



Completing and submitting the Application Packet for SLCUSD Transitional Kindergarten 2021-2022

Priority registration period is March 1 to March 26, 2021

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

Completed packets including the registration form, copies of all supporting documentation, and all additional forms must be dropped off at your [school of residence](#) (aka, your neighborhood school) or emailed directly to that school (see email addresses below).

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

Required supporting documentation:

- Two forms of Address Verification (utility bills, rental agreement)
- Proof of age (birth certificate, baptism certificate, passport, biblical record, or affidavit of parent/guardian)
- Current Immunization Records

Additional forms:

- Student Information Card
- Emergency Card
- Confidential Student Information for School Nurse
- Home Language survey

For more information, please contact:

Bishop Peak Elementary
(805) 596-4030
rhollis@slcusd.org

Del Mar Elementary
(805) 771-1858
svelte@slcusd.org

Monarch Grove Elementary
(805) 534-2844
dhymas@slcusd.org

Sinsheimer Elementary
(805) 596-4088
jswampler@slcusd.org

C. L. Smith Elementary
(805) 596-4094
dmaxwell@slcusd.org

San Luis Coastal Unified School District
(805) 549-1225
kvanwert@slcusd.org



San Luis Coastal Unified School District
 Transitional Kindergarten
 2021-2022

FOR SITE OFFICE USE ONLY

Home School: _____

Date Received: _____

Initials: _____

REGISTRATION

Children who turn five years old between September 2 and December 2, 2021 are eligible for enrollment in Transitional Kindergarten. Children must turn five by September 1, 2021 to be eligible for traditional kindergarten.

*All age-eligible students will be accepted into one of our Transitional Kindergarten sites, however enrollment at a particular site is **NOT** guaranteed. The priority registration period is from **March 1-March 26, 2021**. If, at the end of priority registration, the number of requests for a particular school site exceeds the class capacity, a lottery may be held to determine school placement. If the registration form is received after the priority registration period ends, students will be placed on a space-available basis.*

Student's Name: Last, First Middle	Date of Birth: mo. / day / year
Parent/Guardian Name: Last, First	Home Phone:
Home Address: Street, City, Zip	Cell Phone:
Mailing Address (if different): Street or P.O. Box, City, Zip	Email address:

Please check your school *preference* (not guaranteed):

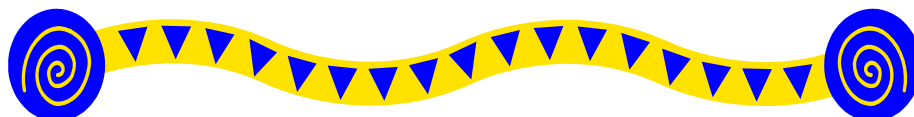
(Please indicate 1st, 2nd, and 3rd choice)

- Bishop's Peak Elementary _____
- Sinsheimer Elementary _____
- C.L. Smith Elementary _____
- Monarch Grove Elementary _____
- Del Mar Elementary _____

Students will return to their home school for Kindergarten.

Families will need to complete a registration packet requiring proof of home address (two), birth date and immunizations, if this has not already been completed at your home school. Please return this form to your school of residence.

Questions: Rick Mayfield rmayfield@slcusd.org (805) 549-1225



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

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

<p>STUDENT ENROLLMENT STATUS:</p> <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 _____	<p>PARENT/GUARDIAN INFORMATION:</p> <p>A. Education level of MOST educated parent or guardian:</p> <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
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<p>SCHOOL LAST ATTENDED:</p> <p>Address Street or P.O. Box/City/Zip and Phone _____</p> <p>Date last attended: _____ Reason for leaving: <input type="checkbox"/> Voluntary <input type="checkbox"/> Expulsion</p> <p>Has your child ever been expelled from a school district? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and why? _____</p> <p>Did your child attend Preschool or Transitional Kindergarten (TK) in SLCUSD? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which school? _____</p>	<p>RESIDENCE: Is the student and/or family living:</p> <p>1. With another family and/or relative due to economic hardship? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Student not living with a parent/legal guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. In a hotel or motel? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. At a campground, in a car, R.V., or unsheltered? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. In a shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. In a foster home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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STUDENT'S HEALTH PLAN / MEDICAL INSURANCE:

I would like more information about the Family Resource Centers.
 I would like more about free or low-cost health insurance.

None Medi-Cal/CenCal Private Insurance Plan Name: _____

Do you have vision insurance? Yes No Do you have dental insurance? Yes No

I request Spanish translation for:
 school meetings district and school communications

My child has an: IEP Yes No Section 504 Plan Yes No

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

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
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
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

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.

Parent Signature

Date

Nurse Signature

Date

SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT
Division of Educational Services
HOME LANGUAGE SURVEY

Date: _____ School: _____

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential to providing meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested. Please answer the following questions and return this signed form to the school secretary.

Name of Student: _____
Last
First
Middle
Grade
Age

1. Which language did your son/daughter learn when he/she began to talk? _____
2. What language does your son/daughter most frequently use at home? _____
3. What language do you most frequently use when speaking to your child? _____
4. Name the language most often spoken by the adults at home? _____

Has your son/daughter taken the English Language Proficiency Assessments for California (ELPAC) in the past 12 months? No Yes
 (This test is administered to prospective English Learners and annually to all English Learners.)

If yes, approximate date: _____

Student's Place of Birth: City _____ State _____

Country: USA Other: _____

Date First Enrolled in a U.S. School _____

<p>ETHNICITY Part I: <i>Mark one.</i></p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p>	<p>ETHNICITY/RACE Part II: <i>In addition to your response in Part I, mark one or more boxes below.</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; vertical-align: top;"> <p><u>Asian</u></p> <p><input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian</p> </td> <td style="width: 40%; vertical-align: top;"> <p><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White</p> <p><u>Native Hawaiian or Other Pacific Islander</u></p> <p><input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander</p> </td> </tr> </table>	<p><u>Asian</u></p> <p><input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian</p>	<p><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White</p> <p><u>Native Hawaiian or Other Pacific Islander</u></p> <p><input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander</p>
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The information contained herein is accurate to the best of my knowledge. _____

Signature of Parent/Stepparent/Guardian