



**San Juan Unified School District
San Juan High School ASSETs Program 2025-2026
Registration Form**

Please fill out a different form for each student enrolling in ASSETs
Please Print

Student's Name	Last:	First:
Student's Address		
City/State/Zip		
Age		
Gender	M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/>	
Birth Date		
Grade		
Referral Source		
Bilingual	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what language?	
Student I.D. Number		

Parent/Guardian:	Phone:	Relationship:
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Attendance/Early Release

The ASSETs program begins immediately after the end of the regular school day and is open each day school is in session until at least 6:00 pm and for at least 15 hours per week. Students are encouraged to attend the ASSETs Program each day it is in session. Participation in the ASSETs program is voluntary. Students must sign in upon arrival to the program and sign out when they leave each day and between activities that are located on separate areas of the campus. If a student elects to leave the program early they must sign out for the day and exit the campus. Students may not attend the ASSETs program on the same day they are absent or suspended during the traditional school day.

Arrival

Students are to report directly to the ASSETs Program upon conclusion of the regular school day. If a student participates in a sports activity, tutoring, school related functions, or other approved activities they must sign in to ASSETs before attending the activity unless prior arrangements have been made.

Funding for the ASSETs program requires that statistical information for participating students is collected and reported. Evaluators keep the information confidential and no information is reported on individual students. Your name, your student's name or identifying information will be kept anonymous and will not appear in any printed report from the study.

With my signature on the San Juan ASSETs Registration Form, I acknowledge receipt of this document and give my consent to the confidential collection and reporting of this statistical information.

Parent/Guardian Signature

Relationship

Date



OFFICE USE ONLY

Date application was received: _____

First day of enrollment: _____

Emergency card completed Y____N____