



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
SBUnified.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 # | | | PARENT/GUARDIAN #1 WORK # | | | PARENT/GUARDIAN #2 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: | | | | | | | | LANGUAGE OTHER THAN ENGLISH SPOKEN IN HOME: YEARS: | | | | | | | | | |
| 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/GUARDIANS <input type="checkbox"/> GUARDIAN #1 <input type="checkbox"/> GUARDIAN #2 <input type="checkbox"/> STEP-MOTHER <input type="checkbox"/> STEP-FATHER <input type="checkbox"/> OTHER | | | | | | | | | | | | | | | | | |
| INFORMATION CONCERNING PARENT OR GUARDIAN #1 | | <input type="checkbox"/> MR. <input type="checkbox"/> DR. <input type="checkbox"/> MS. <input type="checkbox"/> MRS. <input type="checkbox"/> Miss | | 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 #2 | | <input type="checkbox"/> MR. <input type="checkbox"/> DR. <input type="checkbox"/> MS. <input type="checkbox"/> MRS. <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 PARENT/GUARDIAN #1 1 Not a High School Grad 3 Some College 5 Graduate School/Post 2 High School Grad 4 College Graduate 6 Declined/Unknown | | | | | | | | PARENT EDUCATION PARENT/GUARDIAN #2 1 Not a High School Grad 3 Some College 5 Graduate School/Post 2 High School Grad 4 College Graduate 6 Declined/Unknown | | | | | | | | | |
| NAME OF NATURAL PARENTS (IF NOT SAME AS ABOVE) | | | | | | | | | | | | | | | | | |
| PARENT #1 | | | | ADDRESS | | | | | | | | | | | | | |
| PARENT #2 | | | | 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 _____ | | | | | | | | | | | | | | | | | |

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 TK-6) or courses (Grades 7-12).**

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

Please present one of the following documents to school staff:

- | | |
|--|---|
| <input type="checkbox"/> Property Tax Statement-Grant Deed | <input type="checkbox"/> Voter Registration |
| <input type="checkbox"/> Rental Lease/Contract/Rental Receipt | <input type="checkbox"/> Correspondence from a government agency |
| <input type="checkbox"/> Utility Service Bill – gas, electric, water | <input type="checkbox"/> Declaration of Residency |
| <input type="checkbox"/> Pay Stub | <input type="checkbox"/> Declaration of Residency (Unaccompanied youth) |

Note:

A student in good standing who moves out of the boundaries of their school of residence, but remains within district boundaries shall have 30 days to exercise their right to remain in their school of attendance. *Change of address presented after 30 days will require the parent/guardian to submit an Intradistrict Transfer application to the District Office/Student Services.*

School: _____

Student Name: _____ Grade: _____ Date of Birth ____ / ____ / ____

Address: _____
Street City State Zip Code

Parent Name: _____ Parent Telephone #: _____

Parent Signature: _____ Date: _____

Form is NOT VALID without verification signature and date by school staff.

For 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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Santa Barbara Unified School District

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.

Santa Barbara Unified School District

**Affidavit of Birth
In Lieu of Birth Certificate**
Education Code 48002

I _____, do hereby declare:

1. I am the natural mother/father of _____.
Print student name

2. The student was born on _____, at _____.
Date Address

3. No birth certificate was obtained at the time of the birth because _____.
_____.

4. I have taken all necessary steps to receive an official birth certificate from
_____. I have been advised that it will take
approximately _____ days to receive an official copy.

5. I will promptly submit a copy of the birth certificate as soon as it is received. I understand the affidavit is only temporary until such time as the birth certificate is obtained.

I declare under penalty of perjury that the foregoing is true and correct based upon my own personal knowledge.

Dated: _____

Signed at _____, California

Signature Print Name

For School Use Only

School Date Received

Enrollment Date Grade

Employee Signature Print Name and Title

Santa Barbara Unified School District

DECLARATION OF RESIDENCY

School: _____

Name of Student: _____

Date of Birth: ____/____/____

Address: _____
Street City State Zip Code

_____ as the parent/legal guardian of the above named student, I
(Print Name)

state that my child and I reside at the address listed above in accordance with California Education Code 48204.1. I have been unable to provide to the school district any of the documents listed below as proof of residency:

1. Property tax payment receipts
2. Rental property contract, lease or payment receipts
3. Utility Service contract, statement or payment receipts
4. Pay Stubs
5. Voter registration
6. Correspondence from a government agency

Warning:

Do not sign this form if any of the statements above are incorrect, or you will be committing a crime subject to punishment by a fine, imprisonment or both. Additional, the student whose name is listed above will be immediately withdrawn from attendance at the school site if the statement is incorrect or evidence is presented to you verifying that the statement is incorrect.

Signature

Date