

**SACRAMENTO CITY UNIFIED SCHOOL DISTRICT**  
**CONCAP STUDENT TEMPORARY ADMITTANCE FORM**

**STUDENT INFORMATION**

SENDING SCHOOL  STUDENT ID NUMBER

LAST NAME  FIRST NAME

REGISTRATION DATE  INACTIVE DATE  DOB  GRADE

GENDER  ETHNIC CODE  FOSTER YOUTH  ELL  FREE LUNCH

LAST SCHOOL ATTENDED  SPECIAL EDUCATION DESIGNATION, IF APPLICABLE

PARENT NAME  PRIMARY PHONE #

ADDRESS  APT

CITY  STATE  ZIP