

San Lorenzo Valley Unified School District

Pre-Enrollment Student Information

Office Use Only:

Student Number: _____ Start Date: _____ Home Room _____

Today's Date: _____ Grade Entering: _____

Student's Legal Name: _____ (Last) _____ (First) _____ (Middle)

Student's Physical Address: **(No PO Box):**

_____ Street _____ City _____ State _____ Zip

Gender: Male Female Date of Birth: _____ / _____ / _____
 Month Day Year Place of Birth _____

Previous School: _____ Address: _____

Phone # of previous school office: _____ Previous Retention: Yes / No If yes what grade: _____

Does Student Receive Special Education Services? _____ Does Student have an active IEP or 504? _____
 (If yes, please provide a copy)

Parent/Guardian Name: _____

Parent/Guardian email: _____ @ _____

Home Phone: _____ Cell Phone: _____

Parent Education Level: Not a High School Graduate High School Graduate Some College or AA Degree
 College Graduate Graduate Degree or Higher Decline to State

Is either parent/guardian on active duty in the US armed forces? Army Navy Air Force Marine Corps
 or Coast Guard or on full-time National Guard Duty YES NO

Other Information (Office Use Only):

Birth Certificate: Residency: _____ IDT:

ELL: Language: _____ Homeless: _____

Medical Issues: _____ Medication Forms given: Yes / No

Custody issues: Yes / No Court Papers received: Yes / No

Online Registration Complete Registration Packet & Documents Complete Home Language Survey

Immunizations Complete IEP IEP received SDC 504 GATE

Polio 1st 2nd 3rd 4th

DTP 1st 2nd 3rd 4th 5th

MMR 1st 2nd

Hep B 1st 2nd 3rd

Varicella 1st Disease documented

Tdap

Kindergarten/1st:

Oral Health Assessment/Waiver

1st Grade Physical Original

High School:

Transcript Passed PFT Passed CAHSEE