Enrollment Instructions

Welcome to Hoover High School. We are excited to welcome you into the Cardinal Family! The following documents are required to complete the enrollment process.

PROVIDE THE FOLLOWING ITEMS:

- ☐ **Birth Certificate**
- ☐ **Address Verification (Rental/Lease Agreement, Mortgage Statement, Utility Bill)**
- ☐ **Vaccination Record (Please note that personal vaccination exemptions are no longer available under California Law.)** _**Students who are 16 by July 1, 2022, must be fully vaccinated against COVID-19.**_
- ☐ **School Records from Previous School (Transcripts, 504 Plans, IEPs, or any other pertinent documents if applicable)**

FORMS TO COMPLETE:

- ☐ **PreK-Grade 12 Enrollment Form**
- ☐ **Health Information Exchange Consent Form**
- ☐ **Home Language Survey**
- ☐ **SDUSD CAIR Form**
- ☐ **Universal Form**
- ☐ **Hoover Academy Selection Form (Rank Preference #1 - #3) 9th and 10th Grade students ONLY.**

Please return forms to…

- ☐ **Main Office (4474 El Cajon Blvd) during office hours (Monday to Thursday from 9:00-2:00 PM)**
- ☐ **By emailing ONE of the following:**
  - o **Cristina Casillas, Attendance Clerk, at ccasillas1@sandi.net**
  - o **Richard Gijon, Administrative Assistant, at rgijon@sandi.net**
  - o **Barbara Cannon, School Clerk II, at bcannon@sandi.net**

Please contact 619-344-4500 if you have any questions.

SAN DIEGO UNIFIED SCHOOL DISTRICT
2022-2023 PreK-Grade 12 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 PreK-Grade 12 Enrollment Form*.

OFFICE ONLY 1. Student District ID:	**OFFICE ONLY** 2. Student State ID (SSID):

I. STUDENT INFORMATION

3. Last name (LEGAL NAME ONLY)　　　　First　　　　Middle　　　　Suffix (Jr, II, III)

4. First Name on teacher rosters:

5. Former legal name(s) (optional):

6. Birthdate:　　/　　/

7. Legal Gender
❑ Female　❑ Male　❑ Nonbinary

8. Is student Hispanic or Latino/a/x?　❑ Yes　❑ No

9. Race: (check all boxes that apply)
❑ American Indian or Alaskan Native
❑ Black or African American
❑ Filipino
❑ White

Asian/ Indochinese
❑ Asian Indian　❑ Cambodian　❑ Chinese
❑ Hmong　❑ Japanese　❑ Korean
❑ Laotian　❑ Vietnamese　❑ Other Asian

Pacific Islander
❑ Guamanian　❑ Hawaiian
❑ Samoan　❑ Tahitian
❑ Other Pacific Islander

10. 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. See the district's *Facts for Parents* for the individuals and organizations, and the student information that may be released. If you do not want the information shared, you must select "Opt Out."　❑ Opt Out

11a. Student email address (optional):

11b. Student phone (optional):　(　　)

12. Household address:　　　　City, State:　　　　ZIP Code:

13. Primary phone:　(　　)

14. Mailing address (if different from household):　　City, State:　　ZIP Code:

15. City, State, Country of Birth:

16. First enrolled in US Preschool: Date:　　/　　/

17a. First enrolled in a CA school (UTK/Kinder):　Date:　/　/

17b. First enrolled in a US school (UTK/Kinder):　Date:　/　/

18. Current Caregiver (check one):　❑ Parent/Legal Guardian　❑ other Adult (not legal guardian, requires Caregiver Affidavit)

19a. Foster Living Situation:
Check one if applicable:　❑ Family Maintenance
❑ Family Home (FFH)　❑ Group Home (FGH) (FFA)
❑ Formal Kinship Care (including NREFM)　❑ Tribal Foster Care

19b. Temporary/inadequate residence due to financial hardship:
Check all that apply:
❑ Living with someone/Doubling up　❑ Unaccompanied Youth
❑ Hotel/motel　❑ Sheltered　❑ Unsheltered　❑ Runaway Youth

20. Other Living Situation:　❑ International exchange　❑ Residential facility　❑ Hospital (not state hospital)　❑ _____

21. Complete and include for 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:

II. CONTACT INFORMATION
Provide at least three contacts—if additional space is needed use "Notes" in Section IV on back of form.

