

Student Enrollment Form ----- The California School Age Families Education (Cal-SAFE) Program

The information in this box is for local use, and will not be transmitted to the state

Student name: Last _____ First _____ MI _____

Address: Street _____ City _____ Zip Code _____

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| <p>1.*Is this a correction/change to a STUDENT ENROLLMENT FORM previously completed this school year? (Must complete and re-submit whole form in both cases)</p> <p>_____ Yes _____ No</p> | <p>7. *Type of School</p> <p>_____ Comprehensive HS</p> <p>_____ Junior high or middle school</p> <p>_____ Adult school</p> <p>_____ Alternative or magnet school</p> <p>_____ Continuation high school</p> <p>_____ Community day school</p> <p>_____ Opportunity School</p> <p>_____ Court school</p> <p>_____ County Community School</p> <p>_____ Charter school</p> <p>_____ ROC/ROP</p> <p>_____ Other (specify in item 8)</p> |
| <p>2. *Student ID Number</p> | <p>8. If you marked "Other" in item 7, please specify</p> |
| <p>3. Date form completed</p> | |
| <p>4. *Agency Code:</p> | <p>9. *Zip code of student's home address</p> |
| <p>5. *Cal-SAFE Enrollment Status (select ONE)</p> <p>_____ First time enrolling in Cal-SAFE</p> <p>_____ Re-enrolling for new school year</p> <p>_____ Transferring from another Cal-SAFE Program</p> <p>_____ Wait List, no Cal-SAFE openings at this time.</p> | <p>10. Student's date of birth:</p> <p>11. *Gender: _____ Female _____ Male</p> |
| <p>6. School of record:</p> | <p>12. Race/Ethnicity</p> <p>_____ Asian/Pacific Islander</p> <p>_____ African American (Black)</p> <p>_____ Caucasian (White)</p> <p>_____ Hispanic/Latino</p> <p>_____ Native American/ Alaskan</p> <p>_____ Other: _____</p> <p>_____ Declined to answer</p> |

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| <p>13. *Pregnancy / parenting status at enrollment (if male, partner's status):</p> <p><input type="checkbox"/> Expectant, not parenting other children</p> <p><input type="checkbox"/> Expectant and parenting another child or children</p> <p><input type="checkbox"/> Parenting only, not expectant</p> | <p>19. If student is in a Job Training Program, how many hours/week:</p> <p><input type="checkbox"/> None <input type="checkbox"/> 11 to 15 hrs</p> <p><input type="checkbox"/> 1 to 5 hrs <input type="checkbox"/> 16 to 20 hrs</p> <p><input type="checkbox"/> 6 to 10 hr <input type="checkbox"/> More than 20 hrs</p> <p><input type="checkbox"/> Unknown</p> |
| <p>14. Total number of children the student has ALREADY given birth to (or fathered). * NOT COUNTING current pregnancy. Please complete a separate child information form for each child.</p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 3</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> more than 3</p> <p><input type="checkbox"/> 2 <input type="checkbox"/> unknown</p> | <p>20. Date when student was last enrolled in school</p> <p>21. How many units/credits are required for graduation in student's district/school?</p> <p>22. How many credits has student currently earned?</p> |
| <p>15. Total number of children currently in student's CUSTODIAL care:</p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 4</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> More than 4</p> <p><input type="checkbox"/> 2 <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> 3</p> | <p>23. Last grade COMPLETED prior to today's enrollment?</p> <p><input type="checkbox"/> None <input type="checkbox"/> 9th grade</p> <p><input type="checkbox"/> below 7th grade <input type="checkbox"/> 10th grade</p> <p><input type="checkbox"/> 7th grade <input type="checkbox"/> 11th grade</p> <p><input type="checkbox"/> 8th grade <input type="checkbox"/> Unknown</p> |
| <p>16. *Student's marital status at enrollment:</p> <p><input type="checkbox"/> Single, never married</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p> | <p>24. *CURRENT grade placement:</p> <p><input type="checkbox"/> Below 6th grade <input type="checkbox"/> 9th</p> <p><input type="checkbox"/> 6th grade <input type="checkbox"/> 10th grade</p> <p><input type="checkbox"/> 7th grade <input type="checkbox"/> 11th grade</p> <p><input type="checkbox"/> 8th grade <input type="checkbox"/> 12th grade</p> <p><input type="checkbox"/> Adult School</p> |
| <p>17. Student's legal guardian:</p> <p><input type="checkbox"/> Parent(s) <input type="checkbox"/> Adult non-relative caregiver</p> <p><input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Other relative(s)</p> <p><input type="checkbox"/> Foster care</p> <p><input type="checkbox"/> Student (legally emancipated/married/18 yrs or older)</p> | <p>25. *Has student passed BOTH sections of the CAHSEE?</p> <p><input type="checkbox"/> Yes, passed both English/Language Arts AND Math</p> <p><input type="checkbox"/> No, passed only English/Language Arts</p> <p><input type="checkbox"/> No, passed only Math</p> <p><input type="checkbox"/> No, has not passed either section</p> <p><input type="checkbox"/> Not applicable, student is in middle school or 9th grade</p> |
| <p>18. Student's Work/Employment status at enrollment:</p> <p><input type="checkbox"/> Not working or seeking employment</p> <p><input type="checkbox"/> Seeking employment</p> <p><input type="checkbox"/> Working</p> <p><input type="checkbox"/> In job training program</p> | |

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| <p>26. Child's other parent:</p> <p><input type="checkbox"/> Attends school but is NOT enrolled in this Cal-SAFE Program</p> <p><input type="checkbox"/> Works full time</p> <p><input type="checkbox"/> No other parent specified</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Attends school & is enrolled in this Cal-SAFE Program</p> <p style="padding-left: 40px;">Other parent's ID # _____</p> | <p>29. Pregnant/Expectant student's due date:</p> |
| <p>27. Does the student receive any of the following services? (check ALL that apply, and list contact information in item # 28).</p> <p><input type="checkbox"/> AFLP <input type="checkbox"/> Probation</p> <p><input type="checkbox"/> Cal-Learn <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Cal-Works</p> | <p>30. Please check all that apply to the student's pregnancy (if male, to partner's pregnancy):</p> <p><input type="checkbox"/> Pregnancy test has been done by clinic or health care provider</p> <p><input type="checkbox"/> Receiving Medi-Cal/Cal-Optima</p> <p><input type="checkbox"/> Receiving WIC</p> <p><input type="checkbox"/> Taking prenatal vitamins</p> <p><input type="checkbox"/> Ultrasound has been done</p> |
| <p>28. Contact information:</p> <p>AFLP _____</p> <p>Cal-Learn _____</p> <p>Cal-Works _____</p> <p>Probation _____</p> <p>Other _____</p> | |

Please review all questions for accuracy and make changes as needed, then turn this form in to the Cal-SAFE Office. Thank you.