W IRVINE UNIFIED SCHOOL DISTRICT **DOCUMENT CHECKLIST**

SCHOOL:

STUDENT LAST NAME	STUDENT FIRST NAME	MI	ALIAS/NICKNAME
DATE OF BIRTH	CHRONOLOGIC AGE		ENROLLED IN GRADE (verified w/previous school records)
NOTE: IF STU	JDENT COMING FROM OUTSIDE OF THE	U.S., STUDE	NT IS ENROLLED BY CHRONOLOGIC AGE.
Parent	must contact assigned school principal r		
AERIES Online Enrollment (haali	
Attended IUSD in the Past?	Yes No Previous IUSD Sc	.nooi:	Verified Grade:
Option 1: Primary Resident		·	
Property Tax payment re			
	, lease, or payment receipts;		
Utility service contract, s	tatement, or payment receipts;		(Temporary) Service Connection
	d residence address must appear on p	payroll doo	:ument);
□ Voter Registration;			
Correspondence from a g			
 Declaration of Residency 	n with residence property address li	sted; or	
-	enters w/utilities included in rent: F	Proof of Re	scidency
DMV registration;	enters wy dunities included in rent. r		sidency
Tax Document (from, IRS	S, State, or County);		
	d residence address must appear on	payroll doo	cument;)
Cell Phone bill;			
Credit Card bill statemen	it; or		
Social Services document			
	nities Form K-12 (1 st page and signat		
		☐ Interdis	trict Transfer permit required from district of resider
Option 3: U. S. Military Per	-	ndana (CCN	
	: Copy of active duty military (PCS) o	-	
-	Copy of retirement/separation order Lease agreement or closing disclosur		
	Expedited Military Family Enrollmen	•	
□ Verification of Age	Expedited Winter y Farmy Errommen	t is accept	
□ Certified copy of a birth	record;		
	egistrar or a county recorder certifyi	ing the dat	e of birth;
Baptism certificate;			
Passport; or			
	guardian, or custodian of the minor		
Immunization Documentat			
 <u>NEW TO CALIFORNIA</u> (C Immunization card complexity 			
-	•		Hep B 🛛 Tdap Booster (>6 th grade)
□ Dr. stamp missing			
Health card (salmon cold	or)		
-	30 days after start of school to subm	nit a physic	al)
Request for Records			
Emergency Contacts: Nee	d # more.	tate conta	ct: 🗆 Yes 🔲 No
Language Placement Test			
	est date:	Time:	
Other documents, if applicable			
Academic Transcript (HS or Student JER/E04 document		a fila)	
GATE (refer to GATE dept a	s (place docs in red folder and in cum וו ח ח ו	i jilej	
<i>L</i> ELPAC/CELDT language test			
Enrollment Date:	Enrolled by: Completion Date	(VDT):	5/15/1
	pact letter Math Placement GATE		