	22. Parent/Guardian/Contact	**23. Parent/Guardian/Contact**	**24. Emergency Contacts (other than already listed)**
Full name			Full name:
Relationship to student			Relationship to student:
Lives with student?	❑ Yes　❑ No If no, provide address here: _____ _____	❑ Yes　❑ No If no, provide address here: _____ _____	Home phone (　　) Work phone (　　) Cell Phone (　　)
Home phone	(　　)	(　　)	Email address:
Work phone	(　　)	(　　)	Preferred language:
Cell phone	(　　)	(　　)	❑ Interpreter required
Email address			❑ OK to release student
Employer			❑ OK to send school messages
Military (check all that apply)	❑ Active Duty ❑ DOD Employee ❑ Reserves National Guard ❑ Full Time ❑ Part Time	❑ Active Duty ❑ DOD Employee ❑ Reserves National Guard ❑ Full Time ❑ Part Time	Full name: Relationship to student:
Preferred language:			Home phone (　　)
Education level (select one)	❑ Not a High School Graduate ❑ High School Graduate ❑ Some College/AA Degree ❑ College Graduate ❑ Graduate School/Post-Graduate ❑ Decline to state	❑ Not a High School Graduate ❑ High School Graduate ❑ Some College/AA Degree ❑ College Graduate ❑ Graduate School/Post-Graduate ❑ Decline to state	Work phone (　　) Cell Phone (　　) Email address: Preferred language: ❑ Interpreter required ❑ OK to release student ❑ OK to send school messages
Additional information	Report card & Progress report provided ❑ Interpreter required ❑ Access to student info online	❑ Report card ❑ Progress report ❑ Interpreter required ❑ Access to student info online	

SIGNATURE REQUIRED ON REVERSE

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
Special Education services?

25b. Does your student have a **504 Plan**?   ❏ 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

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

_____

_____

_____

Last grade level **completed**: _____

28. (For students in Grades 7, 9, & 11) The district would like your student to participate in the California Healthy Kids Survey (CHKS). The survey is anonymous and confidential. If you do not want your student to participate, you must select "Opt Out."   ❏ Opt Out

29. (High school students only) Has your student ever played interscholastic athletics?   ❏ Yes ❏ No

30a. (Grade 12 only) The district is required to submit a Cal Grant high school GPA to the California Student Aid Commission (CSAC) for all graduating seniors unless the parent/guardian opts out of the submission process. The GPA will be submitted electronically by October 1 of each year unless you select "Opt Out."   ❏ Opt Out

30b. (Grade 12 only) Starting with the Class of 2023, all graduating students must have completed the FAFSA/CADAA unless you select "Opt Out."   ❏ Opt Out

31. (High school only) Federal law requires release of student information to military recruiters. If you do **NOT** want this information released for your student, you must select "Opt Out." https://drive.google.com/file/d/1VczqV7XLwpt0bY5f6vzsDxTTAWzu1J2l/view?usp=sharing.   ❏ Opt Out

32. (High school only) Parents may authorize their student's school to release educational information including:
  a. Transcripts, Letters of Recommendation, Financial Aid Forms, Report Cards, and Class Ranking Status including UC ELC data.   ❏ Yes ❏ No
  b. Disciplinary Records.   ❏ Yes ❏ No

By checking "Yes" I give permission to State/Federal Financial Aid Programs/Scholarship Programs/Private Schools/University/College personnel and their authorized agents to access my student's educational records. *Special Education and medical information will not be released without additional consent (a separate form will need to be submitted).*

33. LEA Medi-Cal Billing Options Program: (Medi-Cal reimbursements support student services. Details on LEA Medical-Cal see *Facts for Parents* Section F).
☐ I consent to the release of my student's related health records for Medi-Cal billing purposes. This will not affect my Medi-Cal benefits.
☐ I do not consent to the release of my student's related health records for Medi-Cal billing purposes.

