( )	Email address:
Work phone	( )	( )	Preferred language:
Cell phone	( )	( )	❑ Interpreter required
Email address			❑ OK to release student
Employer			❑ OK to send school messages
Military (check all that apply)	❑ Active Duty ❑ DOD Employee ❑ Reserves National Guard ❑ Full Time ❑ Part Time	❑ Active Duty ❑ DOD Employee ❑ Reserves National Guard ❑ Full Time ❑ Part Time	Full name: Relationship to student:
			Home phone ( )
Preferred language:			Work phone ( )
Education level (select one)	❑ Not a High School Graduate ❑ High School Graduate ❑ Some College/AA Degree ❑ College Graduate ❑ Graduate School/Post-Graduate ❑ Decline to state	❑ Not a High School Graduate ❑ High School Graduate ❑ Some College/AA Degree ❑ College Graduate ❑ Graduate School/Post-Graduate ❑ Decline to state	Cell Phone ( ) Email address: Preferred language: ❑ Interpreter required ❑ OK to release student
Additional information	Report card & Progress report provided ❑ Interpreter required ❑ Access to student info online	❑ Report card ❑ Progress report ❑ Interpreter required ❑ Access to student info online	❑ OK to send school messages

SIGNATURE REQUIRED ON REVERSE

III. QUESTIONS FOR PARENT/GUARDIAN

The following questions provide important information for the school staff. Parents must review the following questions. Check "Yes" or "No" for each question where appropriate. Questions 28, 30 & 31 require that you check "Opt Out" or leave blank if you agree to your student's participation.

25a. Has your student ever received. **Special Education** services? ❑ Yes ❑ No

25b. Does your student have a **504 Plan**? ❑ Yes ❑ No

26. Has one of the parents/guardians engaged in migrant work (moved and worked seasonally in jobs related to agriculture, lumber or fishery) in the past three years? ❑ Yes ❑ No

27. Name, city, and state/country of last school attended:

_____

_____

_____

Last grade level **completed**: _____

28. (For students in Grades 7, 9, & 11) The district would like your student to participate in the California Healthy Kids Survey (CHKS). The survey is anonymous and confidential. If you do not want your student to participate, you must select "Opt Out." ❑ Opt Out

29. (High school students only) Has your student ever played interscholastic athletics? ❑ Yes ❑ No

30a. (Grade 12 only) The district is required to submit a Cal Grant high school GPA to the California Student Aid Commission (CSAC) for all graduating seniors unless the parent/guardian opts out of the submission process. The GPA will be submitted electronically by October 1 of each year unless you select "Opt Out." ❑ Opt Out

30b. (Grade 12 only) Starting with the Class of 2023, all graduating students must have completed the FAFSA/CADAA unless you select "Opt Out." ❑ Opt Out

31. (High school only) Federal law requires release of student information to military recruiters. If you do **NOT** want this information released for your student, you must select "Opt Out." https://drive.google.com/file/d/1VczqV7XLwpt0bY5f6vzsDxTTAWzu1J2l/view?usp=sharing. ❑ Opt Out

32. (High school only) Parents may authorize their student's school to release educational information including:
a. Transcripts, Letters of Recommendation, Financial Aid Forms, Report Cards, and Class Ranking Status including UC ELC data. ❑ Yes ❑ No
b. Disciplinary Records. ❑ Yes ❑ No

By checking "Yes" I give permission to State/Federal Financial Aid Programs/Scholarship Programs/Private Schools/University/College personnel and their authorized agents to access my student's educational records. *Special Education and medical information will not be released without additional consent (a separate form will need to be submitted).*

33. LEA Medi-Cal Billing Options Program: (Medi-Cal reimbursements support student services. Details on LEA Medical-Cal see *Facts for Parents* Section F).
☐ I consent to the release of my student's related health records for Medi-Cal billing purposes. This will not affect my Medi-Cal benefits.
☐ I do not consent to the release of my student's related health records for Medi-Cal billing purposes.

