

Poway Unified School District
New Student Enrollment Form - Transitional Kindergarten – 12th Grade – 2019-2020

SCHOOL		← school staff only →		PERMANENT ID	
STUDENT INFORMATION					
Student's LEGAL Last Name			Student's LEGAL First Name		Middle Name
Student's Suffix		Nick Name		Primary Phone Number	
Grade	Gender M F	Birth Date		Birth Place	Birth State Birth Country
RACE AND ETHNICITY					
Please select one: <input type="checkbox"/> This student is Hispanic or Latino <input type="checkbox"/> This student is not Hispanic or Latino					
Race(s) check any/all that apply					
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Laotian	<input type="checkbox"/> Other Pacific Islanders		
<input type="checkbox"/> Chinese	<input type="checkbox"/> White	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Vietnamese		
<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Tahitian	<input type="checkbox"/> Guamanian		
<input type="checkbox"/> Korean	<input type="checkbox"/> Filipino	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Japanese		
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hmong	<input type="checkbox"/> Middle Eastern			
HOME ADDRESS			MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)		
Address _____			Address _____		
City _____		State <u>CA</u>	Zip _____	City _____ State <u>CA</u> Zip _____	
Type of Dwelling: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		In order to assist students in transition, please respond to one of the following: <input type="checkbox"/> We are living with another family or in transitional accommodations due to financial hardship <input type="checkbox"/> This does not apply to my family			
LANGUAGES					
The California Education Code contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The response to these questions will assist in determining if a student's proficiency in English should be assessed. This information is essential in order for the school to provide adequate instructional programs and services.					
1. Which language did your student learn when he/she first began to talk? _____					
2. What language does your student most frequently use at home? _____					
3. What language do you most frequently speak to your student? _____					
4. What language is spoken most often by the adults at home? _____					
PARENT/GUARDIAN INFORMATION – List Parent/Guardian living in PRIMARY residence FIRST					
PARENT/ GUARDIAN 1	Last Name First Name		Relationship please select one	Email Address	
	Employer Job Title		Education Level	Primary Phone Number	Type
	Address, if different from student Street City Zip Code		Alternate Phone Number		Type
	<input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Lives with <input type="checkbox"/> Mail/Emails Allowed <input type="checkbox"/> Active Military				
PARENT/ GUARDIAN 2	Last Name First Name		Relationship	Email Address	
	Employer Job Title		Education Level	Primary Phone Number	Type
	Address, if different from student Street City Zip Code		Alternate Phone Number		Type
	<input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Lives with <input type="checkbox"/> Mail/Emails Allowed <input type="checkbox"/> Active Military				
STEPARENT	Last Name First Name		Relationship	Email Address	
	Employer Job Title		Education Level	Primary Phone Number	Type
	Address, if different from student Street City Zip Code		Alternate Phone Number		Type
	<input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights * <input type="checkbox"/> Lives with** <input type="checkbox"/> Mail/Emails Allowed <input type="checkbox"/> Active Military				

PLEASE NOTE: If you need to add additional Legal Guardians or Stepparents, please attach an additional page to your enrollment packet.
 * If yes to stepparent "Educational Rights", please provide court documentation
 **If yes to "Lives with," Stepparent is present on a day-to-day basis with biological parent and child.

