Educational Placement Center



Student Information	

1 Student Information				o, CA 94102 415.241.6085	SAN FRANCISCO PUBLIC SCHOOLS		
t Name Suffix First Name				Middle Name Date of Birth			
Lunez City of Birth		guel htry of Birth	Javier Date of U	S entry (If born outside US)	0 2 0 2 2 0 9 Gender Applying for Grade		
San Francisco	C A US	A	M M	D D Y Y Y Y	lale K Female 4 (Kinder=K)		
Current or last school attended Garfield Elementary School Based on my child's date of birth, I understand the	San Francisco at my child will participate in the two-	CA	0 9 0 5	o 2 0 1 4 for less t	ent attended school in US han 3 cumulative years? Yes ☑ No ☐ ten followed by a year of kindergarten.		
2 High school applicants:				4 Special Needs			
Do you want SFUSD to release your child's	s name, address, and telephone	number to military recruiters?	Yes □ No □				
3 Home Language Survey				an Individual Education description of the specia	Plan (IEP) and/or a written Il needs.		
Whenever the Home Language Survey in be entitled to additional services. The rest 1. What language did your child first le 2. What language does your child use 3. What language do you use most fre 4. What language do the adults use melease write in the language(s) you wo or oral communications: Spanish Attention! I have indicated a language at EPC) to learn more about availables.	cults help parents identify approperation when she/he began to take most frequently at home? Equently to speak to your child lost frequently at home? Fould prefer when you receive to be other than English on the home.	priate pathway placement for alk? Spanish Spanish Spanish Spanish Spanish written materials: Spanish ome language survey and h	their child.	Is the student currently receiving special education services?			
4/14/2017, Round 3: 5/24/2017, Round 4	1: 7/21/2017, Round 5: 8/11/20	17.	/Guardian Sigi		Date:		
Family Information		Einst Nama					
* Parent/Guardian's Last Name LUNEZ		First Name Lucia		Child resides with Parent,	/Guardian? Yes ☒ No ☐		
Street # / Street Name 1234 Mission St.			ity San Francs	sico	Zip Code 9 4 1 1 0		
Primary Phone # (4 1 5) 5 2 8 - 3 7 2 4	∑ Cell	Secondary Phone #					
* 2 nd Parent/Guardian's Last Name	Landline	First Name		Landline			
Street # / Street Norma		A	****	Child resides with Parent,			
Street # / Street Name		Apartment # C	ity		Zip Code		
Primary Phone #	Cell	Secondary Phone #		Cell			
* Emergency Contact's Last Name Lunez	First Name Grisielda	Primary Phone (415)	5 6 9		y Phone #		
6 School Requests							
Fill in the pathway, school name, and scho the school list attached on the front cover you wish in numbered order.							
Pathway School Name	Sch# Pathwa	y School Name	Sch#	- Ta			
1	6				tention! 🔼		
2	7				ssignment to any of the n this application form you		
3 4	8 9			will lose the SFUSD	school you are currently		
5	10				it is not possible to be an one SFUSD school.		
Do you wish to have your twins, triple Does an older sibling living at the sa Younger siblings can receive priority to the s school on this application and complete the	ame address attend one of y school their older sibling is curren	your choice schools? Yes Intly attending if: (1) the older sib	□ No □	pe attending that school next	year; and (2) you list the sibling's		
Older sibling's Last Name	Older sibling's First Name	Older sibling's birthd	late	Older sibling's school	Older sibling's 2017-18 grade		
<u>Survey</u> : Are you interested in on-site after se	chool care/programming? Yes	*Does not guarantee placem	nent, nor is a fa	ctor in the placement process.			
7 Racial/Ethnic Identification Ethnicity – Is the student Hispanic or The above part of the question is about to indicate what you consider your race ☐ American Indian/Alaska Native ☐ Camb	Latino? Yes (I) No thin thin thin thin thin thin thin thin	what you selected above, ple	ease continu □ Other Asia	e to answer the following by \Box	☐ Hmong		
☐ Asian Indian ☐ Chine ☐ Black or African American ☐ Filipin	i	1 1	☐ Other Pacif	fic Islanders □ Vietnam □ White	nese		
Parent Education Level: Characteristics Parent/Guardian #1	gh School 💢 High School Grad	duate	leral reporting College (Graduate 🗆 Graduate Sci	acement decisions. nool (e.g. Masters, Ph.D., etc.) nool (e.g. Masters, Ph.D., etc.)		
I (print name) Lucia Lunez I understand that I am required to noti are found to have a fraudulent addres information may be included in the st scrutinize my residency claim further, reserves the right to seek additional cir	ss or other false information was or other false information was or other o	ent change of address withi will be immediately cancelle e. I understand that if the Di or these expenses if it ultima	n 14 calenda d and any re strict must h tely determ	or days of the move. I und esulting assignment retrac nire an investigator or exp ines my claim is false. I u	cted. A notation of any falsified end other resources in order to		

Date 0 7 2 9 2 0 1 8 Parent/Guardian Signature Official use only