



Holly Drive Leadership Academy

**Application for Admission
2019 - 2020 School Year
Returning Student**

"Excellence is not an outcome to be wished for but a standard to be maintained."



HOLLY DRIVE LEADERSHIP ACADEMY

Directions for Completing the PK-12 Enrollment Form

When completing a blank form please complete the Holly Drive Leadership Academy PK-12 Enrollment Form by printing using black or blue ink. Complete each box in Sections I-III and sign the form on p.2. Note that verification is needed for the information you provide in Boxes 3 and 14 for a new enrollment at the school.

If completing a pre-filled form please note that information on this form in Sections I-III reflects responses in a previous enrollment form received from you. Please make corrections to Sections I-III, sign and date the back of the form (even if no corrections are needed), and return to your child's school.

SECTION I: Student Information	
Boxes 1-2.	These are for OFFICE use ONLY. Do not enter any information in these boxes.
Box 3. Legal Name	Enter your child's Legal Name (as printed on the birth certificate or other legal document): Last Name, First Name, Middle Name/Initial, and Suffix (Jr, II, III). NOTE: The child's legal name and birthdate must be verified by the office staff. Forms of verification include a birth certificate, affidavit, church records, or passport.
Box 4. Nickname	Enter a name that your child uses if he/she does not use the Legal Name in Box 3. Example: A child named Eleanor might use the nickname Ellie.
Box 5. Other Name(s) used previously	Enter a name that your child may have used or is known by that is different than the Legal Name in Box 3. Examples include a former legal name or a maiden name.
Box 6. Birth date	Enter your child's birthdate using mm/dd/yyyy.
Box 7. Student Social Security Number	Enter your CHILD'S Social Security Number (optional) or if no number, leave blank.
Box 8. Gender	Check either Male (M) or Female (F).
Box 9. Hispanic/Latino Ethnicity	Check a single box indicating „Yes“ or „No“ if child is Hispanic or Latino.
Box 10. Race	Select one or more race categories from listed races. (See "RACE/ETHNIC DEFINITIONS FOR PK-12 ENROLLMENT CARD".)
Box 11. Release of information	Check „Opt Out“ only if you do not want addresses and phone numbers of student released to school organizations or groups.
Box 12. Student email	Enter your CHILD'S email address (optional). If no email address, leave blank.
Box 13.	This is for OFFICE use ONLY. Do not enter any information in this box.
Box 14. Household Address	Enter the address where the child lives including the city, state, and zip code. If you are living somewhere temporary due to financial hardship you may use your school's address as a household address.
Box 15. Home Phone	Enter the phone number where the child lives. Include the area code.
Box 16. Mailing Address	If you receive mail at an address other than the household address in Box 14, enter that address here.
Box 17. City and State of Birth	Enter the city and state where your child was born.
Box 18. Country of Birth	Enter the country where your child was born.
Box 19. First enrolled in a California school (K-12)	Enter the date that your child was first enrolled in a California school for Grades K-12. If your child is entering Kindergarten, enter the first day of school.
Box 20. First enrolled in a U.S. school (K-12)	Enter the date that your child was first enrolled in a U.S. school for Grades K-12. If your child is entering Kindergarten, enter the first day of school.
Box 21. Student Residential Status	Check ONE box that best describes where the child lives. If your residence is temporary due to financial hardship ("doubling up" by living with friends or family, living in a temporary shelter, hotel, motel or living as unsheltered) check the homelessness box that best describes your current situation.

Box 22. School Age Siblings	If you have other children that currently attend (or will be attending this school year) any San Diego Unified Schools in Grades K-12 enter their full name, grade, and school name. If you need to list additional names, use the Notes/Additional Information box in Section IV.
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PART II: Contact Information

