



# Enrollment Form Santa Cruz City Schools

School of Enrollment: \_\_\_\_\_

Student ID # \_\_\_\_\_

**Please Print All Information**

Student Name on Birth Certificate: \_\_\_\_\_  
Last First Middle

Birth Date: \_\_\_/\_\_\_/\_\_\_ Gender:  Male  Female Prior Grade Completed: \_\_\_ Enrolling in Grade: \_\_\_  
M D Y

Street Address: \_\_\_\_\_  
Number Street Name Apt. #

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone Number: (\_\_\_\_) \_\_\_\_\_

Student's Cell Phone: (\_\_\_\_) \_\_\_\_\_ Student's E-mail: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_  
Number Street Name Apt. #

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is this a permanent, regular, and adequate nighttime residence? (not a motel, campground, shelter, or living with friends or family out of necessity, not by choice)  Yes  No

Is the student in foster care?  Yes  No

Birthplace: \_\_\_\_\_  
City State Country

Original entry date in US schools: \_\_\_/\_\_\_/\_\_\_ Original entry date in California schools: \_\_\_/\_\_\_/\_\_\_  
M D Y M D Y

Original entry date in this district: \_\_\_/\_\_\_/\_\_\_  
M D Y

**Previous two schools attended:**

School Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

**Student Ethnicity: You must check at least one. This is a federal and state requirement.**

Hispanic or Latino  Not Hispanic or Latino

The above question is about ethnicity, not race. No matter what you selected above, please also answer the following by marking one or more boxes to indicate what you consider your race to be.

**Student Race (Check all that apply. You must check at least one. This is a federal and state requirement.)**

American Indian or Alaska Native  Black or African American  **White:** Hispanic or Latino  **White:** Not Hispanic or Latino

**Asian:**  Chinese  Japanese  Korean  Vietnamese  Asian Indian  Laotian  Cambodian  Filipino  
 Hmong  Other Asian

**Native Hawaiian or other Pacific Islander:**  Hawaiian  Guamanian  Samoan  Tahitian  Other Pacific Islander

**Parent/Guardian Information** (Complete one section for each adult. If legal guardian, attach documentation.)

**Name** (at primary residence): \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Employer: \_\_\_\_\_ Does the student live with this Parent/Guardian?  Yes  No

Phone Numbers: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Work Cell

Email Address: \_\_\_\_\_ Language preferred for mailings:  English  Spanish

Highest Educational Level:  Not High School Graduate  High School Graduate  Some College  College Graduate  Graduate School

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address (if different than student's primary residence): \_\_\_\_\_

If address is different, does this person request duplicate mailings?  Yes  No

Employer: \_\_\_\_\_ Does the student live with this Parent/Guardian?  Yes  No

Phone Numbers: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Work Cell

Email Address: \_\_\_\_\_ Language preferred for mailings:  English  Spanish

Highest Educational Level:  Not a High School Graduate  High School Graduate  Some College  College Graduate  Graduate School

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address (if different than student's primary residence): \_\_\_\_\_

If address is different, does this person request duplicate mailings?  Yes  No

Employer: \_\_\_\_\_ Does the student live with this Parent/Guardian?  Yes  No

Phone Numbers: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Work Cell

Email Address: \_\_\_\_\_ Language preferred for mailings:  English  Spanish

Highest Educational Level:  Not a High School Graduate  High School Graduate  Some College  College Graduate  Graduate School

Specify arrangements, if shared custody: \_\_\_\_\_

**Check all that apply:**

GATE  Special Education: Date of Last IEP: \_\_\_\_\_  Speech (attach copy of current IEP)  Migrant

504 Accommodation Plan (provide copy)

Has the student ever been referred to the School Attendance Review Board (SARB)?  Yes  No

Has the student ever been referred to a school disciplinary meeting?  Yes  No

Has the student ever been retained?  Yes  No If yes, list grade repeated: \_\_\_\_\_

List names, schools, and grade levels of all children living at home: \_\_\_\_\_

Is there anything else about your child that you would like us to know? \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

