



**SANTA CRUZ CITY SCHOOLS  
ENROLLMENT FORM**

School of Enrollment:

Student ID Number:

**Please provide the student's information as it appears on their Birth Certificate**

Last Name	First Name	Middle Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date / /
Birthplace: City	State	Country		

**The following are Federal and State Requirements**

Student Ethnicity:  Hispanic or Latino or  Not Hispanic or Latino

Student Race: (Check all that apply. You must select at least one)

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.

<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White: Hispanic or Latino <input type="checkbox"/> White: Not Hispanic or Latino	<b>Asian:</b> <input type="checkbox"/> Chinese <input type="checkbox"/> Laotian <input type="checkbox"/> Japanese <input type="checkbox"/> Cambodian <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hmong <input type="checkbox"/> Asian Indian <input type="checkbox"/> Other Asian	<b>Native Hawaiian or other Pacific Islander:</b> <input type="checkbox"/> Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander
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**Program Participation (Check all that apply)**

Is the student in foster care?  Yes  No      If yes, please provide placement documentation.

GATE       504 Accommodation Plan (please provide the most recent copy)       Migrant

Special Education: Date of last IEP: \_\_\_\_\_  Speech (please attach a copy of current IEP)

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

**Enrollment History**

Prior grade completed:	Enrolling in grade:
Original entry date in US schools	_____/_____/_____ Month      Day      Year
Original entry date in California schools	_____/_____/_____ Month      Day      Year
Original entry date in this district	_____/_____/_____ Month      Day      Year

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

**Previous Schools Attended**

School Name:	School Name:
Address:	Address:
City, State, Zip Code:	City, State, Zip Code:
Phone: (    )	Phone: (    )
Fax: (    )	Fax: (    )
Dates Attended:	Dates Attended:



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Primary Household Contact Information					
Home Address					
Number	Street Name	Apt. Number	City	Zip code	
Is this a permanent, regular and adequate nighttime residence? <input type="checkbox"/> Yes <input type="checkbox"/> No (Not a motel, campground, shelter or living with friends or family out of necessity, not by choice)					
Mailing Address (if different from the home address)					
P.O. Box	Number	Street Name	Apt. Number	City	Zip Code
<input type="checkbox"/>					
Primary Household Number: (      )			<input type="checkbox"/> Home phone <input type="checkbox"/> Cell Phone		
Student Contact Number: (      )			Student E-mail Address:		
Parent/Guardian Information (Complete one section for each adult. If you are a legal guardian, please attach documentation)					
<input type="checkbox"/> Primary Residence			<input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence		
Name:			Name:		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:			Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:		
Does the student live with this Parent/Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No			Does the student live with this Parent/Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Primary Contact Number: (      )			Home Address (if different than student's primary residence):		
Secondary Contact Number: (      )					
E-mail Address:			Does this person request duplicate mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer:			Primary Contact Number: (      )		
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:			Secondary Contact Number: (      )		
Highest Education Level			E-mail Address:		
<input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate			Employer:		
<input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School			Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:		
Are there custody arrangements? <input type="checkbox"/> Yes <input type="checkbox"/> No			Highest Education Level		
If yes, please provide documentation or specify verbal agreement: _____			<input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate		
			<input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School		
List all children living at home					
Name		School		Grade Level	
Is there anything else you would like us to know about your student? _____					
Please notify the school immediately of any change in the above information.					
Parent/Guardian Signature:				Date:    /    /	



