



# Sanger High School

1045 Bethel Avenue, Sanger, CA 93657

(559) 524-7121 FAX (559) 875-4125

*Daniel R. Chacon*

*Principal*

**\*\*\*To expedite the registration process, please bring all of the items indicated. Otherwise, you will encounter delays and/or returned trips\*\*\***

## **1.—REQUIRED DOCUMENTATION:**

1. Birth Certificate
2. Immunization Records
3. Address Verification (Any **one** of the following will be accepted)
  - a.) **Current Months** Mortgage or Rental Agreement in **Parents** name
  - b.) **Current Months** PG & E bill or Water Bill in **Parents** name  
(No Telephone or Cable bills will be accepted)
4. Previous school documentation you **MUST** bring, your child will not be enrolled without these documents and we will **NOT** request them for you:
  - a.) Unofficial Transcript
  - b.) Drop Slip (If school is in session)
  - c.) Discipline Records
  - d.) CELDT Scores (If you speak a language other than English)

## **2.—STUDENTS ENTERING FROM ALTERNATIVE ED PROGRAMS:**

### **Including: Independent Study & Continuation**

Please contact the Child Welfare and Attendance at:  
(559) 524-6630 to obtain clearance PRIOR to enrollment.

## **3.—STUDENTS RECEIVING SPECIAL EDUCATION, IEP, 504 SERVICES:**

Please contact the School Psychologist at (559) 524-7121 Ext. 7216 PRIOR to enrollment.

## **4.—TO APPLY FOR INTER DISTRICT TRANSFER OR CAREGIVER AFFIDAVIT:**

Please contact our District Office at (559) 524-6521 to obtain clearance PRIOR to enrollment.