**SANTA CRUZ CITY SCHOOLS****HOME LANGUAGE SURVEY**

Encuesta de idioma del hogar

**Name of Student:** \_\_\_\_\_(Nombre del Estudiante): **Last** (Apellido) **First** (Primer Nombre) **Middle** (Segundo Nombre)**Date:** \_\_\_\_\_

Fecha \_\_\_\_\_

**Grade** \_\_\_\_\_

\_\_\_\_\_

**Age** \_\_\_\_\_

School Year (año escolar) \_\_\_\_\_

Birth date \_\_\_\_\_

(Edad) \_\_\_\_\_

(Fecha de Nacimiento)

(Grado)

**Birthplace:** \_\_\_\_\_**Last School Attended:** \_\_\_\_\_(Lugar de Nacimiento): **City** (Ciudad) **State/Country** (Estado/País)(última escuela que asistió): **Name** (Nombre) **City/State/Country** (Ciudad/Estado/País)

A Home Language Survey (HLS) is used to determine a student's primary language and is on file for each student in the District, including Migrant, Special Education and continuation school enrollees. Your assistance in providing accurate information is requested.

Please answer all the questions and sign below.

1. Which language did your child learn when he/she first began to speak? \_\_\_\_\_
2. What language do you use most frequently to speak to your child? \_\_\_\_\_
3. What language does your child most frequently use at home? \_\_\_\_\_
4. Name the language most often spoken by the adults at home. \_\_\_\_\_
5. What year and in what state did your child enroll in a school in the USA for the first time? \_\_\_\_\_
6. Have you moved within the past 3 years, even for a short time? \_\_\_\_\_
7. Did you move so that you or a member of our family could find work in agriculture? \_\_\_\_\_

Each student whose home language is other than English as determined on this form will be assessed in English listening, speaking, reading and writing. You will receive a letter with your child's results and program placement recommendation.

Do you prefer communication from your school in:  English  Spanish ?

Parent/Guardian Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Firma De Padre/Tutores

Domicilio

CA Ed Code S52164.1(a)

Distribution: **Original Student's Cum**

Copy to: **AECF** sent on \_\_\_\_\_

Revised 2/5/15

Una encuesta de idioma del hogar es usada para determinar el primer idioma y está archivada para cada estudiante en el distrito, incluyendo estudiantes inscritos como migrantes o en Educación Especial. Se solicita su ayuda en proveer la información correcta.

Por favor conteste todas las preguntas y firme abajo.

1. Cuando su hijo empezó a hablar. ¿cuál idioma aprendió primero? \_\_\_\_\_
2. Cuando usted habla con su hijo. ¿Qué idioma usa con más frecuencia? \_\_\_\_\_
3. En casa. ¿Qué idioma habla su hijo con más frecuencia? \_\_\_\_\_
4. Mencione el idioma que hablan los adultos con más frecuencia en la casa. \_\_\_\_\_
5. ¿En qué año y en qué estado inscribió a su hijo por primera vez en una escuela de los Estados Unidos? \_\_\_\_\_
6. ¿Se ha mudado de domicilio durante los últimos 3 años aunque sea por un periodo corto? \_\_\_\_\_
7. ¿Se mudó para que usted o algún miembro de su familia obtuviera trabajo en la agricultura? \_\_\_\_\_

Cada estudiante para quien su idioma del hogar es diferente al inglés por determinación de este formulario será evaluado en escuchar, hablar, leer y escribir en inglés. Ud. recibirá una carta con los resultados y la recomendación del programa en que se ubicará a su hijo.

¿Usted prefiere comunicación de la escuela en:  Inglés  Español?

Phone: \_\_\_\_\_

Teléfono

## STUDENT EMERGENCY INFORMATION

M F / /

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Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

**Parent/Guardian**  Change of Information

Name \_\_\_\_\_

Mother  Father  Other \_\_\_\_\_

Home Address \_\_\_\_\_

Does the child live with this parent?  Yes  No

Main/Daytime Contact Phone  Home  Cell  Work

Other Contact Phone  Home  Cell  Work

Email Address \_\_\_\_\_

Employer \_\_\_\_\_

Does parent/guardian speak English?  Yes  No Language Spoken at home?  English  Spanish  Other \_\_\_\_\_

