San Luis Coastal School District
Pre-Enrollment Form

Grade Level: _____
School: _____

Student Information		
Student Legal Name	*Last* *First* *Middle*	
Gender	☐ Male ☐ Female	Date of Birth: ____/____/____ *Month Date Year*
Street Address		
City, State, Zip		
Mailing Address (if different)		
Mailing City, State, Zip		
Home Phone		
Primary Family Email		
Health Conditions/ Medical Needs	*Please list chronic allergies/health conditions and/or medications taken during the school day:*	

Parent/Guardian Information (Enter names of legal parents/guardians starting with whom the student resides)		
Custody Order? ☐ Yes ☐ No	Restraining Order? ☐ Yes ☐ No	
Contact 1 Name	*Last* *First*	Relationship:_____
Contact 1 Phone	Home:	Cell:
Contact 2 Name	*Last* *First*	Relationship:_____
Contact 2 Phone	Home:	Cell:
EMAIL Address (primary):		
Education level of MOST educated parent or guardian:	☐ Graduate school/postgraduate training ☐ College graduate ☐ Some college (includes AA degree) ☐ High school graduate ☐ Not a high school graduate ☐ Declined to state/unknown	

School History	
Has your child ever attended:	
Public Schools in CA? Yes ☐ No ☐	*Any* school in SLCUSD? Yes ☐ No ☐
Last school attended:_____ City/Phone:_____	Approximate Leave date:_____
Does your child have an IEP? Yes ☐ No ☐	Does your child have a Section 504 Plan? Yes ☐ No ☐
Is the student and/or family living: With another family and/or relative due to economic hardship? Yes ☐ No ☐	
In a hotel or motel Yes ☐ No ☐	At a campground, in a car, or unsheltered Yes ☐ No ☐
In a shelter Yes ☐ No ☐	In a temporary foster home? Yes ☐ No ☐

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT/GUARDIAN):			
In the absence of a legal parent, stepparent or guardian, school staff may notify or release my student to the person listed below in case of illness, accident or evacuation. *List only <u>local</u> persons.*			
Name		Relationship:	
Home Phone		Cell Phone	

Parent/Stepparent/Guardian Signature _____ Date _____

Parent/Stepparent/Guardian Signature _____ Date _____