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**e  Click 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 action  Click 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 Signature  Date: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