

IV. QUESTIONS FOR PARENT/GUARDIAN

Please complete Questions 23-29. Check Yes or No for each question.

23. Has your child ever received Special Education services? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	24. Are you now engaged in migrant work, or have you been engaged in migrant work (moved and worked seasonally in agricultural, lumber or fishery related jobs) in the last three years? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
25. Do you want your child's information to be unlisted in the school directory? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	26. Do you want the primary contact's email address to be included in the student information system? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
27. (For high school students only) Has your child ever played interscholastic athletics? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	28. (For high school students only) Is it okay to release your child's information to military recruiters? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
29. (For students born outside the U.S.–see #15) Was this student born in a foreign country to diplomatic, military personnel or other U.S. citizen and granted U.S. citizenship? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

The information provided in Sections I-IV is true to the best of my knowledge.

X _____
Parent/Guardian signature (required) *Date*

V. DISTRICT ADMINISTRATIVE INFORMATION – FOR OFFICE USE ONLY

OFFICE ONLY: Complete this section.

ADDRESS/BOUNDARY INFORMATION	LEGAL BINDINGS
30. Address verification document: _____ 31. School of residence: _____ 32. District of residence: _____ <input type="checkbox"/> Interdistrict attendance permit <input type="checkbox"/> InterSELPA agreement 33. Boundary exception for non-resident student Type: _____ Reason: _____	
ENTRY/EXIT 34. Previously enrolled in SDUSD? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If Yes: Last year _____ School _____ Grade _____ 35. Entry date: ____ / ____ / ____ 36. Entry reason (check one): <input type="checkbox"/> Enter from within SDUSD (E11) <input type="checkbox"/> *Enter from Out of District (E13) <input type="checkbox"/> **Enter from Out of State (E14) <input type="checkbox"/> *Initial Enrollment K-12 (E15) <input type="checkbox"/> Enter from Charter School within SDUSD (E18) 37a. *For students entering as E13 or E15 only: Previous CA district: _____ Previous CA school name: _____ Student State ID (SSID) (if known): _____ 37b. **For students entering as E14 only: Previous out-of-state school: _____ City, State: _____	NOTES/ADDITIONAL INFORMATION
38. Exit date: ____ / ____ / ____ 39. Exit reason (check one): <input type="checkbox"/> Grades PK-6 transfer within SDUSD (L51) <input type="checkbox"/> Grades PK-6 transfer out of SDUSD (L54) <input type="checkbox"/> Grades 7-12 transfer within SDUSD (L01) <input type="checkbox"/> Grades 7-12 transfer out of SDUSD (L04) <input type="checkbox"/> No Show-Enrollment Dropped (L05) <input type="checkbox"/> Withdrew Grades PK-6 (450) <input type="checkbox"/> Other: _____ 40. Records requested: ____ / ____ / ____ Received: ____ / ____ / ____	IMMUNIZATIONS
	41a. Immunization status: <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Exempt 41b. Dental Exam (K only)? <input type="checkbox"/> Yes <input type="checkbox"/> No