



**Santa Ana Unified School District**  
**Engage 360° Program**  
**2021-2022 Enrollment Application**  
**BEFORE SCHOOL PROGRAM**

<b>For Office Use Only:</b>
Date Received: _____
Time Received: _____
Received by Initials: _____
Current ASP: Y / N

Student's <b>LEGAL</b> Name: Last Name			First Name	Middle Name	T-Shirt Size (circle one) – Y = Youth, A = Adult: YXS YS YM YL YXL AS AM AL AXL A2XL		
<b>Current School</b>				Age	Gender M / F	Grade 2021-2022	Student ID#/Lunch #
Student's Residence Address				City	State	Zip	
Parent/Legal Guardian's #1		Last Name	First Name	Middle Name			
Cell Phone ( )		Home Phone ( )		Work Phone ( )		Text Messages Accepted? Yes / No	
Parent/Legal Guardian's #2		Last Name	First Name	Middle Name			
Cell Phone ( )		Home Phone ( )		Work Phone ( )		Text Messages Accepted? Yes / No	
Would you like to receive email communication from the Engage 360° program?				Yes / No	Email Address		
<b>STUDENT RELEASE AUTHORIZATION (Other than parents):</b> I understand that my child must be signed out of the program every day by an authorized adult (18 years or older with a picture ID). I authorize the following additional person/s (other than parent) to pick up my child from the site including in the case of an emergency (attach additional page if more space required):							
First and Last Name		Relationship		Cell Phone	Home Phone	Work Phone	
				( )	( )	( )	
				( )	( )	( )	
				( )	( )	( )	
Does the school have record of any person to whom the student <b>MAY NOT BE LEGALLY RELEASED</b> to?						Yes / No	
OTHER CHILDREN IN THE FAMILY (For informational purposes only. A separate Enrollment Application is required for each child).							
First and Last Name		Relationship	Lives at Home	School	Grade 2021-2022	Currently attending SAUSD Engage 360°?	
			Yes / No			Yes / No	
			Yes / No			Yes / No	
			Yes / No			Yes / No	
I give SAUSD, and its community providers, permission to use my son/daughter's photo or video recordings for publication purposes.						Yes / No	
Does the student have any Special Needs?		Yes / No	If yes, please explain:				
I understand that I can access the Engage 360° Parent Handbook on the District webpage, under Extended Learning.						_____ Parent Initials	
<b>MEDICAL TREATMENT</b> In the event my child suffers an illness or accident, I authorize the school and/or district to seek medical help and assistance by contacting 911 emergency services or otherwise securing treatment at a medical facility. I also acknowledge that the school and/or district does not provide medical coverage for participants.							
<b>PARTICIPATION AGREEMENT</b> SAUSD Engage 360°'s primary purpose is to provide a safe and positive environment where students receive additional academic support, physical activity, and enrichment opportunities. To ensure the effectiveness of our program, students are required to meet the program attendance requirements as defined in the Education Code 8483. It is expected that students attend program a minimum of three hours per day. I understand that participation in SAUSD Engage 360° Program(s) is a privilege, not a right, and that my child's failure to comply with the program's rules, regulations, and policies may result in disciplinary action, including but not limited to suspension or dismissal from the program. <i>I understand that the submission of this form does not guarantee my child's placement in the SAUSD Engage 360° Program(s).</i>							
I am the legal guardian or a parent with legal custody of the above named child, and the information on this enrollment application is accurate and complete to the best of my knowledge.							
_____ Parent/Legal Guardian Print Name				_____			
_____ Parent/Legal Guardian Signature				_____ Date			