**SANTA CRUZ CITY SCHOOLS  
STUDENT EMERGENCY INFORMATION**

Student's Last Name		First Name		M.I.	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date / /	Grade
Parent/Guardian Information		<input type="checkbox"/> Change of Information		Parent/Guardian Information		<input type="checkbox"/> Change of Information	
Name:				Name:			
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:				Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:			
Home Address: _____				Home Address: _____			
Primary Contact Number: (    )				Primary Contact Number: (    )			
Secondary Contact Number: (    )				Secondary Contact Number: (    )			
E-mail Address:				E-mail Address:			
Employer:				Employer:			
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:				Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:			
Does the student live with this Parent/Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No				Does the student live with this Parent/Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are there custody arrangements? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are there custody arrangements? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide documentation or specify verbal agreement: _____				If yes, please provide documentation or specify verbal agreement: _____			
List siblings currently attending any Santa Cruz City School							
Name		School			Grade Level		
Emergency Contacts							
If we are unable to reach you, we <b>must</b> have <b>3 local</b> contact persons who you authorize to pick up your student from school if: your student is ill, needs medical attention or must be evacuated due to a natural disaster.							
Name		Relationship			Contact Number		
Health Information							
Primary Doctor		Phone Number		Dentist		Phone Number	
		(    )				(    )	
Does your student currently have Medical Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No      Insurance Carrier:							
If not, would you like information about free/low-cost health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Emergency Student Release							
In case of a natural or civil disaster, (for students 14 years of age or older) I wish my student to be:							
<input type="checkbox"/> Released as soon as the Office of Emergency Services indicates it is safe to do so							
<input type="checkbox"/> 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 student.							
Please notify the school immediately of any change in the above information.							
Parent/Guardian Signature:						Date:    /    /	

**Name of Student:** \_\_\_\_\_ **Age** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **Grade** \_\_\_\_\_

(Nombre del Estudiante): **Last** (Apellido) **First** (Primer Nombre) **Middle** (Segundo Nombre) (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.

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. 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? \_\_\_\_\_

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 período corto? \_\_\_\_\_
7. ¿Se mudó para que usted o algún miembro de su familia obtuviera trabajo en la agricultura? \_\_\_\_\_

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.

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.

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

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

Parent/Guardian Signature: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Firma De Padre/Tutores \_\_\_\_\_ Domicilio \_\_\_\_\_ Teléfono \_\_\_\_\_

CA Ed Code S52164.1(a) Distribution: **Original Student's Cum** Copy to: **Curriculum, Intervention, and Assessment**

2017-2018  
Santa Cruz City Schools  
Student Health History

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

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** Anxiety, Depression PTSD  
Diagnosis: \_\_\_\_\_ Under care? Yes  No   
Medications: \_\_\_\_\_ MD/Therapist Name/Phone# \_\_\_\_\_
- 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:** \_\_\_\_\_

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*\*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** \_\_\_\_\_



Dear Parent/Guardian:

In order to attend Middle School or High School in the Santa Cruz City Schools, you must provide a copy of your child's immunization record showing that your child has received all the required immunizations to enroll or a Medical Exemption letter from your child's doctor,.

- **Polio** : 4 doses (3 doses if at least one polio were given after 2nd birthday)
- **DPT**: 4 doses (3 doses if at least one DTP or DT/Td were given after 2nd birthday)
- **Tdap booster** given on or after 7th birthday *for grades 7 only*
- **MMR**: 2 doses (both doses must be given on or after 1st birthday)
- **Hepatitis B**: 3 doses (2 doses of the 2-dose hepatitis B vaccine formulation and both doses were received at age 11–15 years will also fulfill this requirement.)
- **Varicella**: 1 dose or documentation of disease. (For children 13–17 years old, 2 doses are needed)

Querido Padre/Guardián:

Para que su hijo/a pueda asistir a la escuela Secundaria ó Preparatoria en las escuelas de Santa Cruz, usted debe presentar una copia del récord de inmunización indicando que su hijo/a ha recibido todas las vacunas requeridas para ser matriculado, o una carta de exención médica del doctor de su hijo/a

- **Polio** : 4 dosis (3 dosis si al menos una de polio fue dada después de los 2 años de edad)
- **DPT**: 4 dosis (3 dosis si al menos una de DTP o DT/Td fue dada después de los 2 años de edad)
- **Vacuna Tdap** dada durante ó después de los 7 años de edad *para los grados 7 solamente*
- **MMR**: 2 dosis (ambas dosis deben darse durante o después de 1 año de edad)
- **Hepatitis B**: 3 dosis
- **Varicela**: 1 dosis o documentación de la enfermedad. (Para niños de 13–17 años de edad, se necesitan 2 dosis)