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US SCHOOL ENTRY					
DATE FIRST ENROLLED IN A US SCHOOL (Public or Private) IN GRADE TK OR ABOVE (mm/dd/yyyy)					
PLEASE LIST ALL SIBLINGS ENROLLED IN PUSD SCHOOLS AND THEIR CURRENT SCHOOL OF ATTENDANCE					
Name	School	Name	School		
Name	School	Name	School		
ADULTS OTHER THAN PARENTS OR GUARDIANS AUTHORIZED TO PICK UP YOUR STUDENT FOR MEDICAL, EMERGENCY RELEASE, OR OTHER REASONS. (MUST BE 18 YEARS OF AGE OR OLDER)					
Please note: Pick up during the school day requires prior notification to school office and that ID is shown					
Contact Order	Relationship	Name	Phone	Type	Alt. Phone
Contact Order	Relationship	Name	Phone	Type	Alt. Phone
Contact Order	Relationship	Name	Phone	Type	Alt. Phone
PREVIOUSLY ATTENDED SCHOOLS					
School Name Address					Years (20XX-20XX)
City State Zip					
School Name Address					Years (20XX-20XX)
City State Zip					
School Name Address					Years (20XX-20XX)
City State Zip					
SPECIAL PROGRAMS OR SERVICES RECEIVED AT A PREVIOUS SCHOOL					
Does your child receive special education on a current Individualized Educational Plan (IEP) or other program services? <input type="checkbox"/> yes <input type="checkbox"/> no					
Educational Program(s) Received at a Previous School <input type="checkbox"/> GATE <input type="checkbox"/> English Language Learner (ELL) Check all that apply: <input type="checkbox"/> 504 Plan <input type="checkbox"/> Other _____					
ACKNOWLEDGEMENTS					
<ul style="list-style-type: none"> When deemed necessary, I authorize school district personnel to secure emergency services (medical, dental, paramedic, ambulance) for my child at my expense and to release any pertinent medical information. I certify that all information above is accurate and that it is my responsibility to apprise the school of any changes in residency, employment, phone numbers, and emergency release contacts. This form must be completed, signed, and on file at school before the student can be admitted. 					
PARENT/GUARDIAN SIGNATURE(S) – AT LEAST ONE REQUIRED					
Signature of Parent /Guardian 1 /18 Year Old Student			Signature of Parent /Guardian 2 /18 Year Old Student		
Date			Date		
~ FOR SCHOOL OFFICE USE ONLY ~					
Signature of School Official	Start Date	IDT Date	Birth Verification	Language	Initial Below if left blank in either E or R Field
		IDT Reason		Remarks	Ethnicity Race

The Poway Unified School District (PUSD) is an equal opportunity employer/program and is committed to an active Nondiscrimination Program. PUSD prohibits discrimination, harassment, intimidation, and bullying based on actual or perceived race, color, ancestry, national origin, nationality, immigration status, ethnicity, ethnic group identification, age, religion, marital or parental status, physical or mental ability, sex, sexual orientation, gender, gender identity, or gender expression or association with a person or a group with one or more of these actual or perceived characteristics. For more information, please contact: Title IX/Equity Compliance Officer, James Jimenez, Associate Superintendent; Poway Unified School District 15250 Avenue of Science, San Diego, CA 92128 858-521-2800, extension 2761 jjimenez@powayusd.com



Poway Unified School District

REQUEST TO TRANSFER PUPIL RECORDS 2019-2020

To: _____
Last School Attended

Street Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Fax: _____

The student listed below has enrolled in our school.

Student's Name _____ Birth Date: _____

Grade: _____ Gender: Male Female

I acknowledge notification that my child's school records are being requested from the named school and that I have a right to review, receive a copy of the records, and a right to challenge the content of the records (Ed Code 49068, C.A.C. Title V, Section 438).

 Parent/Guardian/Adult Student Signature

 (To be completed by school personnel)

We are requesting the following records as they pertain to the student listed above

- | | |
|------------------------------|--|
| * Pupil Progress Data | * Proficiency Test Results |
| * Test Data | * Special Education Data |
| * Health Data | * English Language Learner Data |
| * GATE Records | |

Please send records to:

 School Name

 Street Address

 City State Zip

 Name of requesting Clerk/Secretary/Registrar



Poway Unified School District

TEXT MESSAGE OPT-IN FORM 2019-2020

The Poway Unified School District seeks to provide parents and guardians with important information in the timeliest and most efficient manner. Current laws require the District to ask for consent prior to using an automatic service to send text messages to quickly notify parents and guardians. These communications may include unexcused absence notifications and emergency communications, including health and safety risks, threats, closures, fire, as well as important non-emergency school matters.