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

✗ _____   _____
Parent/Guardian/Contact signature (required)   **Date**

IV. DISTRICT ADMINISTRATIVE INFORMATION – FOR OFFICE USE ONLY

34. Address verification document:_____

35. Date address verified: /   /

36. Neighborhood school: _____

38. District of residence: _____

❑ Interdistrict Attendance Permit   ❑ InterSELPA agreement

40. Immunization status: ❑ Complete   ❑ Incomplete
❑ Conditional   ❑ Exempt - District Nurse Approval Required

37. Birth verification documents:
❑ Birth certificate ❑ Affidavit ❑ Church records ❑ Passport
❑ School records   ❑ Unverified

39. Boundary exception for non-resident student_____

41a. (**K only**) Dental Exam? ❑ Yes ❑ No

41b. (**K only**) Physical Exam? ❑ Yes ❑ No

ENTRY INFORMATION

42. Previously enrolled in San Diego Unified? ❑ Yes* ❑ No
*If Yes: Last year enrolled_____ School_____Grade_____

43. Entry date: _____ / _____ / _____

44. Entry reason (check one):
❑ Enter from within San Diego Unified   ❑ Enter from Out of District   ❑ Initial Enrollment-Preschool   ❑ Enter from Out of State
❑ Initial Enrollment (UTK/Kinder)   ❑ Preschool Enroll-Not Initial   ❑ Enter from Charter School within San Diego Unified

45. For students new to San Diego Unified entering from **within** California:
Student State ID (SSID) (if known): _____
Previous CA district: _____
Previous CA school name: _____

46. For students new to San Diego Unified entering from **outside** of California:
Previous school name: _____
City, State/Country: _____

NOTES/ADDITIONAL INFORMATION/LEGAL BINDINGS

GRANT K-8 SCHOOL

To help identify educational needs for students, and better assist them throughout the year, please complete the following:

1. Does your child have any identified learning difficulties? If so, please explain.

2. Has your child ever been tested by a school psychologist? If so, please explain.

3. Has your child ever been seen by a speech therapist? If so, please explain.

4. Has your child ever been recommended for, or placed in, the Gifted and Talented Program? (GATE)

5. Has your child ever been recommended for, or received special education resources? (IEP)

6. Has your child ever had hearing or sight difficulties?

7. Does your child have a physical disability?

8. Does your child have a 504 plan?

9. Is there anything you would like us to know about your child?

Child's Name: **Date:**

Parent/Guardian Signature:

Immunization records are online!

San Diego Unified School District uses the San Diego Regional Immunization Registry (SDIR), part of the California Immunization Registry (CAIR) to store immunization records for many of their students. Immunizations and tuberculosis (TB) tests are an important part of health care, but keeping track can be difficult when a person has more than one doctor. The California Immunization Registry (CAIR) - San Diego Immunization Registry (SDIR) is a computer-based immunization and TB test record tracking system. It is used to assist medical providers and other approved agencies to track and review immunization and TB test record information. CAIR-SDIR is **only** available to authorized providers/agencies, local public health departments in California, and the California Department of Public Health.

By using this system, the school can make sure that your children's immunization records can be easily located by a school nurse or health care provider when you change schools, doctors, or during a disease outbreak, or natural disaster.

San Diego Unified School District staff enters immunization records into the centralized, secure, and confidential database. Please return this completed form and a copy of the individual's immunization record to your school.

For more information, visit the SDIR Website at: www.sdiz.org/CAIR-SDIR/index.html or call the SDIR Help Desk at (619) 692-5656

Please complete the information below. **Fill out additional form(s) if submitting more than one individual's**

immunization record.

Please print clearly and include your email and phone number in case we need to contact you.

PARENT/GUARDIAN	STUDENT
Name:	Last Name:
Street Address:	First Name:
City:	Middle Name:
Zip Code:	Date of Birth:
Email:	Gender: ☐ Male ☐ Female ☐ Other
Phone:	
Relationship to student: ☐ Parent ☐ Guardian ☐ Other [specify]	**The information below will help locate the immunization record in the future**
	Previous Last Name (if any):
	Previous First Name (If any):
	Mother's Maiden Name:
Signature of Parent/Guardian: Date:	

Immunization records are **only shared** with public health, participating health care providers, schools, childcare and other authorized programs that require the review of immunization records for enrollment.