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

✘ _____   _____
   Parent/Guardian/Contact signature (required)   **Date**

IV. DISTRICT ADMINISTRATIVE INFORMATION – FOR OFFICE USE ONLY

34. Address verification document: _____

36. Neighborhood school: _____

38. District of residence: _____

❏ Interdistrict Attendance Permit   ❏ InterSELPA agreement
40. Immunization status: ❏ Complete   ❏ Incomplete
❏ Conditional ❏ Exempt - District Nurse Approval Required

35. Date address verified: /   /

37. Birth verification documents:
❏ Birth certificate ❏ Affidavit ❏ Church records ❏ Passport
❏ School records ❏ Unverified

39. Boundary exception for non-resident student _____

41a. (**K only**) Dental Exam? ❏ Yes ❏ No

41b. (**K only**) Physical Exam? ❏ Yes ❏ No

ENTRY INFORMATION

42. Previously enrolled in San Diego Unified? ❏ Yes* ❏ No
*If Yes: Last year enrolled_____ School_____Grade_____

43. Entry date: _____ / _____ / _____
44. 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 (UTK/Kinder)   ❏ Preschool Enroll-Not Initial   ❏ Enter from Charter School within San Diego Unified

45. For students new to San Diego Unified entering from **within** California:

Student State ID (SSID) (if known): _____

Previous CA district: _____

Previous CA school name: _____

46. For students new to San Diego Unified entering from **outside** of California:
Previous school name: _____
City, State/Country: _____

NOTES/ADDITIONAL INFORMATION/LEGAL BINDINGS

SAN DIEGO UNIFIED SCHOOL DISTRICT
HEALTH INFORMATION EXCHANGE CONSENT
This form to be placed in __all__ registration & annual registration update packets

School Year _____

Child's Name: _____   Birthdate: _____

                    Last   First   Middle   Month/Day/Year

School: _____   Grade: _____   Social Security #: _____

Phone No.: (____) _____   (____) _____   (____) _____

         Area Code   Home   Area Code   Work   Area Code   Cell

Physician's Name/Clinic: _____   Telephone #: _____   ☐ No Physician

Health Insurance Plan: _____   ☐ No Health Plan

        (If Medi-Cal, Covered CA, or another health plan, please write __name__ of health plan)

☐ My children **do not have health insurance** (example: Medi-Cal, Covered CA, private insurance) and I would like more information. Please release my name, address, and telephone number to an authorized insurance enrollment worker.

HEALTH HISTORY: Indicate known Health Problems (**give dates and details for all checked boxes in comment box below**)

☐ Asthma	☐ Seizure Disorder
☐ Allergies	☐ Skin Conditions
☐ Behavior/Emotional Problems i.e. ADHD	☐ Ear Problem, Hearing Deficit
☐ Diabetes	☐ Eye Problem, Glasses
☐ Heart Problem	☐ Operations, Fractures, Head Injury, Concussion
☐ Kidney Disease	☐ Other Health Information

Health History comments:

State law requires that the parent inform the school if a child is receiving prescribed medication for a continuing health problem. (California Education Code § 49480)

Medication: _____   Dosage: _____

There are occasions when an over-the-counter (OTC) medication may be given to students six (6) years and older.

If you would like the school nurse or other trained staff to provide to your child ibuprofen, acetaminophen, calamine lotion and/or antacids per district protocol please check: ☐ Yes   ☐ No

---

_____   _____   _____
Parent/Guardian Signature or   Parent/Guardian Name (print)   Date
Authorized Representative or Minor Student

This authorization expires at the end of each academic year and must be renewed annually.
PLEASE RETURN TOMORROW

SAN DIEGO UNIFIED SCHOOL DISTRICT
HOME LANGUAGE SURVEY
ENCUESTA DEL IDIOMA QUE SE HABLA EN EL HOGAR

Date/Fecha: _____ *School*/Escuela: _____ *Student ID*/Número Estudiantil: _____

	Last Apellido	*First* Primero	*Middle* Segundo	*Birth Date* Fecha de Nacimiento	*Grade* Grado

Name of Student
Nombre del alumno

Parents/Guardians,
PLEASE READ

*The California Education Code contains legal requirements which direct schools to assess English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. If a language other than English is listed for **QUESTIONS 1, 2 OR 4** on the home language survey, your child **WILL BE TESTED** with the **INITIAL ELPAC ASSESSMENT** (English Language Proficiency Assessments for California) to determine his/her English proficiency level in speaking, listening, reading, and writing. This information is essential in order for the school to provide adequate instructional programs and services.*

Padres/Tutores,
FAVOR DE LEER

El Código de Educación de California contiene requisitos legales que obligan a las escuelas a evaluar el dominio del idioma inglés de los estudiantes. El proceso comienza con la determinación del idioma hablado en el hogar de cada estudiante. Si se incluye un idioma que no sea inglés en **LAS PREGUNTAS 1, 2 O 4** en la encuesta del idioma del hogar, su hijo **SERÁ EVALUADO** con la *EVALUACIÓN INICIAL ELPAC* (Pruebas de Suficiencia en el Idioma Inglés de California) para determinar su nivel de dominio del inglés en su comprensión auditiva, su expresión oral, su lectura, y su expresión escrita. Esta información es esencial para que la escuela brinde programas y servicios de instrucción adecuados.

