



SIMI VALLEY UNIFIED SCHOOL DISTRICT ENROLLMENT FORM

(PLEASE DO NOT WRITE OR TYPE IN SHADED AREAS)

Student ID
School

Sp. Ed. Code

Entry Date

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 contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

(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	____ / ____ / ____ 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
<input type="checkbox"/> Emotional/Mental Health Concerns		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ADD/ADHD		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Autism Spectrum Disorder		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Anaphylaxis/Epi-Pen		<input type="checkbox"/>	<input type="checkbox"/>
Allergy, nuts <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		<input type="checkbox"/>	<input type="checkbox"/>
Allergy (other) <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Specify:		<input type="checkbox"/>	<input type="checkbox"/>
Asthma <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Neurological Impairment		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Respiratory Condition		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Diabetes, Type I		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Diabetes, Type II		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lactose Intolerance		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cerebral Palsy		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Migraine and other headaches		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Digestive Problems		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Seizures		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Immune System Abnormalities		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Adverse Drug Reaction		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hearing Concerns		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speech Difficulty		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Congenital/Birth Abnormalities		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Scoliosis		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Heart Disease		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Vision Concerns – Glasses/Contacts		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Oncology (Cancer) Condition		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Organ Transplant		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Concussion		<input type="checkbox"/>	<input type="checkbox"/>
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 _____