Box 23. Contact Information	<p>Enter information for the parent/guardian to provide contact information for the school. This is the primary contact.</p> <ul style="list-style-type: none"> • Contact full name: Enter your full name. • Relationship: Enter your relationship to the child (Mother, Father, Legal Guardian, Step Parent, Agency Representative, Brother or Sister, Brother/Sister-in-law, Cousin, Emancipated Minor, Father/Mother-in-law, Friend, Grandparent, Law Officer, etc.). • Lives with student?: Check „Yes“ or „No“. If your address is different than the child’s household address entered in Box 14, write it here. • Home, Work, Cell phones: Enter your home, work and cell (optional) numbers. Include any extensions, if necessary. • E-Mail Address: Enter your home e-mail address (optional). You will be asked about this by a school staff member. • Employer: Enter the name of your employer or business. • Active duty military: Check „Yes“ or „No“. • Contact Primary Language: Enter YOUR primary language. • Education Level: Check the highest level of education you completed in any school. Check only one. <ul style="list-style-type: none"> - Not a high school graduate - High school graduate - Some college/AA Degree - College graduate - Graduate school/post-graduate - Decline to state • Additional Information: Check all that apply.. <ul style="list-style-type: none"> - Interpreter required: You will need an interpreter to communicate with the school and your child’s teachers. - Parent online access: You would like to be able to view your child’s attendance and grade information online using ParentConnection (if the school offers this service) and Naviance for middle/high school families
Box 24. Other Contact	<p>Enter information for another parent, step-parent, or guardian to provide contact information to the school. Complete the sections like Box 23.</p> <ul style="list-style-type: none"> • Additional Information: Check all that apply to the listed Other Contact. <ul style="list-style-type: none"> - This contact needs a copy of the child’s report card.* - This contact needs a copy of the child’s progress report.* - Interpreter required (see box 23 above). - Parent online access (see box 23 above). <p>* Note: By default, the contact named in box 23 above receives this.</p>
Box 25. Emergency Contacts	<p>Enter information for one or two emergency contacts that can be reached by phone in case the parent/guardians cannot be reached. Provide the contact’s full name, relationship to child, phone numbers, and primary language. NOTE: If you need to enter additional contacts, use the Notes/Additional Information box in Section IV.</p> <ul style="list-style-type: none"> • Additional Information: Check all that apply to the listed Emergency Contacts. <ul style="list-style-type: none"> - Interpreter required (see box 23 above) - OK to release student: The school is authorized to release the child to the emergency contact.

SECTION III: Questions for Parent/Guardian

Boxes 26-31.	Please complete Questions 26-31.
Signature and Date	You must sign and date this form.

SECTION IV: District Administrative Information—FOR OFFICE USE ONLY

Boxes 32-43	These are for OFFICE use ONLY (unless you use the Notes/Additional Information section to list additional information from Sections I or II).
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RACE/ETHNIC DEFINITIONS FOR PK-12 ENROLLMENT CARD

On the **PK-12 Enrollment Card** there is the addition of *Question #9* and a change to *Question #10*. Use the descriptions below to assist in completing the form.

<p>Question #9: A “yes” or “no” response is required.</p> <p>Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.</p>
<p>Question #10: Select one or more race categories from the following options ~</p> <p>Race Definitions:</p>
<p>American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.</p>
<p>Asian Indian: A person having origins in any of the original peoples of India.</p>
<p>Black or African American: A person having origins in any of the black racial groups of Africa.</p>
<p>Cambodian: A person having origins in any of the original peoples of Cambodia.</p>
<p>Chinese: A person having origins in any of the original peoples of one of the following countries: (Mainland) China, Taiwan, Hong Kong.</p>
<p>Filipino: A person having origins in any of the original peoples of the Philippine Islands.</p>
<p>Guamanian: A person having origins in any of the original peoples of Guam.</p>
<p>Hawaiian: A person having origins in any of the original peoples of Hawaii.</p>
<p>Hmong: A person having origins in any of the original peoples of Laos and are of the Hmong culture or origin.</p>
<p>Japanese: A person having origins in any of the original peoples of Japan.</p>
<p>Korean: A person having origins in any of the original peoples of Korea.</p>
<p>Laotian: A person having origins in any of the original peoples of Laos.</p>
<p>Other Asian: A person having origins in any of the original peoples of one of the following: Burma, Malaya, Thailand, Indonesia, Sri Lanka, Mien, Singapore, Bangladesh, Bhutan, Nepal, Pakistan, or any other Asian country not listed.</p>
<p>Other Pacific Islander: A person having origins in any of the original peoples of the Pacific Islands other than Hawaii, Guam, Samoa (American Samoa or Western Samoa) or Tahiti. Includes islands such as Polynesia, Fiji Islands, Marshall Island, Melanesia, Palau, Tonga, Truk, or Yap.</p>
<p>Samoaan: A person having origins in any of the original peoples in Samoa (American Samoa or Western Samoa).</p>
<p>Tahitian: A person having origins in any of the original peoples of Tahiti.</p>
<p>Vietnamese: A person having origins in any of the original peoples of Vietnam.</p>
<p>White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p>



HOLLY DRIVE LEADERSHIP ACADEMY PK-12 ENROLLMENT FORM 2019-20

Complete Sections I-III and sign page 2. Section IV must be completed by office staff. Please print legibly using black or blue pen.
For full directions, please refer to Completing Your Child's Enrollment Form available at www.sandi.net/enrollment.

