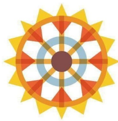

SIMI VALLEY UNIFIED SCHOOL DISTRICT
ENROLLMENT FORM
(PLEASE DO NOT WRITE OR TYPE IN SHADED AREAS)

Student ID [ ][ ][ ][ ][ ][ ]   Sp. Ed. Code [ ][ ][ ]   Entry Date [ ][ ][ ][ ][ ][ ]
School [ ][ ]

Student Information (PLEASE PRINT)

Legal Last Name ________________________________ Suffix ________(Jr., Sr., etc.)

Legal First Name ________________________________ **Legal Middle Name** ______________________

Male   Female   Non-Binary   Grade ______   Age ______   Birth Date _____ /_____ /________

Birth City _________________________ Birth State ________________ Birth Country _________________

Primary Residence

Street Address ______ Unit # ______ City ______ State ______ Zip ______

Mailing Address (if different than primary residence)

Street Address or P.O. Box ______ Unit # ______ City ______ State ______ Zip ______

Student Mobile Phone # (______) _______ - ___________
(If applicable)

Parent/Guardian ________________________________ **Primary Telephone** (______) _______ - ___________

Is the student's ethnicity Hispanic/Latino?

☐ Yes
☐ No

The above part of the question is about ethnicity, not race. _No matter what you selected above, please answer the section to the right_ by marking one or more boxes to indicate what you consider the student's race to be.

What is the student's Race? (Please check *all* that apply)

Alaskan / Native American

Black / African American

Caucasian / White

Asian
- ☐ Chinese
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Asian Indian
- ☐ Laotian
- ☐ Cambodian
- ☐ Other Asian
- Filipino
- Hmong

Pacific Islander
- Hawaiian
- ☐ Guamanian
- ☐ Samoan
- ☐ Tahitian
- ☐ Other Pacific Islander

Student's Communication Language: English or Spanish
(CorrLng)

Has your child attended SVUSD schools previously? ☐ No ☐ Yes Date: _______/____/________

LAST SCHOOL STUDENT ATTENDED:

School Name ____ **Phone: (____)** _____ - ________

School Address _________________________________ **City:** ______________________________

State: ______________ **Zip:** ________________

District Enter Date: _______/____/________
School Enter Date: _______/____/________

Home Language Survey: The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested. Please answer the following questions (**Please indicate only one language per line**):

1. Which language did your child learn when he/she **first** began to talk? ____________________ (First)
2. What language do you use ***most frequently*** to speak to your child? ____________________ (Primary)
3. What language does your child ***most frequently*** use at home? ____________________ (at Home)
4. What language ***is most often spoken by adults*** in the home? ____________________ (by Adults)

Date student first attended any public school in the U.S. ______/_____/________

Date student first attended any public school in California ______/_____/________

Residence: Where is your child/family currently living?

Please check appropriate box:

☐ In a single family permanent residence (house, apt., condo, mobile home)
☐ Doubled-Up (sharing housing with other families/individuals due to economic hardship or loss)
☐ In a shelter or transitional housing program
☐ In a motel/hotel
Unsheltered (car/campsite)
☐ Other (please specify):

SPECIAL PROGRAMS:

Special Education

Has your child qualified for a Special Education Program? ☐ No ☐ Yes If yes, please provide a copy of the IEP

(___ Resource (RSP) ____ Special Day Class (SDC) ____ Speech/Language)

504 Plan

Does your child have a 504 Plan? ☐ No ☐ Yes: If yes, please provide a copy of the 504 Plan

G.A.T.E.

Has your child qualified for the G.A.T.E.(Gifted) Program? ☐ No ☐ Yes

SIBLINGS: Birth Date Name of Current School

Last	First	Middle	Birth Date	Name of Current School
Last	First	Middle	/ / mo./day/year	
Last	First	Middle	/ / mo./day/year	
Last	First	Middle	/ / mo./day/year	
Last	First	Middle	/ / mo./day/year	
Last	First	Middle	/ / mo./day/year	
Last	First	Middle	/ / mo./day/year	

Student Guardianship Status: ☐ Parent/Legal Guardian ☐ Foster Family ☐ Licensed Children's Inst. ☐ Foreign Exchange ☐ Other:____________________

If a custody agreement exists, it is the responsibility of the Parents/Legal Guardians to provide the school with a copy of the agreement. In the absence of a legally binding agreement, the Parents/Legal Guardians listed will be presumed to have full and equal custodial rights.

