

GREATER SAN DIEGO ACADEMY
2018-2019 SCHOOL YEAR APPLICATION FOR READMISSION
(RETURNING (no gap in enrollment) STUDENTS ONLY)

Student's Name: _____ Grade: _____
(Last Name) (First Name) (MI)

Student's Name: _____ Grade: _____
(Last Name) (First Name) (MI)

Student's Name: _____ Grade: _____
(Last Name) (First Name) (MI)

Student's Name: _____ Grade: _____
(Last Name) (First Name) (MI)

Admin Use Only:

Enrollment Date:

A (Year-Round) _____ (date)

Meeting Place _____

B (Traditional) _____ (date)

Consultant _____

C* (Late Entry) _____ (date) *enrolled nowhere this year

- | | |
|--|---|
| <input type="checkbox"/> Application Side A & B (email legible) | <input type="checkbox"/> 7 th grade blue card* |
| <input type="checkbox"/> Verification of Residency Form | <input type="checkbox"/> Family Income Level |
| First Document _____ | <input type="checkbox"/> Health Form given to returning |
| Second Document _____ | Kindergarten/First Grade Parent if no form it |
| <input type="checkbox"/> Disclosure of Medical Condition (if | cumulative |
| necessary) Name: _____ | <input type="checkbox"/> Oral Health Form given to |
| o Action Plan (date given) _____ | Kindergarten/First Grade Parent if no form it |
| <input type="checkbox"/> Tech Permissions Document | cumulative |

***For 7th graders: Attach blue card with documentation and Ind. Study letter if applicable.**

Application Received _____ (date) Application Completed _____ (date) Sent to Data Tech _____ (date)

HS Orientation: Name: _____	Date: _____	HS Program: ___gen ___univ
Name: _____	Date: _____	HS Program: ___gen ___univ
Name: _____	Date: _____	HS Program: ___gen ___univ
Name: _____	Date: _____	HS Program: ___gen ___univ
Lead Verification (initial & date): _____		

Records: Entered in SP _____
(date & initial)

Entered in Database _____
(date & initial)

Greater San Diego Academy Application for Readmission 2018-2019
Side A (All Sections of side A & B must be completed.)

Student's Legal Last Name _____	First _____	Grade _____	*medical/physical conditions school staff should be aware of _____
Student's Legal Last Name _____	First _____	Grade _____	*medical/physical conditions school staff should be aware of _____
Student's Legal Last Name _____	First _____	Grade _____	*medical/physical conditions school staff should be aware of _____
Student's Legal Last Name _____	First _____	Grade _____	*medical/physical conditions school staff should be aware of _____

*If medical/physical condition exists, please fill out the Disclosure of Medical Condition form available from your admin.

<input type="checkbox"/> Parent: <input type="checkbox"/> Step-Parent: <input type="checkbox"/> Guardian _____	Home Phone _____	Work Phone _____	Cell Phone _____	E-mail _____
<input type="checkbox"/> Parent: <input type="checkbox"/> Step-Parent: <input type="checkbox"/> Guardian _____	Home Phone _____	Work Phone _____	Cell Phone _____	E-mail _____

Student's Mailing Address Street _____ City _____ State _____ Zip _____

Student's Home Address Street _____ City _____ State _____ Zip _____

Student(s) Lives With: Mother Father Stepmother Stepfather Grandparents Foster Parents Other _____

Residence Category: Permanent Housing Hotel/Motel Temporarily Doubled up Temporary Shelter Temporarily Unsheltered

Current School District of Residence: _____

(In case of separated/divorced parents, formal documentation regarding legal restrictions on the release of student must be kept in student's file.)
 Any special custody regulations regarding your student(s)? No Yes

Is there a Restraining Order? No Yes If yes, please provide us with a copy of the documentation by the first week of school and explain: _____

Parent/Legal Guardian Signature _____ Date _____

Side B

Consultant Request: Stay with current consultant
 Request different consultant: _____

(consultant request will be honored based on roster numbers)

Preferred Meeting Location: Jamul Mobile (Pre-Determined Community Meeting Place)

Make my student's information available to institutions of higher learning. No Yes

Make my student's information available to military recruiters. No Yes

If I cannot be reached, the following people may be contacted and my child/children released into their care:

- | | | | | | | |
|----|-------|------------|------------|------------|-------|-------------------------|
| 1. | _____ | Home Phone | Work Phone | Cell Phone | _____ | Relationship to Student |
| 2. | _____ | Home Phone | Work Phone | Cell Phone | _____ | Relationship to Student |
| 3. | _____ | Home Phone | Work Phone | Cell Phone | _____ | Relationship to Student |
| 4. | _____ | Home Phone | Work Phone | Cell Phone | _____ | Relationship to Student |

In the event of an emergency, JDUSD Unified School District will access appropriate transportation for medical care.
Legal Acknowledgement:

I _____, have voluntarily provided the District with full and complete medical information about my child. I hereby agree to hold the Jamul-Dulzura Union School District and its agents harmless for any legal and medical costs associated with the injury/harm to my child as a result of the District providing care to special need students pursuant to this notice.

Parent's Signature: _____ Date: _____
(Disclosure of medical condition is voluntary)

Greater San Diego Academy 2018-2019
VERIFICATION OF RESIDENCY

In accordance with Title 5, California Code of Regulations Section 432(F) (2), California school districts must verify student residency annually prior to student beginning school.

In order to verify residency, current documents for both returning and new students must be provided showing the parent, guardian, or caregiver's name and address.

Deed, escrow papers (closed), mortgage statement (current), property tax form (current)

OR

Lease or Rental Agreement with two consecutive cancelled check copies showing payment within the last 90 days.

Agreement must include property owner/agent's notarized signature or be verifiable under penalty of perjury.

OR

Two of the following documents valid within the last 90 days:

Vehicle insurance Employment Check Dept of Human/Social/Health Services Stmt

AND

Two monthly statements showing usage during the last 90 days from ONE of the following:

SDG&E Propane Phone (landline only)
Water Trash

If you are living with another family and are not paying rent or utilities, a Shared Housing Proof of Residency Form must be completed. (request from staff).

Please Circle: Student(s) is/are living with parents/foster parents/court-appointed guardian or other (specify):

I, (print name) the parent/guardian/care giver of;

(print child/children's name) declare under penalty of perjury that the above-named student resides at the address listed on the documents I have provided and the documents are either original or a true and accurate copies of the original documents. Copies of the documents are attached. I understand that all suspected cases of fraud may be forwarded to the local District Attorney.

Parent/Guardian/Care giver Signature:
Date: Address:

Falsification of any information or document required for residency verification or the use of the address of another person may result in revocation of student enrollment.

FOR SCHOOL USE ONLY:

The attached documents show the name and address of the person enrolling the above-named student:

Signature of school official: Date:

Greater San Diego Academy 2018-2019
FAMILY INCOME LEVEL

This information is essential in order for schools to qualify for special funding and to insure accurate demographic comparisons related to state mandated testing. As with all information requested, this is strictly confidential and only the final number of the total will be used. **NO NAMES OR PERSONAL INFORMATION** will be used in any manner. Your participation is appreciated.

Student Name: _____

Please complete both columns next to the income level that applies to your household.
 Sample: If you are a single parent with 2 children and make \$29,000 a year, fill in the fourth blank line with a "1" in the adult column and a "2" in the children column.

# OF ADULTS	# OF CHILDREN	ANNUAL COMBINED INCOME
		\$21,112 or less
		\$22,311 or less
		\$26,546 or less
		\$30,044 or less
		\$31,980 or less
		\$37,414 or less
		\$37,777 or less
		\$42,848 or less
		\$45,510 or less
		\$48,282 or less
		\$53,243 or less
		\$53,716 or less
		\$60,976 or less
		\$68,709 or less
		\$76,442 or more

Parent Educational Level

The state of California requires that the parent educational level is listed on standardized tests. To assist us, please enter the highest educational level of each parent. This information will be kept strictly confidential. Please check the appropriate level for each parent.

- | | Father | Mother | |
|----|--------|--------|---|
| 1. | _____ | _____ | Graduate School/Post Graduate Training |
| 2. | _____ | _____ | College Graduate (B.A. or B.S.) |
| 3. | _____ | _____ | Some College (Vocational Trade School - 2 yr. degree) |
| 4. | _____ | _____ | High School Graduate |
| 5. | _____ | _____ | Not a High School Graduate |
| 6. | _____ | _____ | Decline to state or unknown |