

2015-16 Kindergarten Enrollment

Priority enrollment for Kindergarten (fifth birthday must fall on or before September 1, 2015) will begin January 26, 2015. All incoming kindergarteners will be enrolled at the **Family Welcome Enrollment Center located at 2336 Plaza del Amo, Torrance, CA 90509** from **8:00 am – 3:30 pm**. Schools and their specific enrollment dates are listed below. *Please follow the directions on the back of this page and bring all necessary items to enroll your kindergartner on your date.*

All Transitional Kindergartners (TK) (those who have a fifth birthday on or between September 2, 2015 and December 2, 2015) will enroll Friday, March 13, 2015 at the Family Welcome Enrollment Center.

<u>School of Residency</u>	<u>Dates to Enroll</u>
Adams	March 23 & 24, 2015
Anza	March 11 & 12, 2015
Arlington	February 17 & 18, 2015
Arnold	March 9 & 10, 2015
Carr	March 25 & 26, 2015
Edison	February 4 & 5, 2015
Fern	January 26 & 27, 2015
Hickory	February 10-12, 2015
Lincoln	March 4 & 5, 2015
Riviera	March 2 & 3, 2015
Seaside	January 28 & 29, 2015
Torrance El.	February 19 & 20, 2015
Towers	February 2 & 3, 2015
Transitional Kinder	March 13, 2015
Victor	February 23-25, 2015
Walteria	March 16 & 18, 2015
Wood	February 26 & 27, 2015
Yukon	March 19 & 20, 2015

If you miss the registration date for your child's school listed above, the following makeup days will also be available:

February 13, 2015	Any school that enrolled Jan. 26 - Feb. 12, 2015
March 6, 2015	Any school that enrolled Feb. 17 – Mar. 5, 2015
March 27, 2015	Any school and TK that enrolled Mar. 9 – 26, 2015

If you miss all defined dates, you can enroll your kindergartner or TK anytime beginning in April.

SEE BACK SIDE FOR ENROLLMENT INSTRUCTIONS

Enrollment forms are available at www.tusd.org

Torrance Unified School District

Enrollment Requirements

Dear Parent(s) / Guardian(s):

The following documents are required at time of enrollment. Please be advised that if you do not have all the appropriate information, your student will not be enrolled.

- 1) **Proof of Age**
 - Birth Certificate - **ORIGINAL required**
 - **OR** Passport - **ORIGINAL required**
- 2) **State Immunization Requirements**
 - Immunization Record - **ORIGINAL required**
- 3) **Proof of Residency** - Choose one (1) Proof from Box A **AND** one (1) Proof from Box B (2 total)

A home check may be conducted to verify student residency.

Box A - Proof #1 (Original required)

- Lease Agreement with signatures
- Mortgage Statement
- Rental Agreement with signatures
- Property Tax Bill

Box B - Proof #2 (Original required)

- Cable
- Electric
- Gas
- Internet
- Satellite
- Trash
- Water

Past Due, Disconnect Notices and Cell Phone Bills are not acceptable.

WE DO NOT FAX OR PHONE PREVIOUS SCHOOLS, LANDLORDS, OR UTILITY COMPANIES REQUESTING DOCUMENTS. Parents/guardians are responsible for providing ALL required documentation.

- 4) **Parent/Guardian Picture ID - ORIGINAL required**
- 5) **Enrollment Form - completed and signed**
- 6) **Health History Information - completed and signed**
- 7) **Student Residency Questionnaire/Affidavit - completed and signed**

~ ~ ~ ~ ~ IF APPLICABLE ~ ~ ~ ~ ~

- 8) **IEP** Please bring this with you to Enrollment.
- 9) **504** Please bring this with you to Enrollment.

Any students entering from another country must have all documents translated into English.

Hours of Service

ENROLLMENT PROCESSING: Monday - Friday 8:00am - 3:30pm*

*** Enrollment processing may close earlier if lines are long.**

Questions and Forms: Monday - Friday: 8:00am - 4:00pm Saturday - Sunday: CLOSED

2336 Plaza del Amo ~ Torrance, CA 90509 ~ (310) 972-6280 ~ www.tusd.org

Torrance Unified School District
ENROLLMENT FORM

OFFICE USE ONLY
STUDENT ID: _____
SCHOOL: _____
ENROLLMENT DATE: _____

Welcome to the Torrance Unified School District. It is our desire to help your student in every possible way. We appreciate you giving us the following information completely and honestly, which will enable us to better assist your student.

