

**SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT  
2021-22 STUDENT INFORMATION CARD**

Student's Name (First/Last): \_\_\_\_\_  
 Teacher (Elem): \_\_\_\_\_  
 Counselor (Middle/High): \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_

<p><b>STUDENT ENROLLMENT STATUS:</b></p> <input type="checkbox"/> <b>Continuing:</b> Attended same school last year. <input type="checkbox"/> <b>Transfer/Promotion:</b> Attended another SLCUSD school. <input type="checkbox"/> <b>New:</b> Not previously enrolled in district. <input type="checkbox"/> <b>Former:</b> Returning to district after absence. Date last attended SLCUSD _____	<p><b>PARENT/GUARDIAN INFORMATION:</b></p> <p>A. Education level of MOST educated parent or guardian:</p> <input type="checkbox"/> Graduate school/postgraduate training <input type="checkbox"/> High school graduate <input type="checkbox"/> College graduate <input type="checkbox"/> Not a high school graduate <input type="checkbox"/> Some college (includes AA degree) <input type="checkbox"/> Decline to state/unknown
---	---

<p><b>SCHOOL LAST ATTENDED:</b></p> <p>Address Street or P.O. Box/City/Zip and Phone _____</p> <p>Date last attended: _____ Reason for leaving: <input type="checkbox"/> Voluntary  <input type="checkbox"/> Expulsion</p> <p>Has your child ever been expelled from a school district?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and why? _____</p> <p>Did your child attend Preschool or Transitional Kindergarten (TK) in SLCUSD? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which school? _____</p>	<p><b>RESIDENCE: Is the student and/or family living:</b></p> <p>1. With another family and/or relative due to economic hardship? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Student not living with a parent/legal guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. In a hotel or motel? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. At a campground, in a car, R.V., or unsheltered? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. In a shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. In a foster home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--	--

**STUDENT'S HEALTH PLAN / MEDICAL INSURANCE:**

I would like more information about the Family Resource Centers.  
 I would like more about free or low-cost health insurance.

None     Medi-Cal/CenCal     Private Insurance    Plan Name: \_\_\_\_\_

Do you have vision insurance?  Yes  No    Do you have dental insurance?  Yes  No

I request Spanish translation for:  school meetings     district and school communications

My child has an: IEP  Yes  No    Section 504 Plan  Yes  No

**I GIVE PERMISSION FOR THE FOLLOWING:**

Yes  No I give permission for school personnel to discuss the health conditions/medications listed on my child's Emergency Information Card with the physician(s) listed on my child's Emergency Information Card. **I understand that permission to contact physician is required should I ask the school to dispense medication to my child.**

Yes  No As a parent/guardian, I give permission for my name, address, phone number, and email address to be published in a school directory.

Yes  No As a parent/guardian, my name, address, phone number, and email address may be released for school-related use.

Yes  No My child may be interviewed, have his/her picture or video taken, or appear in newspaper, on television or on radio programs and be identified by first name.

Yes  No My child's first name, photo, and/or work samples may be posted on the Internet (including teacher, school, district and/or district-affiliated websites) in recognition of school-related activities.

**THE FOLLOWING QUESTIONS ARE FOR HIGH SCHOOL STUDENTS ONLY:**

**Grades 9-12 Only:**  Yes  No I give permission to release my address to the company for class ring / diploma / cap and gown / school pictures.

**Grades 11 and 12 Only:**

1. Your child's name will be included in a directory of names and addresses provided annually to military recruiters unless you decline by opting out here:  Yes, I would like to opt my child out. I do not want their information released to military recruiters.

2. Your child's name will be included in a directory of names and addresses provided annually to college representatives unless you decline by opting out here:  Yes, I would like to opt my child out. I do not want their information released to college representatives.

3. I approve release of my address to: Grad Night Committee  Yes  No    Senior Portrait Package Providers  Yes  No

***My signature indicates that the information contained herein is accurate to the best of my knowledge, that my permission is given as indicated above and, per Section 48982 of the Education Code, that I have received, read, and understand the 2019-20 Annual Parent Notification, which includes the Student Conduct Code and the Student Technology Responsible Use Agreement.***

\_\_\_\_\_  
 Parent's/Stepparent's/Guardian's Signature    Date    **AND**    Student's Signature    Date

Yes, I would like to be contacted regarding opting my student out of district technology use.

Student has access to internet at home:  Yes  No    Student has access to a computer at home:  Yes  No

Revised 1/14/20