



ENGAGE 360 PROGRAM

2023-2024 Enrollment Form

For Office Use Only:

Date Received: _____

Time Received: _____

Received by Initials: _____

Student's LEGAL 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			
Current School		Grade 2023-2024	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?
Parent/Legal Guardian's #2		Last Name	First Name Middle Name
Cell Phone	Home Phone		Work Phone Text Messages Accepted?
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	
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. 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	