Are there custody arrangements?  Yes (Please attach document)  No

**List siblings attending any Santa Cruz City School:**

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**If we are unable to reach you, we MUST have 3 LOCAL contact persons who you authorize to pick your child up from school if: your child is ill, needs medical attention or must be evacuated due to a natural disaster.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Ph#s \_\_\_\_\_  
Day Cell

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Ph#s \_\_\_\_\_  
Day Cell

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Ph#s \_\_\_\_\_  
Day Cell

Primary Doctor \_\_\_\_\_ Ph# \_\_\_\_\_ Dentist \_\_\_\_\_ Ph# \_\_\_\_\_

Mental Health practitioner \_\_\_\_\_ Ph# \_\_\_\_\_

Does your child currently have medical insurance?  Yes  No Insurance carrier \_\_\_\_\_

If none, would you like information on free and/or low-cost health insurance?  Yes  No

**IN CASE OF A NATURAL OR CIVIL DISASTER, For students 14 years of age or older, I wish my student to be:**

- Released as soon as the Office of Emergency Services indicates it is safe to do so.
- Released only to listed Emergency Contacts.

**IN CASE OF AN EMERGENCY** (serious illness or injury), when I cannot be reached, I hereby authorize SCCS personnel to obligate me for services of a local doctor/hospital for my child.

**Release of information to Santa Cruz Educational Foundation (SCEF)** The SCEF is a nonprofit group which conducts fundraising on behalf of the Santa Cruz City Schools. Your email will be released to the SCEF UNLESS you specify you want this information withheld.

Do NOT release my email to the SCEF.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

2016-2017  
 Santa Cruz City Schools  
 Student Health History

M  F

\_\_\_\_\_  
 Student's Last Name      First      Initial      Birthdate      Grade

Doctor: \_\_\_\_\_ Dentist: \_\_\_\_\_ Medical Insurance Provider \_\_\_\_\_

**1.  CHECK THIS BOX IF STUDENT HAS NO KNOWN HEALTH PROBLEMS & SIGN BELOW.**

**2. Check boxes below that apply to your student and sign below.**

- \*Diabetes**      Type 1  Type 2  Medications? Oral  Injection  Pump  Given at school? Yes  No   
 Name of medication? \_\_\_\_\_ MD's Name/Phone# \_\_\_\_\_
  
- \*Allergic Reactions**      To what? \_\_\_\_\_ Hives /rash? Yes  No   
 Difficulty breathing? Yes  No  Has Epipen? Yes  No   
 MD's Name/Phone# \_\_\_\_\_
  
- \* Seizure Disorder**      Date of last seizure? \_\_\_\_\_ Requires Medication? Yes  No   
 Name of Medication? \_\_\_\_\_ MD's Name/ Phone# \_\_\_\_\_
  
- Orthopedic conditions**      Any physical limitations? \_\_\_\_\_  
 Wheelchair?  Corrective shoes/braces?  Crutches?
  
- Asthma**      Requires medication/ inhaler? Yes  No  Name of medication \_\_\_\_\_  
 Given at school? Yes  No  MD's Name/ Phone# \_\_\_\_\_
  
- Heart Problems**      Diagnosis: \_\_\_\_\_ MD's Name/Phone# \_\_\_\_\_  
 Medications ? Yes  No  Physical Restrictions Yes  No
  
- Mental Health**      Diagnosis: \_\_\_\_\_ Under care? Yes  No   
 Anxiety, Depression      Medications: \_\_\_\_\_ MD/Therapist Name/Phone# \_\_\_\_\_  
 PTSD
  
- ADHD**      Requires medication Yes  No  Name of medication \_\_\_\_\_  
 Given at school? Yes  No  MD's Name/Phone # \_\_\_\_\_
  
- Hospitalizations**      Explain: \_\_\_\_\_
  
- Taking medication?**      For what condition? \_\_\_\_\_ Name of medication \_\_\_\_\_  
 Given at school? Yes  No  MD Name/Phone# \_\_\_\_\_
  
- Vision Problems**      Wears glasses?  Contacts?  Reading only?  All the time?  Date of last exam \_\_\_\_\_
  
