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:** _____

HAS YOUR CHILD EVER BEEN EXPELLED FROM ANY SCHOOL OR SCHOOL DISTRICT? ☐ No ☐ Yes

School/District Name: _____ Date(s) of Expulsion: _____

Note: California Education Code 48915.1 requires disclosure of prior expulsions when enrolling in a new school district. This information is used solely to ensure appropriate educational placement and support for your child.

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
☐	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