

INGLEWOOD UNIFIED SCHOOL DISTRICT

Office of the Child Development Programs
10409 10th Avenue, Inglewood CA 90303
310-419-2691/ 310-419-2692

Pre-Enrollment Form

Date Applicaton Accepted: _____

Staff Initials _____

Parent(s) Information *(Information must be provided on all adults in the household)*

Last Name (Parent A):	First Name(Parent A) :	Primary Language:
Last Name (Parent B):	First Name(Parent B) :	Primary Language:
Street Address:	City:	Zip Code:
Home Phone:	Work Phone:	Cell Phone

Income

- Are you (or anyone in the household) currently receiving **cash aid**? Yes / No
- Are you (or anyone in the household) currently receiving **social security benefits**? Yes / No
- Are you (or anyone in the household) currently receiving **unemployment benefits**? Yes / No
- Gross monthly income of all individuals counted in the family size: \$ _____

CHILD BEING ENROLLED

Last Name	First Name:	M.I.
Birthdate:	Gender	Allergies:

Does the child have any of the following special needs, disabilities, or medical conditions? Yes / No

Number of children in household: _____

Other children living in the home:

Name	Date of Birth	School
1.		
2.		
3.		
4.		
5.		

REQUESTED SITE:

WOODWORTH AM/PM
HIGHLAND AM/PM

BENNETT KEW AM/PM
INGLEWOOD TECH

For office use only:	Rank #: _____ Family Size: _____ Need: _____
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DOCUMENTATION REQUIRED

1. Documentation of family size (please submit one of the following for all children in the household):

- Birth records
- Child custody order
- Adoption documents
- Foster Care Placement Records
- School or medical records
- County welfare department records
- Other documentation indicating the relationship of the child to the parent

2. Income Verification (Current check stub(s)):

- Weekly bring four check stubs
 - Twice a month (Semi-Monthly) bring two check stubs
 - Every other week (Bi-Weekly) bring two check stubs
 - If you are paid Monthly bring one check stub
- If on Cal Works, a current Notice of Action with recipients names and income
-- If on SSI, a recently dated award letter or printout from the Social Security Office
-- If on unemployment, the most recent unemployment pay-stubs and award letter
-- If self-employed, please provide:
- The most recent QUARTERLY taxes
 - **or** log book of all income from the previous month
 - **or** receipts of all income from the previous month
 - **or** bank statements of the previous month's income
- If School Financial Aid is a source of income for your family please provide the financial aid award letter (If child will attend Full Day a copy of the counseling plan and class schedule as well as other documents will be required.

3. Proof of Residence – 2 different utility bills for the residence of the family. If utility bills are not under your name submit the utility bills of the person with whom you reside along with a signed declaration form available in the front office.

4. Child's Immunization Record (current)

5. Current T.B. Test (current)

6. Physical Examination (within a year)

For office use only:	Rank #: _____ Family Size: _____ Need: _____
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