San Lorenzo Valley Unified School District
Pre-Enrollment Student Information

Office Use Only:
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 _____

Parent/Guardian #1:	**Parent/Guardian #2**:
Name: _____	**Name:** _____
Email: _____	**Email:** _____
Primary Phone #: _____	**Primary Phone #:** _____
Secondary Phone #: _____	**Secondary 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 ☐

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 ☐