



Completing and submitting the Application Packet for SLCUSD Preschool 2021-2022

Spaces are limited, apply early

The Application Packet for SLCUSD Preschool 2021-2022 can be completed digitally or printed and completed by hand.

Completed packets including the application, copies of all supporting documentation, and all additional forms must be dropped off at your desired elementary school or emailed directly to that school (see email addresses below).

Notification letters will be sent to all families via mail after the enrollment deadline.

Required supporting documentation:

- Two forms of Address Verification (utility bills, rental agreement)
- Income Verification (if employed, copies of most recent full month of pay stubs; if self-employed, Federal 1040 form including the Schedule C and a Statement of Current Estimated Income; for all additional sources of income, send current verification)
- Birth Certificates (copies for all children under 18 residing in the home that you are financially responsible for)

NOTE: If there is a parent whose name is listed on the birth certificate, but that parent does not live in the home, please submit ONE of the following:

- Utility bill in your name; or
 - Filing/decreed for child support, divorce, or separation confirming that you are the responsible party for the child(ren)
- Current Immunization Records

Additional forms:

- Student Information Card
- Emergency Card
- Confidential Student Information for School Nurse

For more information, please contact:

Baywood Elementary
(805) 534-2856

ddubois@slcusd.org or srochaalvarez@slcusd.org

Hawthorne Elementary
(805) 596-4070

jgrady@slcusd.org or smurillo@slcusd.org

Pacheco Elementary
(805) 596-4081

erueda@slcusd.org

San Luis Coastal Unified School District
(805) 549-1225

kvanwert@slcusd.org



SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT
Success for All
Initial Application for Preschool
2021-2022

FOR OFFICE USE ONLY
Approval Date: _____
Enrollment Date: _____
Age: _____

Which preschool site would you like your child to attend? *(Please indicate 1st, 2nd, and 3rd choice)*

___ Baywood Elementary ___ Hawthorne Elementary ___ Pacheco Elementary

Is your child currently attending another preschool program? Yes No

If yes, which preschool? _____

Do you have children currently attending the school you are applying to? Yes No

Is your child toilet trained? Yes No If no, what toileting support will he/she need at preschool?

PART 1: FAMILY SIZE INFORMATION

PRESCHOOL APPLICANT CHILD:

SIBLINGS UNDER 18 LIVING IN THE HOME

(that you are financially responsible for):

Birth certificates for all of these children must be submitted.

First Name:		Name:	Birthdate:
Middle Name or Initial:		Name:	Birthdate:
Last Name		Name:	Birthdate:
Date of Birth:	Sex:	Name:	Birthdate:
Number of Family Members:		Name:	Birthdate:

PART 2: PARENT/GUARDIAN INFORMATION

PARENT A		PARENT B <i>Complete only if residing in the home</i>	
First Name:		First Name:	
Middle Name or Initial:		Middle Name or Initial:	
Last Name:		Last Name:	
Date of Birth:		Date of Birth:	
Preferred Language:		Preferred Language:	
Relationship to Applicant Child:		Relationship to Applicant Child:	
Home Phone:	Cell Phone Parent A:	Cell Phone Parent B:	
Home Address:			
City:		County:	Zip:
Mailing Address (if different):			
EMERGENCY CONTACT – Name:			Phone:

(Please complete other side also)

PART 3: FAMILY INCOME INFORMATION

If employed, please complete:

PARENT A: GROSS Wages \$ _____/month

PARENT B: GROSS Wages \$ _____/month

Attach copies of your **most recent full month** of pay stubs. If self-employed, please **attach** your last Federal 1040 Form and a Statement of Current Estimated Income.