Please answer the following questions:
Favor de contestar las siguientes preguntas:

1. *What language did your son or daughter learn when he or she first began to speak?*
   ¿Cuál idioma habló su hijo o hija cuando empezó a hablar? _____

2. *What language does your son or daughter most frequently use at home?*
   ¿Cuál idioma usa su hijo o hija <u>con más frecuencia</u> cuando conversa con los adultos de su casa? _____

3. *What language is <u>most frequently</u> used by the adults (parents, guardians, any other adults) in your home?*
   ¿Cuál idioma se usan los adultos <u>con más frecuencia</u> en su casa? _____

4. *What language do you (parent or guardian) <u>most frequently</u> use to speak to your son or daughter?*
   ¿Cuál idioma usa usted <u>con más frecuencia</u> cuando habla con su hijo o hija? _____

_____
Parent Signature/ Firma del padre/madre o tutor

This information will be used by the school district and the U.S. Office for Civil Rights to develop school programs.
Esta información se usará por el distrito escolar y La Oficina de Derechos Civiles para desarrollar programas escolares.
NOTE OFFICE STAFF – If the answer to **Question 3** is the **ONLY** answer **other than English**, **DO NOT TEST** with the Initial ELPAC.
Please distribute the following copies: **White:** Cum. Folder **Yellow:** Parent/Guardian **Pink:** EL Coordinator

Immunization records are online!

San Diego Unified School District uses the San Diego Regional Immunization Registry (SDIR), part of the California Immunization Registry (CAIR) to store immunization records for many of their students. Immunizations and tuberculosis (TB) tests are an important part of health care, but keeping track can be difficult when a person has more than one doctor. The California Immunization Registry (CAIR) - San Diego Immunization Registry (SDIR) is a computer-based immunization and TB test record tracking system. It is used to assist medical providers and other approved agencies to track and review immunization and TB test record information. CAIR-SDIR is **only** available to authorized providers/agencies, local public health departments in California, and the California Department of Public Health.

By using this system, the school can make sure that your children's immunization records can be easily located by a school nurse or health care provider when you change schools, doctors, or during a disease outbreak, or natural disaster.

San Diego Unified School District staff enters immunization records into the centralized, secure, and confidential database. Please return this completed form and a copy of the individual's immunization record to your school.

For more information, visit the SDIR Website at: www.sdiz.org/CAIR-SDIR/index.html or call the SDIR Help Desk at (619) 692-5656

Please complete the information below. **Fill out additional form(s) if submitting more than one individual's immunization record.**

Please print clearly and include your email and phone number in case we need to contact you.

PARENT/GUARDIAN	STUDENT
Name:	Last Name:
Street Address:	First Name:
City:	Middle Name:
Zip Code:	Date of Birth:
Email:	Gender: ☐ Male ☐ Female ☐ Other
Phone:	
Relationship to student: ☐ Parent ☐ Guardian ☐ Other [specify]	**The information below will help locate the immunization record in the future**
	Previous Last Name (if any):
	Previous First Name (If any):
	Mother's Maiden Name:
Signature of Parent/Guardian: Date:	

Immunization records are **only shared** with public health, participating health care providers, schools, childcare and other authorized programs that require the review of immunization records for enrollment.

** **Only** check & initial here if you do NOT want the record shared with other authorized programs ☐ Initials

Office use only	☐ Entered into SDIR	By:	Date:

Student Name (Last name, first name)	Parent Name (Last name, first name)	Grade
Address	Home Phone	School
City, Zip Code	Parent/Guardian Work Phone	Teacher (Grades K-5 only)

After reviewing the Facts for Parents booklet, student and parent/guardian must check each section, sign the last section, and return this form to the school office.