OFFICE ONLY		OFFICE ONLY	
1. Student District ID:		2. Student State ID (SSID):	
I. STUDENT INFORMATION			
3. Last name (LEGAL NAME ONLY)		First	Middle
		Suffix (Jr, II, III)	
4. Nickname:	5. Other name(s) used previously (AKA):	6. Birth date: / /	7. Social Security Number (optional): -- --
8. Gender <input type="checkbox"/> M <input type="checkbox"/> F	9. Is student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Race (select one or more): <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Hmong <input type="checkbox"/> Korean <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Tahitian <input type="checkbox"/> Samoan	
11. Your address /phone number may be shared with District-approved school-related organizations that are authorized to receive this directory-type information. If you do not want your information to be shared, you must select 'Opt Out'. <input type="checkbox"/> Opt Out			12. Student email address (optional):
OFFICE ONLY Address Verified		13. Date: / /	14. Household address: City, State: ZIP Code:
15. Home phone ()	16. Mailing address (if different from household): City, State: ZIP Code:		
17. City, State of birth:	18. Country of birth:	19. First enrolled in a CA school (K-12): Date: / /	20. First enrolled in a US school (K-12): Date: / /
21. Student residential status (check one): <input type="checkbox"/> Foster Group Home (FGH) (FFA) <input type="checkbox"/> Parent/legal guardian (home) <input type="checkbox"/> Foster Family Home (FFH) <input type="checkbox"/> Homelessness-hotel/motel* <input type="checkbox"/> Homelessness-doubling up (living with someone)* <input type="checkbox"/> Hospital (not state hospital) <input type="checkbox"/> Homelessness-sheltered* <input type="checkbox"/> Homelessness-unsheltered* <input type="checkbox"/> Other _____ <input type="checkbox"/> Foreign exchange student <input type="checkbox"/> Residential facility *Temporary residence due to financial hardship			
22. Only if applicable complete and include siblings who are currently in Grades PK-12 in SDUSD.			
Sibling 1 full name:		Grade:	School name:
Sibling 2 full name:		Grade:	School name:
Sibling 3 full name:		Grade:	School name:
II. CONTACT INFORMATION Provide at least three contacts—if additional space is needed use Notes on back of form.			
	23. CONTACT	24. OTHER CONTACT	25. EMERGENCY CONTACTS (OTHER THAN PARENTS)
Contact full name			Full name:
Relationship to student			Relationship to student:
Lives with student?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, provide address here: _____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, provide address here: _____ _____	Home phone () Work phone () Cell Phone ()
Home phone	()	()	<input type="checkbox"/> Interpreter required <input type="checkbox"/> OK to release student
Work phone	()	()	Full name:
Cell phone	()	()	Relationship to student:
Email address (optional)			Home phone () Work phone () Cell phone ()
Employer			<input type="checkbox"/> Interpreter required <input type="checkbox"/> OK to release student
Active duty military	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Contact primary language			
Education level (select one)	<input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College/AA Degree <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School/Post-Graduate <input type="checkbox"/> Decline to state	<input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College/AA Degree <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School/Post-Graduate <input type="checkbox"/> Decline to state	
Select one or more for each contact.	<input type="checkbox"/> Interpreter required <input type="checkbox"/> Parent online access	<input type="checkbox"/> Report card <input type="checkbox"/> Progress report <input type="checkbox"/> Interpreter required <input type="checkbox"/> Parent online access	

SIGNATURE REQUIRED ON REVERSE

OFFICE ONLY Student Name: _____

Grade: _____

Teacher: _____

Room #: _____

III. QUESTIONS FOR PARENT/GUARDIAN

The following questions provide important information for the school staff. Parents must answer the following questions. Check 'Yes' or 'No' for each question where appropriate. Questions 29 and 30 are for high school students only. Question number 29 requires that you check 'Opt Out' or leave it blank if you agree to release your child's information.

26. Has your child ever received Special Education services? <input type="checkbox"/> Yes <input type="checkbox"/> No	27. Are you now engaged in migrant work, or have you been engaged in migrant work (moved and worked seasonally in agricultural, lumber or fishery related jobs) in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No
28. Name, city, and state of last school attended: _____ _____ _____ Last grade level completed: _____	29. (For high school students only) Federal law requires release of student information to military recruiters. If you do NOT want this information released for your child, you must select 'opt out'. http://www2.ed.gov/policy/gen/guid/fpco/hottopics/ht-10-09-02a.html <input type="checkbox"/> Opt Out
30. (For high school students only) Has your child ever played interscholastic athletics? <input type="checkbox"/> Yes <input type="checkbox"/> No	31. (For students born outside the U.S.—see #18) Was this student born in a foreign country to diplomatic, military personnel or other U.S. citizen and granted U.S. citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No

The information provided in Sections I-III is true to the best of my knowledge.

