



## SALINAS UNION HIGH SCHOOL DISTRICT

### WELCOME TO SALINAS UNION HIGH SCHOOL DISTRICT!

#### Enrollment Process:

- Complete this packet and attach all required documents. It can be emailed anytime or dropped off in person at the office, Monday-Friday 8:00 am to 4:00 pm
- The student will be enrolled in the SUHSD student system
- The counselor will be assigned and will create a schedule for the student
- You will be contacted via email or phone for Schedule/Chromebook pickup (Monday-Friday 8:00 am to 4:00 pm )
- Parent/Guardian will be issued a ParentVUE Activation Key. Parent/Guardian **must** activate their account and complete the Online Registration, that is your final step. This can ONLY be issued to the parent/guardian.

To better serve your student and provide proper placement, the following is a list of documents necessary for enrollment:

- \_\_\_\_\_ Immunization Records
- \_\_\_\_\_ Copy of Birth Certificate
- \_\_\_\_\_ 3 Proofs of Address — Must be CURRENT. Families enrolling must live in our attendance area.
- \_\_\_\_\_ Transcript and Withdrawal/Drop Sheet from former school/program

#### If Applicable:

- \_\_\_\_\_ Special Education — Copy of latest IEP
- \_\_\_\_\_ Caregiver Affidavit w/ID and Proof of Address

If you have any questions or concerns, please call or email the Registrar/Registrar's Clerk at the school site.



# SALINAS UNION HIGH SCHOOL DISTRICT

## DATA TRANSMITTAL FORM

Was student previously enrolled in THIS district Yes No Grade(s) \_\_\_\_\_ School(s) \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Legal Name (if different from above) \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ Birthplace (City, State & Country): \_\_\_\_\_

Grade \_\_\_\_\_  Male  Female  Non Binary Primary Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Student lives with:  Both Parents  Father  Mother  Foster Parent  Step Parent

Relative  Court appointed Guardian  Other \_\_\_\_\_

### First Primary Guardian

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Guardian's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Not a high school graduate  High school graduate  Some College (AA)  College graduate

Graduate School/Postgraduate training

### Second Primary Guardian

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Guardian's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Not a high school graduate  High school graduate  Some College (AA)  College graduate

Graduate School/Postgraduate training

**What is your child's Ethnicity?**  Hispanic or Latino  Not Hispanic or Latino

**What is your child's race?** The above part of this question is about ethnicity; not a race. No matter what you selected above, please

continue to answer the following by marking one or more boxes to indicate what you consider to be:  American Indian or Alaska

Native  Asian Indian  Black or African American  Cambodian  Chinese  Filipino  Guamanian  Hawaiian

Hmong  Japanese  Korean  Laotian  Vietnamese  Other Asian  Other Pacific Islander  Tahitian  White

Pacific Islander  Samoan

**EMERGENCY CONTACT INFORMATION:** In case the child listed above becomes ill or is injured at school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Can pick up in non emergency \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Can pick up in non emergency \_\_\_\_\_



# SALINAS UNION HIGH SCHOOL DISTRICT

Physician \_\_\_\_\_

Phone \_\_\_\_\_

Hospital I prefer  SVMH  Natividad  CHOMP  Other \_\_\_\_\_

In an emergency due to illness or accident, when we cannot be contacted, the school authorities have our permission to use their best judgment in the interest of our student's health. We understand the school assumes no financial responsibility for medical care or ambulance transportation in case of an emergency.

## HOME LANGUAGE SURVEY

Language student first spoke \_\_\_\_\_ Language student speaks most often \_\_\_\_\_

Language I speak most with student is \_\_\_\_\_ Language adults speak in the home is \_\_\_\_\_

Information from school should be in \_\_\_\_\_ Indicate first year attended United States School \_\_\_\_\_

**Has the student ever received any Special Education services?**  Yes  No

Does the student have health problems that should be known by the District?  Yes  No

Has the student ever been enrolled in Alternative Education (not Special Education)  Yes  No

Does the student have a Section 504 Plan?  Yes  No

**Has this student ever been expelled from school?**  Yes  No

The student had to move because of parent/guardian's work in Agriculture or Fresh Food Processing, or Forestry, or Commercial Fishing within the last three years  Yes  No

