



ENGAGE 360° PROGRAMS
2019-2020 SAUSD
Enrollment Application

LOTTERY NUMBER:

Student's LEGAL Name: Last Name		First Name	Middle Name	Age	Gender M F	Date of Birth
Current School		Current Grade 2018-19	Student ID#/Lunch #		Current Teacher's Name	
<i>Please enter the next school of enrollment if the student is promoting from Elementary to Intermediate.</i>					Next Grade Level 2019-2020	
Student's Residence Address			City	State	Zip	
Mother's/Legal Guardian's Last Name		First Name	Middle Name			
Cell Phone () ()	Home Phone () ()		Work Phone () ()	Text Messages Accepted? Yes / No		
Father's/Legal Guardian's 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			
STUDENT RELEASE AUTHORIZATION (Other than parents): 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 MAY NOT BE LEGALLY RELEASED 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 Yes / No	School	Grade 2019-2020	Currently attending SAUSD Engage 360°? Yes / No
			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
Intermediate ONLY: How will your child be getting home from the Engage 360° program? Please check <u>only one</u> of the following: <input type="checkbox"/> Walk-home (Students will be dismissed no later than 4:30pm, during daylight savings) <input type="checkbox"/> Adult pick-up (Students must be picked up by an adult no later than 6:00 pm)						
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						
MEDICAL TREATMENT 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.						
PARTICIPATION AGREEMENT 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