

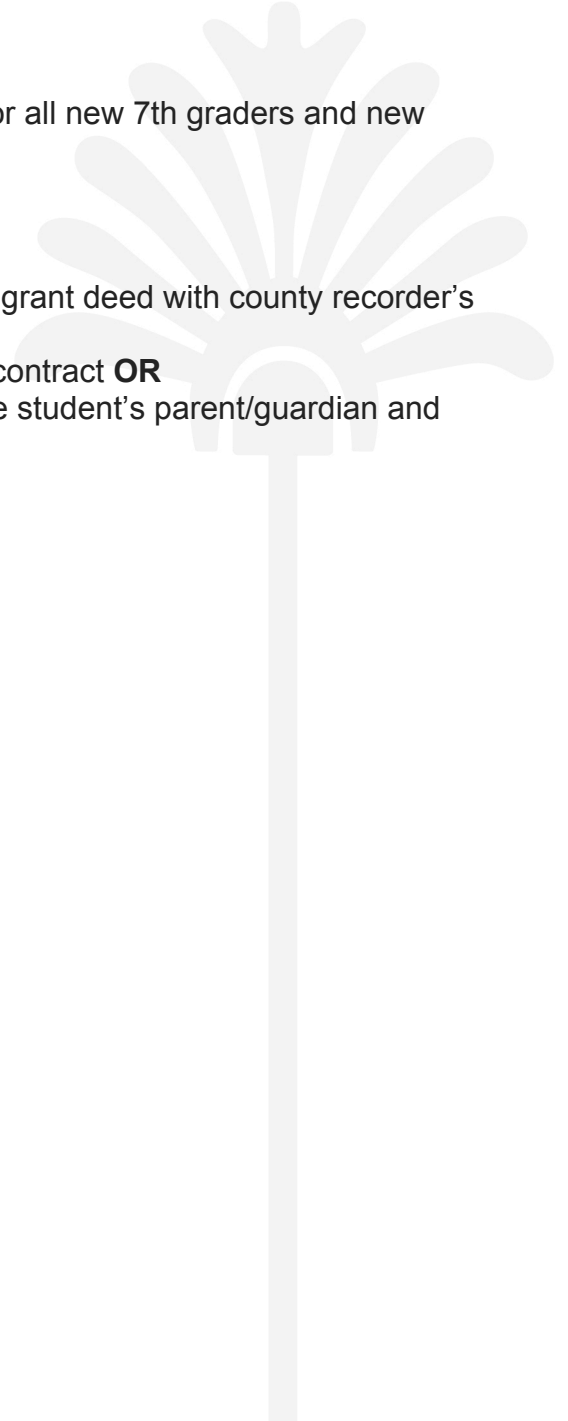


Santa Barbara Unified
Every child, every chance, every day.

720 Santa Barbara Street
Santa Barbara, CA 93101
Phone: 805.963.4338
TDD: 805.966.7734
SBUunified.org

Documents Required for Enrollment

- **Birth certificate or passport**
- **Immunization record**
 - Include the newly required **Tdap booster shot** for all new 7th graders and new students to the district.
- **Address verification** (two items are required)
 - Current utility bill
 - **AND** one of the following:
 - current property tax payment receipts or grant deed with county recorder's stamp **OR**
 - rent payment receipts or lease or rental contract **OR**
 - affidavit of district residency sworn by the student's parent/guardian and notarized under penalty of perjury.



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 Yes No Photocopy of current immunization attached Yes No
 Proof of Residence Verified
 Completed by School District Employee (Please Print) _____ Position _____



Santa Barbara Unified School District

ANNUAL VERIFICATION OF STUDENT ADDRESS

Administrative Regulation 5111.1:

Prior to admission in district schools and at the beginning of each subsequent school year, parent(s) or legal guardian(s) shall provide proof of a student's residency within the district.

Failure to provide reasonable evidence of residency will delay your student(s) being placed in classrooms (Grades K-6) or courses (Grades 7-12).

Reasonable evidence of residency may be established by documentation including, but not limited to, the following:

- Most current utility service bill—gas, electric, or water only
- AND**
- Current property tax statement or Grant Deed with County Recorder's stamp
- OR**
- Rent payment receipts or lease or rental contract
- OR**
- Affidavit of district residency sworn by the student's parent/guardian and notarized under penalty of perjury

Please attach *COPIES* of 1 document from *EACH* column:

<p>Column 1</p> <input type="checkbox"/> Property Tax Statement-Grant Deed <input type="checkbox"/> Rental Lease/Contract/Rental Receipt <input type="checkbox"/> Notarized Statement	<p>Column 2</p> <input type="checkbox"/> Gas Bill <input type="checkbox"/> Electric Bill <input type="checkbox"/> Water Bill <input type="checkbox"/> Other _____
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School: _____

STUDENT

Student Name:		Grade:
Street Address:		
City, Zip:		

PARENT

Parent Name:		
Parent Signature:		Date:
Telephone Number:		

SUBMIT THIS FORM WITH COPIES OF THE REQUIRED DOCUMENTS INDIVIDUALLY FOR EACH STUDENT (including siblings) DIRECTLY TO THE SCHOOL.

