

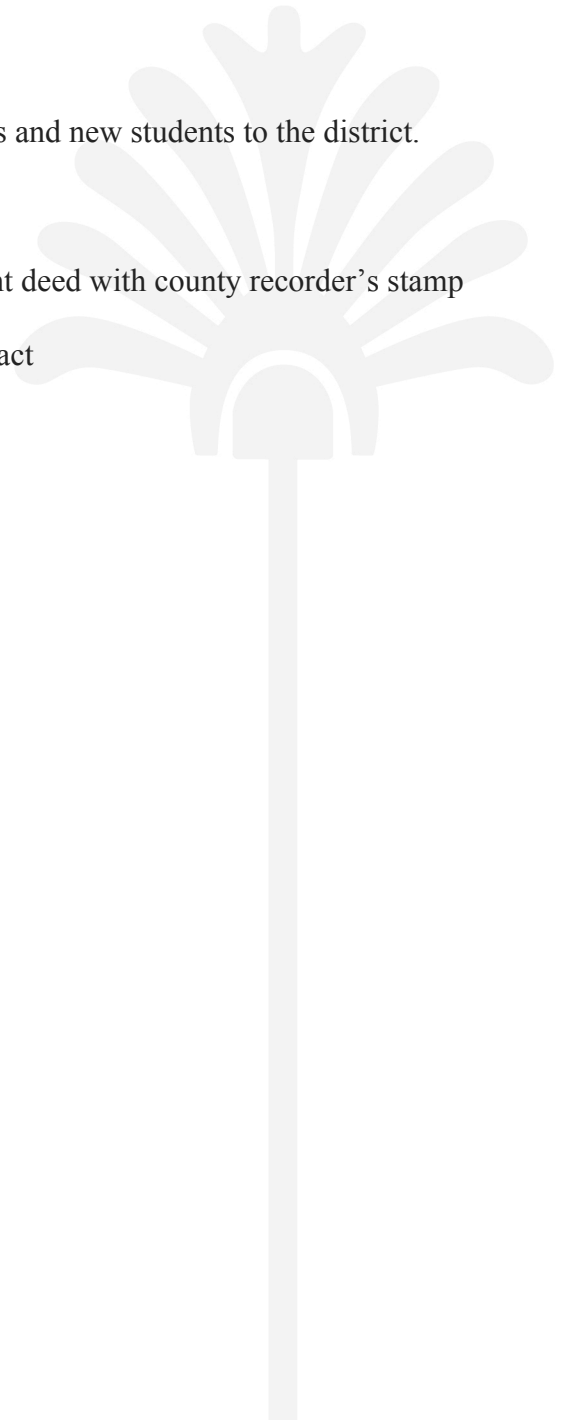


**Santa Barbara Unified**  
Every child, every chance, every day.

720 Santa Barbara Street  
Santa Barbara, CA 93101  
Phone: 805.963.4338  
Fax: 805.963.3521  
TDD: 805.966.7734  
SBUunified.org

## Documents Required for Enrollment

- **Birth certificate or passport**
- **Immunization record**
  - Include the 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



# 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:						YEARS:			LANGUAGE OTHER THAN ENGLISH SPOKEN IN HOME:			
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												
<b>INFORMATION CONCERNING PARENT OR GUARDIAN #1</b>	<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 #					
<b>INFORMATION CONCERNING PARENT OR GUARDIAN #2</b>	<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 #					
<b>PARENT EDUCATION PARENT/GUARDIAN #1</b>						<b>PARENT EDUCATION PARENT/GUARDIAN #2</b>						
1 Not a High School Grad		3 Some College		5 Graduate School/Post		1 Not a High School Grad		3 Some College		5 Graduate School/Post		
2 High School Grad		4 College Graduate		6 Declined/Unknown		2 High School Grad		4 College Graduate		6 Declined/Unknown		
<b>NAME OF NATURAL PARENTS (IF NOT SAME AS ABOVE)</b>												
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 _____												



### 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 ID #: \_\_\_\_\_

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.*

# HOME LANGUAGE SURVEY

Name of Student: \_\_\_\_\_  
(Surname / Family Name) (First Given Name) (Second Given Name)

Age of Student: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Note: School district personnel should complete all of the information items above this line.

## Directions to Parents and Guardians:

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 responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.

1. Which language did your child learn when he/she first began to talk? \_\_\_\_\_
2. Which language does your child most frequently speak at home? \_\_\_\_\_
3. Which language do you (the parents or guardians) most frequently use when speaking with your child? \_\_\_\_\_
4. Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults) \_\_\_\_\_

Please sign and date this form in the spaces provided below, then return this form to your child's teacher. Thank you for your cooperation.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



**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