

The School for Entrepreneurship & Technology

New Student Enrollment Form 2018

| | |
|------------------------|---------------------------------|
| Semester Applying for: | <input type="checkbox"/> Fall |
| | <input type="checkbox"/> Spring |
| Grade Applying for: | |

Student Information

| | | |
|--|---------------|--|
| Student Legal First Name | Last Name | Middle Name |
| Primary Address (Street, City, State, Zip) | | |
| Mailing Address (if different then above) | | |
| Current Grade | Date of Birth | <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Birthplace (City, State, Country) | | |

Student Race / Ethnicity (Mark the one group with which the student most closely identifies.)

| | | |
|--|---|---|
| <input type="checkbox"/> African / African American | <input type="checkbox"/> Asian / Asian American | <input type="checkbox"/> White (Not of Hispanic Origin) |
| <input type="checkbox"/> Filipino / Filipino American | <input type="checkbox"/> Hispanic / Latino | <input type="checkbox"/> Decline to state |
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Pacific Islander | Other _____ |
| Home Language (Mark the one language that is used most in the home.) | <input type="checkbox"/> English <input type="checkbox"/> Spanish Other _____ | Is this child a foster youth? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Parent / Guardian Information (Lives With)

| | | |
|--|----------------|-------------------|
| Father / Stepfather / Guardian Name | Primary Phone | Alternative Phone |
| Employer | Primary E-mail | |
| Home Address if different than student's | | |
| Mother / Stepmother / Guardian Name | Primary Phone | Alternative Phone |
| Employer | Primary E-mail | |
| Home Address if different than student's | | |
| Other | Primary Phone | Alternative Phone |
| Employer | Primary Email | |
| Home Address if different than student's | | |

Parent Education Level (Mark the response that describes the education level of each parent.)

| | | | | | | |
|--------|---|---|---------------------------------------|---|--|--|
| Father | <input type="checkbox"/> Not a high school graduate | <input type="checkbox"/> High school graduate | <input type="checkbox"/> Some college | <input type="checkbox"/> College graduate | <input type="checkbox"/> Graduate school / post grad | <input type="checkbox"/> Declined to state / Unknown |
| Mother | <input type="checkbox"/> Not a high school graduate | <input type="checkbox"/> High school graduate | <input type="checkbox"/> Some college | <input type="checkbox"/> College graduate | <input type="checkbox"/> Graduate school / post grad | <input type="checkbox"/> Declined to state / Unknown |

The School for Entrepreneurship & Technology

New Student Enrollment Form 2018

| | | |
|------------------------------------|----------|-----------------|
| School Last Attended (Name) | District | Grade Completed |
| Address (Street, City, State, Zip) | | |

| | | | | | | |
|------------------------------------|----|-----|---------|---|----|-----|
| Has student ever repeated a grade? | NO | YES | Grade # | Has student ever been expelled from school? | NO | YES |
| How did you hear about SET High? | | | | | | |

I will participate in all school-wide and state testing: YES _____ NO _____

I understand that all students required to participate in MAPs testing to better their instructional program _____
Parent initials

I verify that the information on the New Student Enrollment Form is true to the best of my knowledge, and I understand that any incorrect information could negatively affect the enrollment and placement of my student.

Signature of Parent/Guardian: _____ Date: _____

PLEASE ADD ANYTHING ELSE THAT YOU THINK IS IMPORTANT AND THAT WOULD HELP US KNOW YOU BETTER. (Clubs, sports, activities, hobbies, etc.):

In order to assist students in transition due to financial hardship, please respond to one of the following:

- We are living with another family or in transitional accommodations due to financial hardship.
- This does not apply to my family.

Only COMPLETED Enrollment Packets will be processed. Completed Enrollment Packets include: Enrollment Form, Consent to Treat a Minor, Proof of Residency, Copy of Immunization Record, Copy of IEP or 504 if applicable, LCFF, and Free and Reduced Lunch Application.

Only COMPLETED Enrollment Packets will be processed. Fax to 858.874.5645 or e-mail to info@sethigh.org.

*Students who reside within the District who choose not to attend SET High may attend a school within SDUSD according to District policy or at another school district or school within SDUSD through the District's intra and inter-district policies. *Education Code Section 47605(b)(5)(L).*