

SANTA BARBARA UNIFIED SCHOOL DISTRICT ENROLLMENT FORM

(USE BALLPOINT PEN ONLY) NOTE: Parents DO NOT write in shaded areas.

STUDENT NAME (LAST) (FIRST) (MIDDLE)			CHECK: <input type="checkbox"/> Male <input type="checkbox"/> Female		GRADE	STUDENT BIRTHDATE					
PARENT(S) /GUARDIAN (S) (For Mailing Purposes)				HOME PHONE #	FATHER'S WORK #	MOTHER'S WORK #					
RESIDENCE STREET ADDRESS (NOT A P.O. BOX)			CITY	STATE	ZIP	BIRTH VERIF.					
MAILING ADDRESS IF DIFFERENT FROM STUDENT'S OR RESIDENCE ADDRESS			CITY	STATE	ZIP	STUDENT CELL PHONE #					
STUDENT ID #	ENROLLMENT DATE	ENROLLMENT CODE	DIST. OF RESIDENCE	SCHOOL OF RESIDENCE	I/S	HM RM/TEACHER #	EC	SCHOOL #			
STUDENT EMAIL ADDRESS			LAST SCHOOL ATTENDED: NAME: ADDRESS CITY ZIP STATE								
SANTA BARBARA SCHOOL PREVIOUSLY ATTENDED: NAMES: YEARS:				LANGUAGE OTHER THAN ENGLISH SPOKEN IN HOME:							
PREFERRED CORRESPONDENCE LANGUAGE ENGLISH SPANISH		BIRTHPLACE (CITY & STATE, OR IF NON USA - CITY, COUNTRY)		DATE STUDENT FIRST ATTENDED SCHOOL IN USA							
DOES THE STUDENT HAVE A DISABILITY? YES NO		HAS STUDENT BEEN SERVED BY AN I.E.P. / SECTION 504 PLAN? YES NO		HAS THE STUDENT EVER RECEIVED SPECIAL EDUC. OR RELATED AIDS/ SERVICES? YES NO							
STUDENT LIVES WITH: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> STEP-MOTHER <input type="checkbox"/> STEP-FATHER <input type="checkbox"/> OTHER											
INFORMATION CONCERNING PARENT OR GUARDIAN (MALE):	<input type="checkbox"/> MR. <input type="checkbox"/> DR.		NAME (LAST NAME, FIRST)			BIRTHPLACE					
	RELATION TO CHILD		OCCUPATION		EMPLOYER						
	MAILING ADDRESS IF DIFFERENT FROM STUDENT'S RESIDENCE ADDRESS			CITY	STATE	ZIP	PHONE				
	SEND EXTRA MAILING HERE YES NO		EMAIL ADDRESS			CELL PHONE #					
INFORMATION CONCERNING PARENT OR GUARDIAN (FEMALE):	<input type="checkbox"/> MS. <input type="checkbox"/> MRS. <input type="checkbox"/> DR. <input type="checkbox"/> Miss		NAME (LAST NAME, FIRST)			MAIDEN NAME		BIRTHPLACE			
	RELATION TO CHILD		OCCUPATION		EMPLOYER						
	MAILING ADDRESS IF DIFFERENT FROM STUDENT'S RESIDENCE ADDRESS			CITY	STATE	ZIP	PHONE				
	SEND EXTRA MAILING HERE YES NO		EMAIL ADDRESS			CELL PHONE #					
PARENT EDUCATION FATHER				PARENT EDUCATION MOTHER							
1 Not a High School Grad		3 Some College		5 Graduate School/Post		1 Not a High School Grad		3 Some College		5 Graduate School/Post	
2 High School Grad		4 College Graduate		6 Declined/Unknown		2 High School Grad		4 College Graduate		6 Declined/Unknown	
NAME OF NATURAL PARENTS (IF NOT SAME AS ABOVE)											
FATHER			ADDRESS								
MOTHER			ADDRESS								
NAMES OF OTHER CHILDREN IN FAMILY			DATE OF BIRTH			MALE/FEMALE			NAME OF SCHOOL (IF IN SCHOOL)		
SIGNATURE OF PARENT/GUARDIAN									DATE:		
Health and Emergency Card Completed <input type="checkbox"/> Yes <input type="checkbox"/> No Photocopy of current immunization attached <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of Residence Verified <input type="checkbox"/> Completed by School District Employee (Please Print) _____ Position _____											