Both parents must complete the section below, mark "**A**" for Parent A and "**B**" for Parent B and the GROSS AMOUNT next to all that apply:

___ Child Support	\$ _____/mo	___ Social Security Survivor Benefits or Income Assistance Benefits	\$ _____/mo
___ Cash Aid	\$ _____/mo	___ Social Security Disability Benefits	\$ _____/mo
___ Disability Insurance	\$ _____/mo	___ Retirement Benefits	\$ _____/mo
___ Unemployment	\$ _____/mo	___ Financial Aid	\$ _____/mo
___ Foster Care or Adoption Assistance	\$ _____/mo	___ Other (explain): _____	\$ _____/mo

PART 4: RACE/ETHNICITY

ETHNICITY

Part I: **Mark one.** Hispanic or Latino Not Hispanic or Latino

ETHNICITY/RACE

Part II: **In addition to your response in Part I, mark one or more boxes below.**

<u>Asian</u>			<u>Native Hawaiian or Other Pacific Islander</u>	
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Cambodian	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Tahitian
<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino		<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Hmong	<input type="checkbox"/> Japanese	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Samoan	
<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian	<input type="checkbox"/> White		
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other Asian			

PART 5: EXCEPTIONAL NEEDS

Do any of the following apply to your family?

Homeless

Limited English or Non-English

Other: _____

PART 6: SIGNATURE

- I swear, under penalty of perjury, that the above information is true and correct, and that I have included all sources of income.
- I hereby authorize agency staff to verify wages with my employer. In addition, I authorize the release and sharing of my files by legally authorized personnel from the agency, from the California Department of Education, or from Community Care Licensing to determine program compliance, family eligibility, and conformance with regulations and reporting requirements.
- I understand that this is a preliminary application ONLY and does not guarantee enrollment in the program.

Signature of Parent/Guardian

Date

Relationship to Applicant Child

PART 7: CHECKLIST (Please include the following documents):

- ____ Two forms of Address Verification (utility bills, rental agreement)
- ____ Income Verification (if employed, copies of most recent full month of pay stubs; if self-employed, Federal 1040 form including the Schedule C and a Statement of Current Estimated Income; for all additional sources of income, send current verification)
- ____ Birth Certificates (copies for all children under 18 residing in the home that you are financially responsible for)
NOTE: If there is a parent whose name is listed on the birth certificate, but that parent does not live in the home, please submit ONE of the following:
 - Utility bill in your name; or
 - Filing/deed for child support, divorce, or separation confirming that you are the responsible party for the child(ren)
- ____ Immunization Records

Bring or email all documents to the school you are applying to.

SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT
2021-22 STUDENT INFORMATION CARD

Student's Name (First/Last): _____
Teacher (Elem): _____
Counselor (Middle/High): _____
School: _____ Grade: _____

STUDENT ENROLLMENT STATUS: <input type="checkbox"/> Continuing: Attended same school last year. <input type="checkbox"/> Transfer/Promotion: Attended another SLCUSD school. <input type="checkbox"/> New: Not previously enrolled in district. <input type="checkbox"/> Former: Returning to district after absence. Date last attended SLCUSD _____	PARENT/GUARDIAN INFORMATION: A. Education level of MOST educated parent or guardian: <input type="checkbox"/> Graduate school/postgraduate training <input type="checkbox"/> High school graduate <input type="checkbox"/> College graduate <input type="checkbox"/> Not a high school graduate <input type="checkbox"/> Some college (includes AA degree) <input type="checkbox"/> Decline to state/unknown B. Is either parent/guardian assigned to active military duty? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SCHOOL LAST ATTENDED: Address Street or P.O. Box/City/Zip and Phone Date last attended: Reason for leaving: <input type="checkbox"/> Voluntary <input type="checkbox"/> Expulsion Has your child ever been expelled from a school district? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and why? Did your child attend Preschool or Transitional Kindergarten (TK) in SLCUSD? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which school?	RESIDENCE: Is the student and/or family living: 1. With another family and/or relative due to economic hardship? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Student not living with a parent/legal guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. In a hotel or motel? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. At a campground, in a car, R.V., or unsheltered? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. In a shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. In a foster home? <input type="checkbox"/> Yes <input type="checkbox"/> No
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STUDENT'S HEALTH PLAN / MEDICAL INSURANCE: <input type="checkbox"/> None <input type="checkbox"/> Medi-Cal/CenCal <input type="checkbox"/> Private Insurance Plan Name: _____ Do you have vision insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have dental insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I would like more information about the Family Resource Centers. <input type="checkbox"/> I would like more about free or low-cost health insurance.
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I request Spanish translation for: <input type="checkbox"/> school meetings <input type="checkbox"/> district and school communications	My child has an: IEP <input type="checkbox"/> Yes <input type="checkbox"/> No Section 504 Plan <input type="checkbox"/> Yes <input type="checkbox"/> No
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I GIVE PERMISSION FOR THE FOLLOWING:

Yes No I give permission for school personnel to discuss the health conditions/medications listed on my child's Emergency Information Card with the physician(s) listed on my child's Emergency Information Card. ***I understand that permission to contact physician is required should I ask the school to dispense medication to my child.***

Yes No As a parent/guardian, I give permission for my name, address, phone number, and email address to be published in a school directory.

Yes No As a parent/guardian, my name, address, phone number, and email address may be released for school-related use.

Yes No My child may be interviewed, have his/her picture or video taken, or appear in newspaper, on television or on radio programs and be identified by first name.

Yes No My child's first name, photo, and/or work samples may be posted on the Internet (including teacher, school, district and/or district-affiliated websites) in recognition of school-related activities.

THE FOLLOWING QUESTIONS ARE FOR HIGH SCHOOL STUDENTS ONLY:

Grades 9-12 Only: Yes No I give permission to release my address to the company for class ring / diploma / cap and gown / school pictures.

Grades 11 and 12 Only:

1. Your child's name will be included in a directory of names and addresses provided annually to military recruiters unless you decline by opting out here: Yes, I would like to opt my child out. I do not want their information released to military recruiters.

2. Your child's name will be included in a directory of names and addresses provided annually to college representatives unless you decline by opting out here: Yes, I would like to opt my child out. I do not want their information released to college representatives.

3. I approve release of my address to: Grad Night Committee Yes No Senior Portrait Package Providers Yes No

My signature indicates that the information contained herein is accurate to the best of my knowledge, that my permission is given as indicated above and, per Section 48982 of the Education Code, that I have received, read, and understand the 2019-20 Annual Parent Notification, which includes the Student Conduct Code and the Student Technology Responsible Use Agreement.

_____ Parent's/Stepparent's/Guardian's Signature	_____ Date	AND	_____ Student's Signature	_____ Date
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Yes, I would like to be contacted regarding opting my student out of district technology use.

Student has access to internet at home: Yes No Student has access to a computer at home: Yes No

Revised 1/14/20

**SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT
2021-22 STUDENT EMERGENCY INFORMATION CARD**

Student's Name _____
Teacher/Counselor _____
School _____ Grade _____

Student's Legal Name: Last First Middle			Student's Preferred Name	
Residence Address: Street / City / Zip <input type="checkbox"/> Check if new address			Home Phone	Birth Date (mo./day/year)
Mailing Address (if different): Street or P.O. Box / City / Zip <input type="checkbox"/> Check if new address			Grade	Gender (F/M/N)
Other Children in the Family:				
Name		Age	School	
1.	_____	_____	_____	
2.	_____	_____	_____	
3.	_____	_____	_____	
4.	_____	_____	_____	

PARENT/GUARDIAN INFORMATION (Enter names of legal parents/stepparents/guardians/caregivers only, starting with parent(s) with whom student resides.):

NOTE: Parent/Guardian contact information may be used for school-related business, such as attendance and informational messages. (Code of Federal Regulations, Title 34, 99.1-99.67 FERPA)
If you agree to allow the district to send text message reminders and announcements directly to your cell phone, please check the "Receive Texts" box below. By checking the box, you agree to pay fees charged by your cellular service provider.