- Hearing Problems**      Permanent Hearing Loss?  Hearing aid? Left  Right  Both  Date of last exam \_\_\_\_\_

**Please list other important health or behavior information:** \_\_\_\_\_

*\*These conditions require a Health Care Plan. Note: Any of the above conditions may require a Health Care Plan. All forms can be obtained from the School Health Office\**

**Parent Name** \_\_\_\_\_ **Parent signature** \_\_\_\_\_  
**Date** \_\_\_\_\_ **Best phone number to reach parent** \_\_\_\_\_

# PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY



## Entry Requirements by Age and Grade:

| Vaccine  | 4-6 Years Old<br>Elementary School at<br>Transitional-Kindergarten/<br>Kindergarten and Above  | 7-17 Years Old<br>Elementary or Secondary<br>School  | 7th Grade*  |
|--|--|--|---|
| <b>Polio<br/>(OPV or IPV)</b>  | <b>4 doses</b><br>(3 doses OK if one was given on or after 4th birthday)   | <b>4 doses</b><br>(3 doses OK if one was given on or after 2nd birthday)   |   |
| <b>Diphtheria,<br/>Tetanus, and<br/>Pertussis<br/>(DTaP, DTP, DT, or<br/>Tdap)</b> | <b>5 doses of DTaP, DTP, or DT</b><br>(4 doses OK if one was given on or after 4th birthday)   | <b>4 doses of DTaP, DTP, DT,<br/>Tdap, or Td</b><br>(3 doses OK if last dose was given on or after 2nd birthday. At least one dose must be Tdap or DTaP/ DTP given on or after 7th birthday for all 7th-12th graders.) | <b>1 dose of Tdap</b><br>(Or DTP/DTaP given on or after the 7th birthday.)                              |
| <b>Measles, Mumps,<br/>and Rubella<br/>(MMR or MMR-V)</b>                          | <b>2 doses</b><br>(Both doses given on or after 1st birthday. Only one dose of mumps and rubella vaccines are required if given separately.) | <b>1 dose</b><br>(Dose given on or after 1st birthday. Mumps vaccine is not required if given separately.)   | <b>2 doses of MMR</b> or any measles-containing vaccine<br>(Both doses given on or after 1st birthday.) |
| <b>Hepatitis B<br/>(Hep B or HBV)</b>  | <b>3 doses</b>   |  |   |
| <b>Varicella<br/>(chickenpox, VAR,<br/>MMR-V or VZV)</b>                           | <b>1 dose</b>  | <b>1 dose</b> for ages 7-12 years.<br><b>2 doses</b> for ages 13-17 years.   |   |

\*New admissions to 7th grade should also meet the requirements for ages 7-17 years.

### WHY YOUR CHILD NEEDS SHOTS:

The California School Immunization Law requires that children be up to date on their immunizations (shots) to attend school. Diseases like measles spread quickly, so children need to be protected before they enter. California schools are required to check immunization records for all new student admissions at Kindergarten or Transitional Kindergarten **through** 12th grade and all students advancing to 7th grade before entry.

### THE LAW:

Health and Safety Code, Division 105, Part 2, Chapter 1, Sections 120325-120380; California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Sections 6000-6075

### WHAT YOU WILL NEED FOR ADMISSION:

To attend school, your child's Immunization Record must show the date for each required shot above. If you do not have an Immunization Record, or your child has not received all required shots, call your doctor now for an appointment.

If a licensed physician determines a vaccine should not be given to your child because of medical reasons, submit a written statement from the physician for a **medical exemption** for the missing shot(s), including the duration of the medical exemption.

A personal beliefs exemption is no longer an option for entry into school; however, a valid personal beliefs exemption filed with a school before January 1, 2016 is valid until entry into the next grade span (7th through 12th grade). Valid personal beliefs exemptions may be transferred between schools in California. For complete details, visit [ShotsforSchool.org](http://ShotsforSchool.org).

You must also submit an immunization record for all required shots not exempted.

Questions? Visit [ShotsForSchool.org](http://ShotsForSchool.org) or contact your local health department ([bit.do/immunization](http://bit.do/immunization)).