PLEASE PRINT:

STUDENT'S LEGAL NAME: _____
Last FIRST MIDDLE (OTHER NAME USED) SEX (M/F) GRADE

DATE OF BIRTH: ____ / ____ / ____ PLACE OF BIRTH: _____
MONTH DAY YEAR CITY STATE OR COUNTRY

RESIDENCE ADDRESS: _____ APT# _____ CITY _____ ZIP CODE: _____
NO P.O. BOX ADDRESS

PREVIOUS ADDRESS: _____ APT# _____ CITY _____ STATE _____ ZIP CODE: _____

HOME PHONE: _____

PARENT/GUARDIAN - #1	<input type="checkbox"/> FATHER	<input type="checkbox"/> MOTHER	<input type="checkbox"/> STEP-FATHER	<input type="checkbox"/> STEP-MOTHER	<input type="checkbox"/> LEGAL GUARDIAN	<input type="checkbox"/> FOSTER PARENT	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> MR <input type="checkbox"/> MRS / MS	FIRST NAME _____	LAST NAME _____	<input type="checkbox"/> LIVES WITH STUDENT				
RESIDENCE ADDRESS _____		(If different from Student)		EMAIL ADDRESS _____			
PHONE# _____		HOME (If different from student)		WORK		CELL	
PARENT/GUARDIAN - #2	<input type="checkbox"/> FATHER	<input type="checkbox"/> MOTHER	<input type="checkbox"/> STEP-FATHER	<input type="checkbox"/> STEP-MOTHER	<input type="checkbox"/> LEGAL GUARDIAN	<input type="checkbox"/> FOSTER PARENT	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> MR <input type="checkbox"/> MRS / MS	FIRST NAME _____	LAST NAME _____	<input type="checkbox"/> LIVES WITH STUDENT				
RESIDENCE ADDRESS _____		(If different from Student)		EMAIL ADDRESS _____			
PHONE# _____		HOME (If different from student)		WORK		CELL	

WHAT IS YOUR CHILD'S ETHNICITY? (Please check ONE box)

- Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican South or Central American, or other Spanish culture or origin, regardless of race)
- Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

- | | |
|--|--|
| <input type="checkbox"/> African American or Black (having origins in the black racial groups of Africa)
<input type="checkbox"/> American Indian or Alaskan Native (having origins in any of the original people of North, Central, or South America and maintaining tribal affiliations)
<input type="checkbox"/> Asian Indian
<input type="checkbox"/> Cambodian
<input type="checkbox"/> Chinese (including people of Chinese or Taiwanese origins)
<input type="checkbox"/> Filipino
<input type="checkbox"/> Guamanian
<input type="checkbox"/> Hawaiian Native
<input type="checkbox"/> Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race) | <input type="checkbox"/> Japanese
<input type="checkbox"/> Korean
<input type="checkbox"/> Laotian (including people of Hmong origin)
<input type="checkbox"/> Samoan
<input type="checkbox"/> Tahitian
<input type="checkbox"/> Vietnamese
<input type="checkbox"/> White, not of Hispanic Origin (European, Middle Eastern, North African origins)
<input type="checkbox"/> Other Asian (having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent if not listed above)
<input type="checkbox"/> Other Pacific Islander |
|--|--|

PARENT EDUCATION LEVEL (Per Education Code sections 52052, 60630)

Please check the level that indicates the educational attainment of the student's most educated parent or guardian with whom the student resides (check one):

- Not a high school graduate
- High school graduate (high school diploma by graduation or testing, or have completed or have received a comparable high school degree in another country)
- Some college (completion of any courses within a two or four year academic program, including AA degree)
- College graduate (B.A./B.S. or equivalent degree from foreign university)
- Post-graduate training/Graduate School (attended graduate school with or without attaining a graduate degree)
- Declined to state or unknown

DATE

PARENT OR GUARDIAN SIGNATURE

STUDENT'S LEGAL NAME: _____
 Last FIRST MIDDLE (OTHER NAME USED) SEX (M/F) GRADE

HOME LANGUAGE SURVEY The California Education Code requires schools to determine the language(s) spoken at home by each student and assess with the California English Language Development Test (CELDT) if a language other than English is identified. (CA Ed Code 313.60810 and 60812)

