

**1 Student Information**

Last Name  Suffix  First Name  Middle Name  Date of Birth   
 City of Birth  State  Country of Birth  Date of US entry (If born outside US)  Gender  Applying for Grade   
 Current or last school attended  City  State  Date first attended school in US  Has student attended school in US for less than 3 cumulative years? Yes  No

Based on my child's date of birth, I understand that my child will participate in the two-year Transitional Kindergarten Program that includes a year of transitional kindergarten followed by a year of kindergarten.

**2 High school applicants:**

Do you want SFUSD to release your child's name, address, and telephone number to military recruiters? Yes  No

**3 Home Language Survey**

Whenever the Home Language Survey indicates a language other than English, students are assessed and may be entitled to additional services. The results help parents identify appropriate pathway placement for their child.

1. What language did your child first learn when she/he began to talk?
2. What language does your child use most frequently at home?
3. What language do you use most frequently to speak to your child?
4. What language do the adults use most frequently at home?

Please write in the language(s) you would prefer when you receive written materials: \_\_\_\_\_ or oral communications: \_\_\_\_\_

**4 Special Needs**

If your child has an IEP/504 Plan, please attach it with your application.

Is the student currently receiving special education services?..... Yes  No

Does the student have health conditions requiring school day support?..... Yes  No

**Attention!** I have indicated a language other than English on the home language survey and have received a copy of the English Learner Program Guide (available at EPC) to learn more about available services. Yes

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**5 Family Information**

\* Parent/Guardian's Last Name  First Name  Child resides with Parent/Guardian? Yes  No   
 Street # / Street Name  Apartment #  City  Zip Code   
 Primary Phone #   Cell  Landline Secondary Phone #   Cell  Landline  
 \* 2nd Parent/Guardian's Last Name  First Name  Child resides with Parent/Guardian? Yes  No   
 Street # / Street Name  Apartment #  City  Zip Code   
 Primary Phone #   Cell  Landline Secondary Phone #   Cell  Landline  
 \* Emergency Contact's Last Name  First Name  Primary Phone #  Secondary Phone #

**6 Wait Pool Request**

Fill in the pathway, school name, and school number for the school you would like the student to attend.

Pathway	School Name	Sch#
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you wish to have your twins, triplets or multiples placed in the same school? Yes  No or N/A

Does an older sibling living at the same address attend one of your choice schools? Yes  No

Younger siblings can receive priority to the school their older sibling is currently attending if: (1) the older sibling will also be attending that school next year; and (2) you list the sibling's school on this application and complete the requested older sibling information.

Older sibling's Last Name  Older sibling's First Name  Older sibling's birthdate  Older sibling's school  Older sibling's 2018-19 grade

**Wait pool dates**

- Offers will be mailed **June 20** to families who submitted a wait pool request by **June 1**
- Offers will be mailed **August 31** to families who submitted a wait pool request by **August 17**

**7 Racial/Ethnic Identification:** This is used for state & federal reporting purposes; it will not affect placement decisions.

**Ethnicity** – Is the student Hispanic or Latino? Yes  No

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 your race(s) to be with an "x."

- |  |                                    |                                    |  |  |                                     |                                |
|--|------------------------------------|------------------------------------|--|--|-------------------------------------|--------------------------------|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Korean                | <input type="checkbox"/> Other Asian             | <input type="checkbox"/> Tahitian   | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Asian Indian                  | <input type="checkbox"/> Chinese   | <input type="checkbox"/> Hawaiian  | <input type="checkbox"/> Laotian               | <input type="checkbox"/> Other Pacific Islanders | <input type="checkbox"/> Vietnamese |                                |
| <input type="checkbox"/> Black or African American     | <input type="checkbox"/> Filipino  | <input type="checkbox"/> Japanese  | <input type="checkbox"/> Middle Eastern/Arabic | <input type="checkbox"/> Samoan                  | <input type="checkbox"/> White      |                                |

**8 Parent Education Level:** Check appropriate box for both parents. This is used for state & federal reporting purposes; it will not affect placement decisions.

Parent/Guardian #1  Some High School  High School Graduate  Some College  College Graduate  Graduate School (e.g. Masters, Ph.D., etc.)  
 Parent/Guardian #2  Some High School  High School Graduate  Some College  College Graduate  Graduate School (e.g. Masters, Ph.D., etc.)

I (print name) \_\_\_\_\_, swear under penalty of perjury that the information I have provided in this application is true. I understand that I am required to notify the District of any subsequent change of address within 14 calendar days of the move. I understand that applications which are found to have a fraudulent address or other false information will be immediately cancelled and any resulting assignment retracted. A notation of any falsified information may be included in the student's permanent record file. I understand that if the District must hire an investigator or expend other resources in order to scrutinize my residency claim further, the District will charge me for these expenses if it ultimately determines my claim is false. I understand that the District also reserves the right to seek additional civil and/or criminal legal remedies against families that submit fraudulent information.

Parent/Guardian Signature \_\_\_\_\_ Date

Official use only								
Submitted at/taken by	Date	Proof of Address #1	Proof of Birth	Appointment L/A	HO#	Entered by	Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>