

SAN DIEGO UNIFIED SCHOOL DISTRICT  
Early Childhood Education  
California School-Age Family Education

CAL-SAFE STUDENT INQUIRY FORM		
STUDENT INFORMATION		
Last Name:	First Name:	MI:
Current address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	E-mail:
Date of birth:	SID:	Grade:
Class of:	Credits to Date:	GPA:
504:                      Date:	IEP:                      Date:	Primary Language:
PARENT/GUARDIAN INFORMATION		
Last Name:	First Name:	MI:
Current address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	E-mail:
Relationship:		
CONTACT INFORMATION FROM REFERRING PARTY		
Referred By:		
School:	Best Time To Call:	
Phone:	E-mail:	Fax:
School Counselor:	School Nurse:	Other:
CAL-SAFE SERVICES (SELECT ONE)		
Infant/Toddler Care (Check One)	Expectant Teen Classroom	Remain at Current School
Garfield HS:	Garfield HS Only	Yes: _____ No: _____
Twain HS:	Yes: _____ No: _____	
OTHER CHILDREN OF MINOR PARENT		
Name	BD	
Name	BD	
REQUIRED		
<b>I authorize the submittal of this application to the Cal-SAFE Program.</b>		
<b>My Parent/Guardian is aware of my pregnancy. Yes: _____ No: _____</b>		
<b>My Due Date is:    /    / 20_____</b>		
<b>Student Signature:</b>		<b>Date:</b>

Please Fax and Attach Transcript to (619) 362-4545

or

Please Mail to Cal-SAFE, Garfield High School, 1255 16<sup>th</sup> Street, San Diego, CA 92101-4759  
School Counselor: Melissa Janak (619) 508-5633