1. Which language did your son/daughter learn when he/she first began to talk? _____

2. What language does your son /daughter most frequently use at home? _____

3. What language do you use most frequently to speak to your son/daughter? _____

4. Name the language most often spoken by the adults at home: _____

EMERGENCY IMMIGRANT EDUCATION PROGRAM (EIEP) ELIGIBILITY

If born outside the U.S., give date first entered ANY U.S. school, K-12: MONTH _____ YEAR _____, this includes all 50 states, the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the Northern Mariana Islands, or the Trust Territory of the Pacific Islands. As part of the criteria for emergency immigrant, the child must not have been attending schools in any one or more states for more than three full academic years. Therefore, if a child was born in China, moved to Guam and was educated there for three years and then entered a Torrance school, he would not qualify for emergency immigrant funds.

PARENT CURRENTLY IN THE MILITARY? YES NO

PLEASE GIVE THE FOLLOWING INFORMATION ABOUT "ALL" ADULTS LIVING IN THE HOME:

NAME	RELATIONSHIP TO STUDENT	WORK PHONE	WORK EMAIL	NAME OF EMPLOYER	OCCUPATION
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Has student ever been enrolled in Torrance schools before? YES NO If yes, which Torrance school? _____

Date first attended _____ Date last attended _____

LIST ALL PREVIOUS K-12 SCHOOLS ATTENDED (MOST RECENT FIRST):

GRADES	SCHOOL	ADDRESS	STATE	PUBLIC SCHOOL? (Y/N)	FROM (Month / Date / Year)	TO (Month / Date / Year)
_____	_____	_____	_____	_____	___ / ___ / _____	___ / ___ / _____
_____	_____	_____	_____	_____	___ / ___ / _____	___ / ___ / _____
_____	_____	_____	_____	_____	___ / ___ / _____	___ / ___ / _____
_____	_____	_____	_____	_____	___ / ___ / _____	___ / ___ / _____

Has student been enrolled in any of the following special programs?

Individual Education Plan YES NO

504 YES NO

Gifted and Talented Education YES NO

NAMES OF ALL CHILDREN LIVING IN THE HOME **SEX** **RELATIONSHIP** **DATE OF BIRTH** **SCHOOL ATTENDING**

NAMES OF ALL CHILDREN LIVING IN THE HOME	SEX	RELATIONSHIP	DATE OF BIRTH	SCHOOL ATTENDING
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I hereby certify under penalty of perjury that the foregoing is true and correct and I understand the above information may be verified at any time by the Torrance Unified School District.

DATE

PARENT OR GUARDIAN SIGNATURE

PLEASE PRINT

TORRANCE UNIFIED SCHOOL DISTRICT
HEALTH HISTORY INFORMATION
School Year 2015-2016

New Enrollee
Returning Student

Student _____, _____ Male Female _____
Legal Last Name Legal First Name Date of Birth Grade

Current Address _____

Place of Birth (City/State) _____ Country _____

Last school attended* _____ City _____ State _____

*If last school attended was not a CA school, has your child ever attended CA school? No If yes:

School name _____ City _____ Dates of attendance _____

Please check the appropriate box and provide an explanation if your child currently has or has had in the past any of the following conditions:

- Allergy needing an epinephrine auto-injector Trigger(s) _____
(Epi-Pen / Auvi-Q / Other Brand) Symptoms _____
Allergy Trigger(s) _____
Asthma Trigger(s) _____
ADD or ADHD
Autism or Developmental Delay: Specify _____
Cancer/Leukemia Specify _____
Cerebral Palsy
Confidential Health Problem Specify _____
Cystic Fibrosis
Deaf/Hearing Loss or Impairment..... Specify _____
Diabetes, Type 1 - Insulin Dependent Diagnosed at age _____ Uses Pump Syringe Insulin Pen
Diabetes, Type 2 Diagnosed at age _____ Diet controlled Requires medication
Eating Disorder (physician diagnosed)..... Specify _____
Epilepsy/Seizure..... Describe seizure & Aura _____
Seizure trigger(s) _____ Date of last seizure _____
Gastrointestinal Problems..... Specify _____
Heart Problem followed by specialist..... Specify _____
Hemophilia/Bleeding Disorder Specify _____
Kidney or Urinary Disease/Disorder..... Specify _____
Mental Health Problems Specify _____
Neurological Problems..... Specify _____
Severe Nose Bleeds
Orthopedic Problems..... Specify _____
Physical Activity Limitations Specify _____
Respiratory Condition Specify _____
Scoliosis..... Please provide written statement from child's doctor
Sickle Cell Anemia
Vision (wears glasses/contacts)..... Specify condition _____
Visually Impaired/Blind..... Specify _____
Other (also list any injuries, accidents or operations that impact your student's functioning at school): _____

