

## SRVUSD ENROLLMENT CHECKLIST

Current TK
Sibling
Non-Sibling
Incoming TK

Student's Name:	Date of Birth:		
Grade: Start Date:	Phone Number:	Phone Number:	
Kindergarten Preference: AM	PM	Either	
**************************************	**********	**************	
Valid Photo ID of Parent			
Online Registration Summary			
Rental agreement, current morts	gage statement, property tax	bill, escrow papers or grant deed.	
(listing parents as owners or occ	cupants)	*If new resident, we allow 45 days from move in date to provide the second proof of	
PG&E or water bill (Needed for	residency (current PG&E or water bill).		
Student birth certificate ( <b>origin</b>			
<u>Current Immunization Record</u> (	Tdap- 7 <sup>th</sup> grade and above)		
Oral Health Assessment (Grade	s TK/K/1 only – due by May	of 1st year in public school)	
Health Examination form (1st gr	cade only)		
Developmental Readiness Surve	ey (TK/Kindergarten)		
Classroom Questionnaire (TK/k	Kindergarten)		
ELD Eligible – Primary Langua	ge Spoken at Home		
Life Threatening Allergies/Asth	nma/ Etc.		
Description:			
Original Documents provided:  Picture ID Residency		PG&E Vater	
Verified By:	Date:		