Contact #1	Name (First / Last) _____				Student resides here: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address (if different from student) _____				<input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Caregiver	
	Best phone number to call during school hours (please check one): <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell Send mailings <input type="checkbox"/>					
	Home Phone	Work Phone	Cell/ Receive Texts <input type="checkbox"/>	Email	Employer	Occupation
Contact #2	Name (First / Last) _____				Student resides here: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address (if different from student) _____				<input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Caregiver	
	Best phone number to call during school hours (please check one): <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell Send mailings <input type="checkbox"/>					
	Home Phone	Work Phone	Cell/ Receive Texts <input type="checkbox"/>	Email	Employer	Occupation
Contact #3	Name (First / Last) _____				Student resides here: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address (if different from student) _____				<input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Caregiver	
	Best phone number to call during school hours (please check one): <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell Send mailings <input type="checkbox"/>					
	Home Phone	Work Phone	Cell/ Receive Texts <input type="checkbox"/>	Email	Employer	Occupation

FOR SECONDARY ONLY: If you agree to allow the district to call and/or send text message reminders and announcements directly to your student's cell phone, please enter the student cell phone number here. By entering the phone number, you agree to pay fees charged by your cellular service provider.

Student's Cell Phone: _____

Custody Order: Yes No If Yes, please attach a copy of the order and include a schedule (i.e. Mother M-W, Father Th/F) **Restraining Order:** Yes No If Yes, please attach a copy.

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT/GUARDIAN): In the absence of a legal parent, stepparent, or guardian, school staff may notify or release my student to the person(s) listed below in case of illness, accident or evacuation. List only local persons, in the order in which they should be contacted.

First Contact:	Name	Relationship	Home Phone	Work Phone	Cell
Second Contact:	Name	Relationship	Home Phone	Work Phone	Cell
Third Contact:	Name	Relationship	Home Phone	Work Phone	Cell

HEALTH: Physician's Name: _____ Phone Number: _____

The school may give first aid to any student, and the hospital/doctor may render medical treatment even though parent/guardian is not available if there is no prior written objection to medical treatment filed with the school site. (C.E.C. 49407, 25.8)

Please list allergies and/or other health conditions that you want us to share with teachers and other school staff:

Does your child wear glasses? Yes No Does your child use a wheel chair? Yes No

If your child has confidential health conditions that you want to share, please make an appointment with the school nurse.

MEDICATION: My student Takes continuing medication: If so, Before/After school only OR During school hours. (If medication, either prescription or non-prescription, is to be given during school hours, a consent form signed by parent/stepparent/guardian and physician MUST be on file.)

If medication is taken during school hours, name of medication and purpose: _____

SIGNATURES

Parent's / Stepparent's / Guardian's Signature: _____ Date: _____
Parent's / Stepparent's / Guardian's Signature: _____ Date: _____

Administrative Use Only: Enroll Status: New OE AT IDT COR Alerts: Medical Custody

Entry date: _____ Leave date: _____

If student leaves the district, note the following information:

The student's record was sent to (school) _____ located in (city) _____ on (date) _____

2021-2022 Confidential Student Health Information

Student Name: _____ Date of Birth: _____

Parent Name: _____ Phone: _____

Preschool TK/Kinder New Student, Grade Level: _____

Wears Glasses/Contacts: Yes No Reason (nearsighted, farsighted, astigmatism, etc.): _____

Hearing Loss/Concerns: Yes No Notes: _____

My Child has a Health Condition No (**STOP HERE**) Parent Signature: _____ Date: _____

Yes, Please complete remainder of form

Asthma: Severe Mild Triggers: _____
Medications*: _____ Taken at school Taken at home

Allergies: Anaphylaxis/Epi-pen Severe Mild Triggers: _____
Symptoms: _____
Medications*: _____
Date of most recent anaphylactic reaction: _____ N/A

Diabetes: Type 1 Syringe/Pen Pump CGM Independent in care
 Type 2 Medications*: _____ Taken at school Taken at home
(MD school orders are required prior to school staff participation in diabetic care.)

Seizures: **History** Age of first incident: _____ Type: _____ Treatment: _____
Current Seizure Disorder Type: _____ Date of most recent seizure: _____
Medications*: _____ Taken at school Taken at home
 VNS

Other Health Conditions: _____

Medications*: _____ Taken at school Taken at home

*The school requires a completed medication authorization form for any medication, over the counter and prescription, that is taken at school. This applies to all student medication at school, whether it is kept in the health office or with the student. The form must be completed annually by the parent/guardian and a licensed health care provider. Forms are available at the school office.