** **Only** check & initial here if you do NOT want the record shared with other authorized programs ☐ Initials

Office use only	☐ Entered into SDIR	By:	Date:

San Diego Unified School District
Declaration of Residency

I, _____ , declare that I reside at
(Print Name)

_____ , _____ , CA _____ .
Street   City   Zip Code

I declare that my Child(ren) live(s) at the address above.

(List all children – Print first and last names)

_____

_____

_____

_____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated _____   **SIGNED** _____

Warning: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable under the laws of the State of California that the foregoing is true and correct.

San Diego Unified SCHOOL DISTRICT

Date/Fecha: _____   *School*/Escuela: _____   *Student ID*/Número Estudiantil: _____

Name of Student Nombre del alumno	*Last* Apellido	*First* Primero	*Middle* Segundo	*Birth Date* Fecha de Nacimiento	*Grade* Grado

Parents/Guardians, **PLEASE READ**

*The California Education Code contains legal requirements which direct schools to assess English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. If a language other than English is listed for **QUESTIONS 1, 2 OR 4** on the home language survey, your child **WILL BE TESTED** with the **INITIAL ELPAC ASSESSMENT** (English Language Proficiency Assessments for California) to determine his/her English proficiency level in speaking, listening, reading, and writing. This information is essential in order for the school to provide adequate instructional programs and services.*

Padres/Tutores, **FAVOR DE LEER**

El Código de Educación de California contiene requisitos legales que obligan a las escuelas a evaluar el dominio del idioma inglés de los estudiantes. El proceso comienza con la determinación del idioma hablado en el hogar de cada estudiante. Si se incluye un idioma que no sea inglés en **LAS PREGUNTAS 1, 2 O 4** en la encuesta del idioma del hogar, su hijo **SERÁ EVALUADO** con la *EVALUACIÓN INICIAL ELPAC* (Pruebas de Suficiencia en el Idioma Inglés de California) para determinar su nivel de dominio del inglés en su comprensión auditiva, su expresión oral, su lectura, y su expresión escrita. Esta información es esencial para que la escuela brinde programas y servicios de instrucción adecuados.

Please answer the following questions:
Favor de contestar las siguientes preguntas:

1. *What language did your son or daughter learn when he or she first began to speak?*
   ¿Cuál idioma habló su hijo o hija cuando empezó a hablar?   _____

2. *What language does your son or daughter most frequently use at home?*
   ¿Cuál idioma usa su hijo o hija <u>con más frecuencia</u> cuando conversa con los adultos de su casa?   _____

3. *What language is <u>most frequently</u> used by the adults (parents, guardians, any other adults) in your home?*
   ¿Cuál idioma se usan los adultos <u>con más frecuencia</u> en su casa?   _____

4. *What language do you (parent or guardian) <u>most frequently</u> use to speak to your son or daughter?*
   ¿Cuál idioma usa usted <u>con más frecuencia</u> cuando habla con su hijo o hija?   _____

_____
Parent Signature/ Firma del padre/madre o tutor

This information will be used by the school district and the U.S. Office for Civil Rights to develop school programs.
Esta información se usará por el distrito escolar y La Oficina de Derechos Civiles para desarrollar programas escolares.
NOTE OFFICE STAFF – If the answer to **Question 3** is the **ONLY** answer **other than English**, **DO NOT TEST** with the Initial ELPAC.
Please make and distribute the following copies: **White:** Cum. Folder   **Pink:** EL Coordinator

Grant TK-8 School

San Diego Unified School District

Request for Student Records

Previous School Name & Address:	Today's Date:
Previous School Number:	Previous School FAX:

The following student is enrolling at Grant TK-8 School:	2022-23 Grade Level:
Student Name:	DOB: / /

FOR OFFICE USE ONLY

ATTN: Registrar/Admissions

Please provide all of the following school records:

____ **Most Recent Report Card, Progress Report or Withdrawal Grades**

____ **Health Records Immunizations**

____ **Behavioral Records**

____ **Special Education Records (IEP/504) (if applicable)**

____ **Psych Report (if applicable)**

____ **(other) _____**

Send Records To: Grant TK-8 School 1425 Washington Place San Diego, CA 92103 Office: (619)860-5500 FAX: (619)297-8404 Or email Veronica at VJacome@sandi.net	**1st Request**
	2nd Request
	3rd Request