Please provide your most up-to-date mobile/cellular number below to ensure that you receive these text message alerts.

Text Message Opt-In Form

By providing my contact information and signature below, I expressly consent to receiving text message alerts from the District to the authorized numbers below and understand that I am responsible for all related charges (*Note: You will be able to opt out at any time by texting STOP to cancel*):

Student's Name _____

Parent Name _____

Relationship to Student _____

Mobile/Cellular _____

Email Address _____

Parent Signature _____

Parent Name _____

Relationship to Student _____

Mobile/Cellular _____

Email Address _____

Parent Signature _____

All Emergency text messages and subsequent alerts will come from **23177, 82932 or 63079**.

All Non-Emergency text messages and subsequent alerts will come from **91841**. Please save these codes as contacts and program it as (**Poway Unified**) so you can quickly recognize this number as the official source of our messages.



RESIDENCY VERIFICATION AND CHECKLIST
 POWAY UNIFIED SCHOOL DISTRICT
 15250 AVENUE OF SCIENCE, SAN DIEGO, CALIFORNIA 92128

NAME OF PERSON ESTABLISHING RESIDENCY _____

(Please Print)

1. I AM THE: (CHECK ONE)

- PARENT
- FOSTER PARENT
- EMANCIPATED MINOR
- OTHER _____

- LEGAL GUARDIAN
- RELATIVE/CAREGIVER

2. NAME(S) OF STUDENT(S) LIVING IN THIS HOME:

3. PARENT NAME (if different from above): _____

4. SCHOOL OF RESIDENCE: _____

NAME OF SCHOOL

5. I AFFIRM THAT THE STUDENT(S) RESIDE(S) AT THE FOLLOWING STREET ADDRESS:

STREET ADDRESS

APT NO. OR UNIT

CITY

STATE

ZIP CODE

 (Signature of Parent/Guardian establishing residency)

 DATE

6. IF LIVING WITH ANOTHER FAMILY WHO IS PROVIDING RESIDENCY, THE PERSON PROVIDING RESIDENCY MUST SIGN BELOW AND PROVIDE RESIDENCY VERIFICATION DOCUMENTS REQUIRED BY LAW.

I, _____ AFFIRM THAT THE ADULT AND STUDENTS LISTED ABOVE RESIDE WITH ME AT MY RESIDENCE.
 NAME OF PERSON PROVIDING RESIDENCY

WARNING: DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ABOVE ARE INCORRECT, OR YOU WILL BE COMMITTING A CRIME PUNISHABLE BY A FINE, IMPRISONMENT, OR BOTH.

 (Signature of person providing residency)

 DATE

FALSIFICATION OF ANY INFORMATION OR DOCUMENTS, EITHER WRITTEN OR VERBAL, RELATIVE TO THIS VERIFICATION PROCEDURE WILL RESULT IN REVOCATION OF ENROLLMENT.

The person establishing residency must present TWO CURRENT different verifications of the following ORIGINAL documents.

- | | |
|---|--|
| <input type="checkbox"/> DEED TO HOME | <input type="checkbox"/> MILITARY ORDERS (BASE HOUSING OFFICE WRITTEN VERIFICATION) |
| <input type="checkbox"/> MORTGAGE PAYMENT RECEIPTS OR COUPONS | <input type="checkbox"/> RENTAL AGREEMENT |
| <input type="checkbox"/> ESCROW PAPERS FOR NEW HOME | <input type="checkbox"/> RENT RECEIPT |
| <input type="checkbox"/> PROPERTY TAX RECEIPT | <input type="checkbox"/> BANK STATEMENT |
| <input type="checkbox"/> CURRENT BILL FROM LOCAL UTILITY COMPANY, INCLUDING CABLE TV | <input type="checkbox"/> ANY OTHER LEGAL DOCUMENT(S) WHICH ESTABLISHES HOME ADDRESS WITHIN SCHOOL BOUNDARIES |
| <input type="checkbox"/> RECEIPT FOR DEPOSIT WITH LOCAL UTILITY COMPANY, INCLUDING CABLE TV | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> DRIVER'S LICENSE | |

****If you do not possess any of the above documentations establishing residency due to transitional living circumstances, please ask the school site for the Student Residency Affidavit.****

The document(s) described in the box as checked above was presented by the person identified in #1 above verifying the student's residency. The student's registration address matches the address listed on the residency verification document.