SCHOOL USE ONLY:

Verified by _____ **Verification Date:** ____ / ____ / ____

ETHNIC SURVEY / ENCUESTA ÉTNICA

Student's Legal Name (*Nombre legal*): _____

Student's Country of Origin: _____
País de origen del estudiante:

In an effort to provide a more accurate picture of the nation's ethnic and racial diversity, the federal government requires a new way to report ethnicity and race that includes new categories. Please provide the information in Part A and Part B. *En un esfuerzo para tener una imagen más precisa de la diversidad étnica y racial del país, el gobierno federal exige una nueva manera de informar sobre etnia y raza que incluye categorías nuevas. Por favor, indiquen la información en la Parte A y la Parte B.*

Part/Parte A. Is this student Hispanic or Latino? *¿El alumno/a es hispano/a?*
(Select only one/*Seleccionar sólo uno*)

- No, not Hispanic or Latino – *No, no hispano ni latino.*
 Yes, Hispanic or Latino – *Sí, hispano o latino.*

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider the student's race to be. *La parte superior de la pregunta es sobre etnia, no raza. No importa lo que hayan marcado arriba, **por favor, respondan lo siguiente** marcando una o más cajas para indicar lo que consideran que es la raza de su alumno/a.*

Part/Parte B. What is this student's race? *¿Cuál es la raza del alumno?* (Select one or more) (*Seleccionar una o más*)

- American Indian or Alaska Native/*Indígena Americano o Nativo de Alaska*
- Asian/*Asiático*
- Chinese/*Chino*
 Japanese/*Japonés*
 Korean/*Coreano*
 Vietnamese/*Vietnamita*
 Asian Indian/*Indio Asiático*
 Laotian/*Laosiano*
 Cambodian/*Camboyano*
 Filipino
 Hmong
 Other Asian/*Otro asiático*
- Native Hawaiian or Other Pacific Islander/*Nativo Hawaiano o Otro del Pacífico*
- Hawaiian/*Hawaiano*
 Guamanian/*Guamaniano*
 Samoan/*Samoano*
 Tahitian/*Tahitiano*
 Other Pacific Islander/*De Otra Isla del Pacífico*
- Black or African American/*Negro o Africanoamericano*
 White/*Blanco*

Signature of Parent/Guardian
Firma del padre, madre o tutor

Date
Fecha

Please return this form at the time of enrollment.
Por favor entregue este formulario en el momento de la matriculación.



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720 Santa Barbara Street, Santa Barbara, CA 93101 Phone 805-963-4338, TDD 805-966-7734, Fax 805-963-1877
www.sbunified.org

Home Language Identification Form

Student last name	Student first name	Date of birth
Address		Country of birth
Phone (home and emergency)	Cell phone	Date of US entry
Parents' name(s)		
School	Grade	Enrollment date

Prior Schooling

Transfer from	Years of prior schooling
Name of school and city/state	Last grade attended / Last year attended
Date of first enrollment in a US K-12 school	Date of first enrollment in a California K-12 school

Home Language Survey

California Education Code §52164.1; California Code of Regulations 5CCR 4304)

A Home Language Survey is required of each newly enrolling student in a California public or nonpublic school. Answers of languages other than English on questions 1, 2, or 3 trigger a state test of English language development. The purpose is to know the languages and educational needs of students, so we can provide access to the educational program and rapid fluency in English.

Parent/Guardian: Please answer the following questions

1. Which language did your child learn when s/he first learned to talk? _____
2. Which language does your child use most frequently at home? _____
3. Which language do you use most frequently at home? _____
4. Which language is most often spoken by the adults in your home? _____

Correspondence language: Which language would you prefer for information sent to the home from school?

English _____ Spanish _____ Other language, please specify _____

Parent Signature _____ Date _____

* Schools – Place copy in the child's yellow (EL folder) in the cumulative folder.

"Home language" is the non-English language entered on lines 1, 2, or 3 on the Home Language Survey.

Revised March 2012

The Santa Barbara Unified School District does not discriminate in employment against properly qualified and eligible individuals by reason of their actual or perceived race, religion, color, national origin, ancestry, age, marital status, pregnancy, physical or mental disability, medical condition, genetic information, veteran status, gender, gender identity, gender expression, sex, or sexual orientation.