

# San Lorenzo Valley Unified School District Pre-Enrollment Student Information

<b>Office Use Only:</b>		
Student Number: _____	Start Date: _____	Home Room _____

**You must provide a copy of your student's birth certificate, immunization record and proof of residency.**

**Today's Date:** \_\_\_\_\_ **Have you checked out of your previous school?** \_\_\_\_\_ **Grade Entering:** \_\_\_\_\_

**Student's Legal Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Student's Physical Address:** \_\_\_\_\_  
Street (**No PO Box**) City State Zip Code

**Student's Mailing Address:** \_\_\_\_\_  
Street/PO Box City State Zip Code

**Gender:** Male Female **Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Birthplace:** \_\_\_\_\_  
Month Day Year

**Previous School:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**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 of IEP or 504)*

**Special Health Considerations** \_\_\_\_\_

<b>Parent/Guardian #1:</b> <b>Name:</b> _____ <b>Email:</b> _____ <b>Primary Phone #:</b> _____ <b>Secondary Phone #:</b> _____	<b>Parent/Guardian #2:</b> <b>Name:</b> _____ <b>Email:</b> _____ <b>Primary Phone #:</b> _____ <b>Secondary Phone #:</b> _____
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**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

<b>Other Information (Office Use Only):</b>	
Birth Certificate: <input type="checkbox"/> Residency: <input type="checkbox"/> _____	IDT: <input type="checkbox"/>
ELL: Language: _____	Homeless: _____
Medical Issues: _____	Medication Forms given: Yes / No
Custody issues: Yes / No Court Papers received: Yes / No	
Online Registration Complete <input type="checkbox"/> Registration Packet & Documents Complete <input type="checkbox"/> Home Language Survey <input type="checkbox"/>	
Immunizations Complete <input type="checkbox"/> IEP <input type="checkbox"/> IEP received <input type="checkbox"/> SDC <input type="checkbox"/> 504 <input type="checkbox"/> GATE <input type="checkbox"/>	
Polio <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>	<b>Kindergarten/1st:</b>
DTP <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup>	
MMR <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup>	Oral Health Assessment/Waiver <input type="checkbox"/>
Hep B <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>	1 <sup>st</sup> Grade Physical Original <input type="checkbox"/>
Varicella <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> Disease documented	<b>High School:</b>
Tdap <input type="checkbox"/>	Transcript <input type="checkbox"/> Passed PFT <input type="checkbox"/> Passed CAHSEE <input type="checkbox"/>