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| Barstow Unified School District-PARENT ENROLLMENT CHECK OFF SHEET |
|  |
| **STUDENT NAME**:  |  | GR |       |  | School Site: |       |
|  |
| DOB:  |       |  | ID# |       | Parent/Guardian Name:  |       |
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|  |
| [ ] BUSD Enrollment Form  |
| [ ] Proof of Residency* Property tax payment/receipts
* Rental property contract, lease or payment receipt
* Utility service contract, statement or payment receipt
* Pay stubs
* Voters registration
* Correspondence from a government agency
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| [ ] Student Night Time Residency Questionnaire |
| [ ]  Withdrawal Packet from Prior School[ ] Transcript (9th – 12th Grade) |
| [ ]  Student Emergency Form |
| [ ]  Student Health Information |
| [ ] Report of Health Examination for School Entry (K, new 1st Grade) completed by physician or medical professional) Form PM171A |
| [ ] Mandated Oral Health Assessment Form (K, New 1st Grader) |
| [ ] Birth Verification  |
| [ ] Proof of Immunization (K, new 1st graders or coming from outside U.S.) |
| [ ] Caregiver Affidavit (if applicable)  |
| [ ] Guardianship Court Documents (if applicable)  |
| [ ] Custody Orders (if applicable) |
| [ ] Inter/Intra District Transfer Forms (if applicable) |
| [ ] Special Education Transfer In Paperwork (copy of current IEP, if applicable) |
| [ ]  Release of Records (parent/guardian signature required) |
| [ ]  Student Internet /Network Use Agreement |
| [ ]  Parent/Student District Handbook-signature required on form |
| [ ]  Free/Reduced Meal Application |
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|  |  |  |
| **Parent/Guardian Signature** |  | Date |

PS-June 2015