 VERIFYING SCHOOL OFFICIAL

 DATE



Poway Unified School District
15250 Avenue of Science, San Diego CA 92128

Health Services
Student Health Information

STUDENT: _____ M F BIRTHDATE: _____
 SCHOOL: _____ GRADE: _____

PARENT/GUARDIAN: Please **CHECK** the appropriate number(s) that best describes your student's current health condition(s) and return completed form to school. Please provide specific information regarding conditions that may affect student learning and participation in school activities.

MEDICATION: All medication (prescription, over-the-counter, homeopathic remedies, vitamins, etc.), which *is to be administered during the school day or during school-sponsored activities*, requires an Authorization for Medication Administration (H-26) to be completed and signed by physician and parent. Students are not allowed to carry medication without an Authorization to Carry Medication (H-26B) on file. Both medication forms may be found on the PUSD Health Services website. Submit completed medication form to school Health Technician and any school sponsored activity your student may attend.

Number	Health Condition	Specific Information
009	ADD/ADHD	Medication: (031)
206	Allergy- Life Threatening	Medication: (031)
005	Allergy - Non-Life Threatening	Medication: (031)
007	Asthma-Mild to Moderate	Medication: (031)
207	Asthma- Serious	Medication: (031)
008	Autism	Medication: (031)
022	Birth Defect/Genetic Disorder	Description:
227	Blood Disorders (Chronic)	Medication: (031)
216	Diabetes Type:	
020	Emotional/Psychological/Eating Disorder	Medication: (031)
023	Hearing Problems (infections, tubes, nerve damage, etc.)	
024	Deaf/Hard-of-Hearing	Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/>
025	Hearing Aids	Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/>
026	Heart Problems – No restrictions	Describe:
226	Heart Problems – Restrictions:	Medication: (031)
031	Medication – Name:	
033	Migraine Headache	Medication: (031)
042	Orthopedic Condition	Description:
046	Prosthesis	
045	Scoliosis	
237	Seizure Disorder – Type:	Medication: (031)
054	Visual Impairment	Right Eye <input type="checkbox"/> Left Eye <input type="checkbox"/>
052	Glasses/contact lens	Distance <input type="checkbox"/> Reading <input type="checkbox"/>
055	Color Deficient/Color Blind	
256	OTHER <u>SERIOUS</u> ILLNESS/INJURY/ HEALTH CONCERN (LIFE THREATENING)	Description:
056	OTHER ILLNESS/INJURY/HEALTH CONCERN (NON-EMERGENCY)	Description:
000	NO HEALTH CONCERNS AT THIS TIME	
New Students Only!		Has your student ever attended a California Public School (including Transitional Kindergarten or Kindergarten)? <input type="checkbox"/> Y <input type="checkbox"/> N
If “Yes” name <u>one</u> California School or School District attended.		

Parent/Guardian Signature

Date



Poway Unified School District

SIGNATURE VERIFICATION OF RECEIPT OF DOCUMENTS 2019-2020

Student Name (please print)	Grade:
Parent Name (please print)	Date:

		Parent Initials
1.	RULES OF STUDENT DISCIPLINE IN THE POWAY UNIFIED SCHOOL DISTRICT - Form PUSD PP-3 (Grades TK-5), and PP-3A (Grades 6-12) . I have received a copy of the Rules of Student Discipline in the Poway Unified School District and School Bus Safety Rules . I understand it is my responsibility to read and follow these rules.	
2.	ANNUAL NOTIFICATION OF PARENTS'/STUDENTS' RIGHTS & UNIFORM COMPLAINT PROCEDURES - Form PUSD PP-109 . (State law requires signed acknowledgment of your receipt of this notification.) I hereby acknowledge receipt of the Annual Notification of Parents'/Students' Rights and Uniform Complaint Procedures which contains information regarding the rights, responsibilities, and protections regarding the above-named student.	
3.	ACADEMIC HONESTY POLICY AND PROCEDURES . I have reviewed and discussed Poway Unified School District's <i>Academic Honesty Policy and Procedures</i> with my student.	
4.	HARASSMENT PROCEDURES. I have reviewed and discussed the following Poway Unified School District Board Policies regarding Sexual Harassment BP 5145.7 , Nondiscrimination/Harassment BP 5145.3 , and Bullying BP 5131.2 with my student.	
5.	PLEDGE OF ALLEGIANCE – I have reviewed and discussed the information regarding the Pledge of Allegiance (Ed. Code 52720-52730) with my student. Pledge Documents (Grades TK-5) and (Grades 6-12) .	
6.	COMPUTER/INTERNET SAFETY AND RESPONSIBLE USE – I understand my child will use PUSD Learning platforms, access information through the Internet and utilize educationally relevant digital content under direction of school staff. I understand that access to the Internet is designed for educational purposes and Poway Unified has employed a secure and filtered Internet browser for students to eliminate controversial materials. I have reviewed and discussed PUSD Board Policy 6163.4 Student Use of Technology and Exhibit E 6163.4 Student Acceptable Use Agreement .	
7.	FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT (FERPA), RELEASE OF PUSD DIRECTORY INFORMATION – I permit the release of PUSD's directory information regarding my student. PUSD directory information may include my student's name, parent's name, address, e-mail address, telephone number, major course of study, participation in officially recognized activities and sports, awards, and school most recently attended. This information may be released to requesting agencies with a legitimate educational interest, universities, other school districts, and the school's PTA and Foundation. PUSD Board Policy 5502 .	<u>optional</u>
8.	VIDEO FOR TEACHER EVALUATION – I permit the Poway Unified School District to use video images or voice of the above named student for the purpose of teacher evaluation. Teachers are evaluated on a regular basis throughout the course of their career. Videos of instruction may be used for the teacher's self-reflection and to receive feedback from their evaluator. The video will be stored on a secure password protected cloud server. After the video has been viewed by the evaluator, and the evaluation process is completed, the video will be deleted.	<u>optional</u>
9.	MILITARY - I permit the Poway Unified School District to release directory information for the above-named 11th or 12th grade student to military recruiters. (NOTE: applies only for students entering 11 th or 12 th grade)	<u>optional</u>
10.	STUDENT ACCIDENT AND HEALTH INSURANCE - As parent/guardian of the named student, I understand that Poway Unified School District does not provide medical or dental insurance for student injuries but does make voluntary student insurance available for purchase. I also understand that State law requires my student to have health insurance in order to participate in school sports. I have read the Superintendent's letter regarding accident insurance. INFORMATION ABOUT A VOLUNTARY INSURANCE PROGRAM will be available to your student at the school's front office, on or before the first day of school. You may also access this voluntary insurance information beginning 5/30/2019, online at www.peinsurance.com or (800) 722-3365.	
11.	I have read and considered the PUSD Media Opt-Out Form (found in <i>Optional Forms</i>)	
12.	I have read the Healthy Schools Act notification and considered the PUSD Pesticide/Herbicide 72 Hour Application Notification (found in <i>Optional Forms</i>)	
13.	I have read and discussed all the forms available on the PUSD Enrollment/Registration website and/or the school packet with my student. Your signature is required per Education Codes 48981 and 48982.	

PARENT/GUARDIAN PLEASE INITIAL BOX. PARENT & STUDENTS IN GRADES 4-12 MUST SIGN.

Parent Signature	Student Signature (if Grades 4-12)
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