X

Parent/Guardian signature (required)

Date

IV. DISTRICT ADMINISTRATIVE INFORMATION – FOR OFFICE USE ONLY

32. Address verification document: _____	LEGAL BINDINGS
33. Birth verification documents: <input type="checkbox"/> Birth certificate <input type="checkbox"/> Affidavit <input type="checkbox"/> Church records <input type="checkbox"/> Passport <input type="checkbox"/> School records <input type="checkbox"/> Unverified	
34. School of residence: _____	
35. District of residence: _____ <input type="checkbox"/> Interdistrict attendance permit <input type="checkbox"/> InterSELPA agreement	
36. Boundary exception for non-resident student Type: _____ Reason: _____	
ENTRY INFORMATION	
37. Previously enrolled in SDUSD? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If Yes: Last year _____ School _____ Grade _____	NOTES/ADDITIONAL INFORMATION
38. Entry date: ____/____/____	
39. Entry reason (check one): <input type="checkbox"/> Enter from within SDUSD <input type="checkbox"/> Enter from Out of District <input type="checkbox"/> Enter from Out of State <input type="checkbox"/> Initial Enrollment K-12 <input type="checkbox"/> Enter from Charter School within SDUSD	
40. For students new to SDUSD entering from within California: Student State ID (SSID) (if known): _____ Previous CA district: _____ Previous CA school name: _____	
41. For students new to SDUSD entering from outside of California: Previous school: _____ City, State: _____	
EXIT INFORMATION	
42. Exit date: ____/____/____	44a. Immunization status: <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Exempt
43. Exit reason (check one): <input type="checkbox"/> Grades PK-6 transfer within SDUSD <input type="checkbox"/> Grades PK-6 transfer out of SDUSD <input type="checkbox"/> Grades 7-12 transfer within SDUSD <input type="checkbox"/> Grades 7-12 transfer out of SDUSD <input type="checkbox"/> No Show-Enrollment Dropped <input type="checkbox"/> Withdrew Grades PK-6 <input type="checkbox"/> Other: _____	44b. Dental Exam (K only)? <input type="checkbox"/> Yes <input type="checkbox"/> No



Holly Drive Leadership Academy

4801 Elm Street • San Diego, CA 92102
(619) 266-7333 • (619) 266-2540 fax

OFFICE USE ONLY		NOTES:		
TCHR/CNSLR		SIS ID#		SASI ID#
MO ____ DY ____ YR ____ EFFECTIVE ENTER DATE		ENTER CODE	ETHNIC CODE	ROOM(S)
ADDRESS VERIFIED:		SEC/SAP		RES LOC
BIRTHDATE VERIFIED BY: BIRTH CERTIFICATE _____ CHURCH RECORDS _____ OTHER _____		RECORDS REQ'D		RECORDS REC'D
		IMMUN STATUS		LANG CODE
DROP CODE	DROP DATE	ELPL	SPC	PHC

STUDENT INFORMATION FORM K-12

Student Information

Student's Legal Name: _____
(Last) (First) (Middle) (Called)
 Date of Birth: _____ Sex: _____ Social Security Number: _____ Grade: _____
 Current Address: _____
(Street) (City) (Zip) (Home Phone)

Parent Information

Parent Guardian Other

Name: _____
 Address: _____
 Employer: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Pager #: _____ Fax #: _____ Email: _____

Parent Guardian Other

Name: _____
 Address: _____
 Employer: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Pager #: _____ Fax #: _____ Email: _____

Person to call if parent not available *(Required for emergency)*

Name: _____ Relationship to Student: _____

Address: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship to Student: _____

Address: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

Academic Information

School Name: _____ Grade: _____

Address: _____
(Street) (City) (Zip)

Has Student Been Enrolled in a San Diego City School Prior to this year? YES _____ NO _____

School Name: _____

Student's Birthplace: City _____

State or Country: _____

If Student's Birthdate is other than the U.S., What is the date of first enrollment in a U.S.

School (Either Public or Private)? _____ Month _____ Year _____

The address I have provided is my correct residence. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

Date