1. DISCRIMINATION, HARASSMENT, INTIMIDATION, & BULLYING POLICIES

(*Facts for Parents:* Section B)

By checking each square and signing below, I acknowledge the following:

○ My student and I have read and understand the Discrimination and Harassment Policies section.

○ My student and I understand the consequences should my student violate the policy.

○ I have been informed of these rights.

2. PHOTOGRAPHY/VIDEO/MEDIA RELEASE*

During the school year, schools host events where representatives of the news media may be on campus to gather photographs and/or video footage.

In addition, parents and students may take photos of events in classrooms or around schools. These photos may be posted on the Internet, on social media or otherwise distributed without the permission of the school. Your child's participation in these events is valued, and parent permission is needed to include him or her in events where photography may take place.

Parents/Guardians who prefer that their child not be photographed or video recorded must notify their school by using this form. Schools make every effort to ensure the wishes of the parent/guardian. Please be aware that photographing and video recording by devices such as a mobile phones may take place without the knowledge of the teacher, principal or district staff.

PARENTS OR GUARDIANS:
Indicate your level of permission OR use the last circle to opt out completely.

○ **I give my permission** (select all that apply).

☐ To have my student interviewed, photographed, and/or video recorded by news media.

☐ To have my student photographed and/or video recorded by the district/school. Photos and videos may be used on school/district websites, brochures, social media, etc.

☐ To have my child's name published in order to credit his or her work.

☐ To have my student's photograph included in the school yearbook.

○ **I DO NOT want my child's name, photo or video published publicly.**

3. UNIFORM DISCIPLINE PLAN (*Facts for Parents:* Section C)

○ I acknowledge that my student has read the Uniform Discipline Plan, and that my student and I understand the consequences should my student violate the policy.

4. HEALTH REQUIREMENTS (*Facts for Parents: Section* D)

California law requires that parents/guardians of each pupil acknowledge having been informed of their rights as explained in "Health Requirements" in *Facts for Parents.*

○ I acknowledge that I have been informed of these rights.

5. TECHNOLOGY/NETWORK USE GUIDELINES (*Facts for Parents:* Section K)

The "Network Use Guidelines" for San Diego Unified School District is a contract and must be signed by students and parent/guardians before the student is given access to technology, the internet and other San Diego Unified networks.

○ STUDENT: I understand and will abide by the rules and conditions outlined in Section K about access to technology, the internet and other San Diego Unified networks.

○ PARENT or GUARDIAN: I give my student permission to use technology, and access the internet and other San Diego Unified networks.

6. SIGNATURES

By completing sections 1 – 5 and signing below, I the student, and I the parent, have read, understand and acknowledge the policies and rights outlined above and described in detail in *Facts for Parents.*

_____
Student Signature (print student name to sign)   Date

_____
Parent/Guardian Signature (print guardian name to sign)   Date

Hoover High School Academies (9th/10th grade students ONLY)

_____   _____   _____
Student name   Student ID Number   Grade Level

Please rank your selections 1, 2, and 3

		Grade 9	Grade 10	Grade 11	Grade 12
☐	ALMA	Art	Color and Design	Drawing and Painting	Independent Art Studio
		Theater 1, 2	Tech Theater 1, 2	Theater 3, 4	Tech Theater 3, 4
		Orchestra, Band **OR** Choir	Orchestra, Band **OR** Choir	Orchestra, Band **OR** Choir	Orchestra, Band **OR** Choir
☐			Video Production 1, 2	Video Production 3, 4	Broadcast Journalism
☐	Academy of Information Technology	Computer Science Discoveries	AP Comp Sci &Cyber Security	Cyber Security 3, 4	Broadcast Journalism
			Video Production	Broadcast Journalism	
			Geographic Info Systems 1, 2	Geographic Info Systems 3, 4	
☐	AHHC	Principles of Biomedical Science	Human Body Systems	Sports Medicine 1, 2	Sports Medicine 3, 4
				Mind Matters	Healthcare Essentials
					Mental & Behavioral Health
☐	Social Justice Academy	Introduction to Ethnic Studies and Restorative Justice	Social Emotional Learning: The Heart of Education	Critical Thinking and Social Change	Education 100 & Work Based Learning
	SABE HOOVER HIGH SCHOOL	Green Up and Go	Construction Tech	Fine Woodworking	Building Scaled Structures
			Introduction to Design	Civil Engineering & Architecture	Architectural Design