For students in Foster Care or LCI Placement: The student's foster parent or case manager must supply a copy of the Court Findings and Orders.

PARENT/GUARDIAN:

Parent/Guardian #1:

☐ Mother ☐ Father ☐ Other: ____________________

Does the student live with this Contact? ☐ Yes ☐ No Communication Language ____________________ (CorrLng)

Parent Education: ☐ Graduate Degree or Higher ☐ College Graduate ☐ High School Graduate ☐ Not a High School Graduate ☐ Some College or Associates Degree

Name: **Last** **First**

Primary Number: ( ) --

Mailing address if different from primary residence:

Work Number: ( ) -- Ext.

Street **City** **State** **Zip**

Mobile Number: ( ) --

E-Mail Address: ____________________

Parent/Guardian #2:

☐ Mother ☐ Father ☐ Other: ____________________

Does the student live with this Contact? ☐ Yes ☐ No Communication Language ____________________ (CorrLng)

Parent Education: ☐ Graduate Degree or Higher ☐ College Graduate ☐ High School Graduate ☐ Not a High School Graduate ☐ Some College or Associates Degree

Name: **Last** **First**

Primary Number: ( ) --

Mailing address if different from primary residence:

Work Number: ( ) -- Ext.

Street **City** **State** **Zip**

Mobile Number: ( ) --

E-Mail Address: ____________________

EMERGENCY CONTACTS:

Emergency Contact #1

Type: ☐ Relative ____________________ (relationship to student)
☐ Friend ☐ Babysitter ☐ Other: ____________________

Name: **Last** **First**

Primary Number: ( ) --

Emergency Contact #2

Type: ☐ Relative ____________________ (relationship to student)
☐ Friend ☐ Babysitter ☐ Other: ____________________

Name: **Last** **First**

Primary Number: ( ) --

Emergency Contact #3

Type: ☐ Relative ____________________ (relationship to student)
☐ Friend ☐ Babysitter ☐ Other: ____________________

Name: **Last** **First**

Primary Number: ( ) --

Student Medical History

Student Name: ______________________ Student Id: ________________

No on-going health problems or concerns: ☐

	Please mark boxes and specify as needed: Health Problem(s)	Medication(s) for this Problem	Taken at Home	**Taken at School**
☐	Emotional/Mental Health Concerns		☐	☐
☐	ADD/ADHD		☐	☐
☐	Autism Spectrum Disorder		☐	☐
☐	Anaphylaxis/Epi-Pen		☐	☐
	Allergy, nuts ☐ Mild ☐ Moderate ☐ Severe		☐	☐
	Allergy (other) ☐ Mild ☐ Moderate ☐ Severe Specify:		☐	☐
	Asthma ☐ Mild ☐ Moderate ☐ Severe		☐	☐
☐	Neurological Impairment		☐	☐
☐	Respiratory Condition		☐	☐
☐	Diabetes, Type I		☐	☐
☐	Diabetes, Type II		☐	☐
☐	Lactose Intolerance		☐	☐
☐	Cerebral Palsy		☐	☐
☐	Migraine and other headaches		☐	☐
☐	Digestive Problems		☐	☐
☐	Seizures		☐	☐
☐	Immune System Abnormalities		☐	☐
☐	Adverse Drug Reaction		☐	☐
☐	Hearing Concerns		☐	☐
☐	Speech Difficulty		☐	☐
☐	Congenital/Birth Abnormalities		☐	☐
☐	Scoliosis		☐	☐
☐	Heart Disease		☐	☐
☐	Vision Concerns – Glasses/Contacts		☐	☐
☐	Oncology (Cancer) Condition		☐	☐
☐	Organ Transplant		☐	☐
☐	Concussion		☐	☐

Other current health problems:

List Physical Health Care Needs at School (excluding medications) i.e., wheelchair, G-tube feedings, nebulizer, etc.:

**** For a student to take medication at school during the school day the "Request for Medication to be Taken During School Hours" form must be completed by Physician and parent.**

______________________________ ______________

Signature of Parent/Guardian Date