

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 |
| <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 |
| <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 _____ Entered in Database _____
(date & initial) (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.

Parent: Step-Parent: Guardian _____ Home Phone _____ Work Phone _____ Cell Phone _____ E-mail _____

Parent: Step-Parent: 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. _____ | _____ | _____ | _____ | _____ |
| Name | Home Phone | Work Phone | Cell Phone | Relationship to Student |
| 2. _____ | _____ | _____ | _____ | _____ |
| Name | Home Phone | Work Phone | Cell Phone | Relationship to Student |
| 3. _____ | _____ | _____ | _____ | _____ |
| Name | Home Phone | Work Phone | Cell Phone | Relationship to Student |
| 4. _____ | _____ | _____ | _____ | _____ |
| Name | Home Phone | Work Phone | Cell Phone | Relationship to Student |

In the event of an emergency, JDUUSD 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 FOR RETURNING STUDENTS

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

In order to verify residency, **two current (last 3 months) documents** for **both returning and new students** must be provided. Any **current** two of the following documents listed below must be provided, showing the parent, guardian, or caregiver name and address.

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Deed, escrow papers, mortgage book or statement, property tax form, or homeowner's association fees | <input type="checkbox"/> Phone bill (No Cell Phone bills) |
| <input type="checkbox"/> Lease Agreement/Rental Contract and <u>current</u> rent receipt. | <input type="checkbox"/> Trash bill |
| <input type="checkbox"/> Letter on apartment complex or mobile home park letterhead, signed by the landlord, stating that parent/guardian/care giver lives there. | <input type="checkbox"/> Tax document |
| <input type="checkbox"/> Gas & Electric bill/Propane bill | <input type="checkbox"/> Vehicle or residence insurance |
| <input type="checkbox"/> Water bill | <input type="checkbox"/> Voter registration receipt |
| <input type="checkbox"/> Cable TV bill | <input type="checkbox"/> Parental proof of employment in the District and/or proof of child care license/program |
| <input type="checkbox"/> Vehicle registration | |
| <input type="checkbox"/> Verification of Social Services (AFDC) | |
| <input type="checkbox"/> Unemployment/employment check | |

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 is living with parents/foster parents/court-appointed guardian or other (specify): _____

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

(child's name)
(child's name)
(child's name)
(child's name)

declare under penalty of perjury that the above-named student resides at the address listed on the documents that I have provided. Copies of the documents are attached.

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.

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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