## STUDENT RESIDENCY QUESTIONNAIRE

Which best describes your current living arrangement

Rent or own a home, mobile home, apartment, or condominium (If you checked this box, please proceed to Health History Information )

Living in someone else's house or apartment due to financial difficulties or loss of housing (120)

Living in a hotel or motel (110) Name: \_\_\_\_\_

Living in a homeless shelter or transitional housing (100)

Moving from place to place/couch surfing (100)

Living in a car, RV, park, campsite, or similar location (130)

Living in a residence with inadequate facilities (no water, no heat, or no electricity) (130)

Living in an encampment or on the street (130)

Living in a shed or unconverted garage (100)

Other \_\_\_\_\_



## SALINAS UNION HIGH SCHOOL DISTRICT

Does your living arrangement result from any of the following?

Financial difficulties  Yes  No

Loss of previous living situation  Yes  No

### **HEALTH HISTORY INFORMATION**

Health Issues: Check if your student currently has one of the following health problems:

- |   |   |
|---|---|
| <input type="checkbox"/> Diabetes                     | <input type="checkbox"/> ADHD             |
| <input type="checkbox"/> Anaphylaxis (Severe Allergy) | <input type="checkbox"/> Asthma           |
| <input type="checkbox"/> Drug/Alcohol Abuse           | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Allergy to _____             | <input type="checkbox"/> Other _____      |

If they are on medication(s) for any or all of the boxes checked please provide the school with a completed Order for Administration of Medication at School form.

List current Medication Taken:

Name of Medication \_\_\_\_\_ Dose \_\_\_\_\_ Times Taken \_\_\_\_\_

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**A new Administration of medication form must be completed each new school year, for all medications, including prescription medication(s).**

Is your child allergic to any medication? If yes, please

list: \_\_\_\_\_

Is your child physically able to fully participate in school activities?  Yes  No

(If the answer is no, we must have a doctor's note excusing your child with an explanation of what activities to avoid and suggestions for activities approved with a start date and an end date)

Does your child have hearing issues?  Yes  No

If yes do they have hearing aids  Yes  No

If yes, are they under a doctor's care?  Yes  No

Does your child have eye trouble or difficulty seeing?  Yes  No

If yes, are they under a doctor's care?  Yes  No

If they have been prescribed glasses please have your child come to school with them.

Does your child wear glasses?  Yes  No



# SALINAS UNION HIGH SCHOOL DISTRICT

Over the course of the school year, the SUHSD will be performing a State Mandated Health Screening for vision and hearing. **If you do not wish for your child to be screened please check the box**

## STUDENTS PRIOR SCHOOL ENROLLMENT

Under Federal legislation, the No Child Left Behind Act of 2001 (NCLB), all California public schools are required to implement a statewide accountability program that measures the progress of its students and schools. The California School Information Services (CSIS) Identifier is a ten-digit, random numeric value that is stored at the student's district so that it may be associated with that student. In order to properly assign this number, we need the student's entire enrollment history.

SCHOOL

CITY, STATE

Kindergarten		
1st Grade		
2nd Grade		
3rd Grade		
4th Grade		
5th Grade		
6th Grade		
7th Grade		
8th Grade		
9th Grade		
10th Grade		
11th Grade		
12th Grade		

I certify by my signature that all the information on all the forms is accurate to the best of my knowledge. I have received the "Notification of Parents' Rights and Responsibilities" and have read and discussed its contents including the Attendance Policy and the Student Behavior Manual (noticed per E.C. 35291). I have also received and have read and discussed the Internet Acceptable Use Policy and Chromebook Contract. I understand and agree with the parameters for student participation in the use of the internet via the Salinas Union High School District's computers and network. I certify that I will review the rules with my student. **I understand that no student may enroll until this form is signed.**

Parent Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent Guardian Signature \_\_\_\_\_



# SALINAS UNION HIGH SCHOOL DISTRICT

Office Issued Student ID# \_\_\_\_\_ Student Enrolled \_\_\_\_\_