Continued on the back

Please list medications taken at home:

Medication	Dosage	Frequency	Reason taking medication

Medication to be taken at school:

NOTE: A TUSD Medication form is required for each medication. Family must provide the medication(s).

Medication	Dosage	Frequency	Reason taking medication

All medication, including over-the-counter medications taken at school requires a physician's order and must be accompanied by a TUSD medication form. Forms are available in the school's health office.

Policies Regarding Medication at School

According to the California State Education Code 49423, definite procedures must be followed with regard to taking medications at school. During the regular school day, any pupil who is required to take medication prescribed by a physician must provide:

1. A written statement from the physician stating the method, amount and time in which medication is to be taken and relevant side effects,
2. A written statement from the parent or guardian of the pupil granting their permission that the physician's orders are carried out, and
3. The medication in the original pharmacy container; labeled by a California pharmacist giving the student name, doctor name, drug, dosage, route of administration, and schedule.

All medication is to be kept in the health office, unless otherwise arranged with the District Nurse. A parent or guardian can bring a prescribed medication to the school office and give it to their student directly. A District Nurse or Health Assistant is not present at the school site at all times or on all days when the school is in session. Therefore, because non-medically trained District personnel may be providing emergency assistance, parents must assure that physicians provide complete, precise, legible directions and instructions. The District is not responsible for notifying parents before or after prescribed medication is depleted or the expiration occurs. Expired medications will not be administered. The completed medication form(s) expire at the end of the school year and will need to be renewed annually.

Disaster/Emergency Information

In the event of a natural or community disaster/emergency, students and staff may be required to remain on campus for several hours or several days. If your student requires medication/treatment, which, if he/she were unable to receive, may result in a life-threatening condition, it would be prudent to have the medication/equipment, medication forms, and training in place. If you and your physician determine that it is necessary to have a three-day supply of medication/equipment stored at school, please contact the school Health Office.

Does your child have health insurance? Medi-Cal/ Covered CA. Private Company Not currently insured

If there is a new diagnosis/health condition or medication changes, it is important that you contact the Health Assistant or District Nurse to update the health information in your student's health record.

I have read and completed the Health History Information form. I understand that health information is confidential and is shared with staff on a need only basis. I will notify the health office at my school site of any changes in my child's health condition or change of medication. I give permission to have my child screened (vision, color vision, hearing, blood pressure, acanthosis nigricans, dental and height and/or weight) as necessary throughout the school year.

_____ (____) _____ (____) _____
 Signature of Parent/Legal Guardian Home Telephone Number Work Telephone Number Date

OFFICE: SEND THIS ORIGINAL DIRECTLY TO HEALTH CLERK.

STUDENT RESIDENCY QUESTIONNAIRE/AFFIDAVIT

This document is intended to address the McKinney-Vento Assistance Act. Your answers will help determine documents necessary to enroll your child quickly.

Student: _____ (Male ___ Female ___)

Birthdate: _____ Grade: _____

1. Do you and your student live in a fixed, regular, adequate nighttime residence? **Yes** ___ **No** ___
(If you circled "Yes", stop here. You must provide a gas or electric bill in your name as proof of residence. If you circled "NO", please continue with this form.)

2. Do you and the student live in:

- shelter
- motel/hotel
- temporarily with another family in a house, mobile home, or apartment
- in a car or RV
- at a campsite
- transitional housing
- other location _____

3. The student lives with:

- one parent
- two parents
- a qualified relative
- friend(s)
- an adult that is not the legal guardian
- alone with no adult(s)

4. I am:

- the parent/legal guardian of the above-named student
- a qualified adult relative of the above-named student
(Relationship: _____)

I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge.

Signature: _____ Date: _____

Print Your Name: _____

Residence: _____
Street City Zip

Mailing Address: _____
Street City Zip

Telephone: (____) _____ Cell Phone: (____) _____