

**IFTIN Charter School  
2021-22 TK-Grade 8 ENROLLMENT FORM**

Complete Sections I-III and sign page 2. Section IV must be completed by office staff. Please print legibly using black or blue ink.  
For full directions, please refer to *Directions for Completing the TK-8 Enrollment Form* available at <http://iftincharter.net/enrollment-forms/>.

<b>OFFICE ONLY 1.</b> Student District ID:		<b>OFFICE ONLY 2.</b> Student State ID (SSID):	
<b>I. STUDENT INFORMATION</b>			
<b>3.</b> Last name (LEGAL NAME ONLY)		First	Middle      Suffix (Jr, II, III)
<b>4.</b> First Name on teacher rosters:	<b>5.</b> Former legal name(s) (optional):	<b>6.</b> Birthdate: / /	<b>7.</b> Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary
<b>8.</b> Is student Hispanic or Latino/a/x? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>9.</b> Race: (check all boxes that apply)		
	<input type="checkbox"/> American Indian or Alaskan Native	<i>Asian/Indochinese</i> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese	<i>Pacific Islander</i> <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean	<input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian
	<input type="checkbox"/> Filipino	<input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Pacific Islander
	<input type="checkbox"/> White		
<b>10.</b> Release of Information: Directory-type information may be shared with individuals and organizations authorized to receive this type of information unless it is prohibited by the parent/guardian. If you do not want the information shared, you must select "Opt Out." <input type="checkbox"/> Opt Out		<b>11a.</b> Student email address (optional):	<b>11b.</b> Student phone (optional): (   )
<b>12.</b> Household address:		City, State:	ZIP Code:
<b>13.</b> Primary phone: (   )	<b>14.</b> Mailing address (if different from household):		City, State:      ZIP Code:
<b>15.</b> City, State, Country of birth:	<b>16.</b> First enrolled in US Preschool: Date: / /	<b>17a.</b> First enrolled in a CA school (TK-8): Date: / /	<b>17b.</b> First enrolled in a US school (TK-8): Date: / /
<b>18.</b> Current Caregiver (check one): <input type="checkbox"/> Parent/legal guardian <input type="checkbox"/> Other adult (not legal guardian, requires Caregiver Affidavit)			
<b>19a.</b> Foster Living Situation: Check one if applicable: <input type="checkbox"/> Family Home (FFH) <input type="checkbox"/> Group Home (FGH) (FFA) <input type="checkbox"/> Formal Kinship Care (including NREFM)		<b>19b.</b> Temporary/inadequate residence due to financial hardship: Check all that apply: <input type="checkbox"/> Living with someone/Doubling up <input type="checkbox"/> Unaccompanied Youth <input type="checkbox"/> Hotel/motel <input type="checkbox"/> Sheltered <input type="checkbox"/> Unsheltered <input type="checkbox"/> Runaway Youth	
<b>20.</b> Other Living Situation: <input type="checkbox"/> International Exchange <input type="checkbox"/> Residential facility <input type="checkbox"/> Hospital (not state hospital) <input type="checkbox"/> _____			
<b>21.</b> Complete and include all minors under 18 years of age who live in the same household (siblings and non-siblings), even if not enrolled in San Diego Unified. If additional space is needed, use "Notes" in Section IV on back of form.			
Full Name:	Birthdate:	School name:	Relationship to student:
Full Name:	Birthdate:	School name:	Relationship to student:
Full Name:	Birthdate:	School name:	Relationship to student:
<b>II. CONTACT INFORMATION</b> Provide at least three contacts—if additional space is needed use "Notes" in Section IV on back of form.			
	<b>22. Parent/Guardian/Contact</b>	<b>23. Parent/Guardian/Contact</b>	<b>24. Emergency Contacts (other than already listed)</b>
Full name			Full name:
Relationship to student			Relationship to student:
Lives with student? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide address here: _____ _____		<input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide address here: _____ _____	Home phone (   ) Work phone (   ) Cell Phone (   )
Home phone (   )		(   )	Email address:
Work phone (   )		(   )	Primary language:
Cell phone (   )		(   )	<input type="checkbox"/> Interpreter required <input type="checkbox"/> OK to release student
Email address			
Employer			
Military (check all that apply)	<input type="checkbox"/> Active Duty <input type="checkbox"/> DOD Employee <input type="checkbox"/> Reserves National Guard <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Active Duty <input type="checkbox"/> DOD Employee <input type="checkbox"/> Reserves National Guard <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Full name:
Primary language			Relationship to student:
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	Home phone (   ) Work phone (   ) Cell Phone (   )
Additional information	Report card & Progress report provided <input type="checkbox"/> Interpreter required <input type="checkbox"/> Access to student info online	<input type="checkbox"/> Report card <input type="checkbox"/> Progress report <input type="checkbox"/> Interpreter required <input type="checkbox"/> Access to student info online	Email address: Primary language: <input type="checkbox"/> Interpreter required <input type="checkbox"/> OK to release student

**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 review the following questions. Check "Yes" or "No" for each question where appropriate. Questions 28, 30 & 31 require that you check "Opt Out" or leave blank if you agree to your student's participation.

- 25a.** Has your student ever received  Yes  No **26.** Has one of the parents/guardians engaged in migrant work (moved and worked seasonally in jobs related to agriculture, lumber or fishery) in the past three years?  Yes  No  
**Special Education** services?  
**25b.** Does your student have a **504 Plan**?  Yes  No

**27.** Name, city, and state/country of last school attended:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last grade level **completed**: \_\_\_\_\_

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

x \_\_\_\_\_  
**Parent/Guardian/Contact signature (required)** **Date**

### IV. ADMINISTRATIVE INFORMATION – FOR OFFICE USE ONLY

- 28.** Address verification document: \_\_\_\_\_ **29.** Date address verified: / /  
**30.** Neighborhood school: \_\_\_\_\_ **31.** Birth verification documents:  
 Birth certificate  Affidavit  Church records  Passport  
 School records  Unverified  
**32.** District of residence: \_\_\_\_\_  
 Interdistrict Attendance Permit  InterSELPA agreement  
**33.** Immunization status:  Complete  Incomplete **34.** Boundary exception for non-resident student **35a. (K only)** Dental Exam?  Yes  No  
 Conditional  Exempt - District Nurse Approval Required **35b. (K only)** Physical Exam?  Yes  No

### ENTRY INFORMATION

- 36.** Previously enrolled in Iftin Charter?  Yes\*  No  
\*If Yes: Last year enrolled \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
**37.** Entry Date: \_\_\_\_\_  
**38.** Entry reason (check one):  
 Enter from within San Diego Unified  Enter from Out of District  Initial Enrollment-Preschool  Enter from Out of State  
 Initial Enrollment TK-8  Preschool Enroll-Not Initial  Enter from Charter School within San Diego Unified  
**39.** For students new to Iftin Charter entering from **within** California:  
Student State ID (SSID) (if known): \_\_\_\_\_  
Previous CA district: \_\_\_\_\_  
Previous CA school name: \_\_\_\_\_  
**40.** For students new to Iftin Charter entering from **outside** of California: Previous school name: \_\_\_\_\_ City, State/Country: \_\_\_\_\_

### NOTES/ADDITIONAL INFORMATION/LEGAL BINDINGS