San Diego Unified School District

NEIGHBORHOOD SCHOOLS AND ENROLLMENT OPTIONS

INFORMAL SCHOOL INITIATED PLACEMENT (ISIP)

For School Year Click here to enter text.

NOTE: Prior of filling an ISIP form, please reference Site Operations Circular No.1007. Thank you.

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| **STUDENT ENROLLMENT INFORMATION** |
| **Student’s Name** (Last, First, M.I.)Click here to enter text. | **Grade**Click here to enter text. | **Student ID or Birth Date**Click here to enter text. | **Age**Click here to enter text. | **Gender**[ ]  M [ ]  F |
| **School of Residence**Click here to enter text. | **School of Attendance**Click here to enter text. | [ ]  **Choice** [ ]  **VEEP** [ ]  **Magnet****ISIP to** Click here to enter text. |
| **School Contact Person/Titl**eClick here to enter text. | **Phone/Ext**Click here to enter text. | **Enrolled?**[ ]  Yes [ ]  No | **Credits Earned**Click here to enter text. |
| **PARENT/GUARDIAN INFORMATION** |
| **Parent’s Name** *(Last, First, M.I.)*Click here to enter text. | **Home Phone No.**Click here to enter text. | **Employer Phone No.**Click here to enter text. | **Emergency Phone No.**Click here to enter text. |
| **Street Address**Click here to enter text. | **City**Click here to enter text. | **State**Click here to enter text. | **ZIP Code**Click here to enter text. |
| **BACKGROUND INFORMATION** |

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| **School Support Provided**[ ]  Pupil Conference [ ]  Individual Testing[ ]  Parent Conference [ ]  Previous School Transfer[ ]  Home Visit [ ]  Referral to District Counselor­­[ ]  Program Changes [ ]  Referral to Health or Community  Agency[ ]  IST/SST/RtI (meeting date: Click here to enter text.) | **Special Education**Enrolled in Special Education (Type): Click here to enter text.Special Education Contact Person/Title: Click here to enter text.Phone #: Click here to enter text. Contact Date: Click here to enter text. |
| **Records Attached**[ ]  Student Profile[ ]  Language Assessment Screen[ ]  Special Education Screen with current IEP[ ]  Immunizations[ ]  SST/IST/RtI Recommendations[ ]  P.O. Name & phone number[ ]  Learning Contract[ ]  504 Plan | **Schools Contacted**School/Program Person Contacted Phone Date |
| **Reason for Transfer**[ ]  Academic Adjustment [ ]  Personal/Social[ ]  Peer Pressures[ ]  Attendance Problems[ ]  Safety/Security[ ]  Group Conflict[ ]  Disciplinary  # of SuspensionsClick here to enter text. [ ]  Other:Click here to enter text.  | **PARENT/GUARDIAN SIGNATURE**I understand that ISIP is a temporary placement and only valid until the end of the Click here to enter text.school year within which there is opportunity to apply for Choice. My child must be accepted via Choice to remain enrolled at this school. [ ]  I agree with this action [ ]  I disagree with this actionClick here to enter text. Click here to enter text.Parent/Guardian Signature Date***Sending School*:** ***Receiving School*:**Click here to enter text. Click here to enter text.Principal / Designee Signature Principal / Designee SignatureDate:Click here to enter text. Date:Click here to enter text.  |

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| **NSEO FINAL APPROVAL****FOR NSEO USE ONLY****(Placement is not valid until signed by NSEO)** |
|  [ ]  Approved Placement to Click here to enter text. [ ]  Disapproved Placement to Click here to enter text. |
| NSEO Operations Support Officer Date |

Distribution: NSEO Office, Parent, Receiving School, Sending School Rev. 08.20.2018 eh