TO ENROLL YOUR PRESCHOOL AGE CHILD:

Please provide the following documents:

- Child's original birth certificate
- Child's original immunizations
- Enrollment Form (attached)
- Language survey (attached)
- Ethnicity survey (attached)

Please email the above information to

SamanthaBrody@burbankusd.org or drop off at

3401 Scott Rd., Burbank, CA 91504 between 8am-3pm.

If you have any questions please call (818)729-1650.

Preferred Time Slot

☐ 8:30-11:00am

☐ 12:00-2:30pm

Program Requirements:

- age 3+
- potty trained
- neurotypical (without delays or disabilities)

This program is free for all students and educates special needs and typical students together. Specialists in early childhood education provide daily activities that align with preschool learning foundations. Access, participation, and support promote children's development, peer relationships, and sense of belonging.

Burbank Unified School District

SEED Preschool Friends Program

2026-2027 REGISTRATION AND EMERGENCY INFORMATION

Child's Name_____ Birth Date_____ Sex_____ Age_____

Current Pre-School_____ Number of Siblings_____ Potty Trained: Yes ☐ No ☐

Name of Mother/Guardian_____ Cell Ph._____

Home Address_____ Mother/Guardian Email:_____

Employer_____ Position_____

Work Address_____ Work Ph. _____

Name of Father/Guardian_____ Cell Ph._____

Home Address_____ Father/Guardian Email:_____

Employer_____ Position_____

Work Address_____ Work Ph._____

Doctor_____ Phone No._____ Med Plan and # _____

Dentist Phone and Dental Plan # _____

Limited availability is on a first come, first served basis.
Please email the completed forms to Samantha Brody (SamanthaBrody@burbankusd.org)
or bring to 3401 Scott Rd. Burbank, CA 91504 between 8am-3pm.

PLEASE NOTE: Legal documents regarding custody, court orders, or visitation rights MUST be on file with the SEED Office or we cannot enforce them.

***** EMERGENCY CONTACTS *****

LIST THE PERSON(S) AUTHORIZED TO TAKE CHILD FROM FACILITY
(*Children will not be permitted to leave without written permission from Parent/Guardian)*

Name	Address	Phone	Relationship
Signature of Parent/Guardian			Date

TO BE COMPLETED BY COORDINATOR OF SPECIAL EDUCATION:	
DATE OF ADMISSION:	DATE LEFT:

Burbank Unified School District
1900 West Olive Avenue
Burbank, CA 91506

Enrolling school: _____

for the _____ school year.

HOME LANGUAGE SURVEY

Name of Student: _____
(Surname / Last Name) (First Name) (Middle Name)

Age of Student: _____ Grade Level: _____

Directions to Parents and Guardians:

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 appropriate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction *before* your student's English proficiency is assessed.

NOTE: If your child was enrolled in another California public school, we will contact that school/district to find out the previous language designation results. This Home Language Survey does not override the responses from any prior HLS completed (filled out) in a previous district.

1. Which language(s) did your child first begin to speak? (in phrases or complete sentences) _____
2. Which language(s) does your child **most frequently** speak at home? _____
3. Which language(s) do you (the parents or guardians) **most frequently** use when speaking with your child? _____
4. Which language(s) is (are) **most often** spoken between adults in the home? (parents, guardians, grandparents, or any other adults) _____

□ Check if your child previously attended a California public school.

Please sign, date, and return this form to your child's school office. Thank you for your cooperation.

_____ _____
Signature of Parent or Guardian Date

The Burbank Unified School District is committed to equal opportunity for all individuals in education. District programs and activities shall be free from unlawful discrimination, including discrimination against an individual or group based on race, color, ancestry, nationality, national origin, immigration status, ethnic group identification, ethnicity, age, religion, marital status, pregnancy, parental status, physical or mental disability, sex, sexual orientation, gender, gender identity, gender expression, or genetic information; a perception of one or more of such characteristics; or association with a person or group with one or more of these actual or perceived characteristics.

OFFICE STAFF
1. Enter information in Aeries/Demographics (LAC.BCU) from document provided for proof of age.
2. Enter the reporting (home) language in Aeries (demographics: STU.HL).
3. Enter the language fluency (demographics: STU.LF) according to:
   - ❖ *If HL = 00-English, change STU.LF to 0*
   - ❖ *If HL is **not** 00-English, change STU.LF to 5*
2. Make a copy of HLS for ELD Specialist/Coordinator

ELD SPECIALIST/COORDINATOR
1. If previously enrolled in CA school: EO, IFEP, EL or RFEP (circle one) Verified by: CALPADS or School Records (Circle one)
2. If not previously enrolled in CA school: EO or TBD (circle one)

Burbank Unified School District
Enrollment Information - Ethnicity Survey

Federal and State government agencies require us to report statistical data relative to total student population of district schools. The following information will be handled confidentially and will appear only as a code on other records.

Please Print

Date _____ School _____

Student Name _____
Last First Middle

Birthdate _____ Country of Birth _____

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one):

☐ **Hispanic/Latino** -(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

☐ **Not Hispanic or Latino**

WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories):

The above part of the question is about ethnicity, not race. No matter what you selected above, you must answer the following by marking one or more boxes to indicate what you consider your child's race to be.

☐ American Indian or Alaskan Native (100)	☐ Laotian (206)	☐ Samoan (303)
☐ Chinese (201)	☐ Cambodian (207)	☐ Tahitian (304)
☐ Japanese (202)	☐ Hmong (208)	☐ Other Pacific Islander (399)
☐ Korean (203)	☐ Other Asian (299)	☐ Filipino/Filipino American (400)
☐ Vietnamese (204)	☐ Hawaiian (301)	☐ African American or Black (600)
☐ Asian Indian (205)	☐ Guamanian (302)	☐ White (700)

If you have questions regarding this information, please go to the following link: http://www.cde.ca.gov/ds/dc/es/reflq.asp - Frequently Asked Questions for the New Federal Standards for Collecting and Reporting Race and Ethnicity Categories.

The Burbank Unified School District is committed to providing a safe school environment where all individuals in education are afforded equal access and opportunities. The District's academic and other educational support programs, services and activities shall be free from discrimination, harassment, intimidation, and bullying of any individual based on the person's actual race, color, ancestry, national origin, ethnic group identification, age, religion, marital or parental status, physical or mental disability, sex, sexual orientation, gender, gender identity, or gender expression, the perception of one or more of such characteristics; or association with a person or group with one or more of these actual or perceived characteristics. Specifically, state law prohibits discrimination on the basis of gender in enrollment, counseling, and the availability of physical education, athletic activities, and sports. Transgender students shall be permitted to participate in gender-segregated school programs and activities (e.g., athletic teams, sports competitions, and field trips) and to use facilities consistent with their gender identity. The District assures that lack of English language skills will not be a barrier to admission or participation in District programs. Complaints of unlawful discrimination, harassment, intimidation, or bullying are investigated through the Uniform Complaint Process. Such complaints must be filed no later than six months after knowledge of the alleged discrimination was first obtained. For a complaint form or additional information, contact the director of Human Resources.

Signature of parent/guardian _____ Date _____