

# 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 required documents, your student will not be enrolled.

## 1) Proof of Age

- Birth Certificate or Passport (original required)

## 2) State Immunization Records (original required)

- Records must be up-to-date with child's name and date of birth.
- Each immunization must have a date and signature and/or stamp of the health care provider.

## 3) Proof of Residency – Must be in the Parent/Guardian Name

- 2 proofs required (dated within the past 60 days)
- Mailing & Service address must match
- If the parent/guardian is unable to provide any of the following, additional documentation will be required. Please contact the Enrollment Center for further information.

A home check may be conducted to verify student residency.

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Electric Bill</li><li>• Gas Bill</li><li>• Water Bill</li><li>• Trash Bill</li><li>• Cable/Satellite Bill</li></ul> | <ul style="list-style-type: none"><li>• Internet Bill</li><li>• Mortgage Statement</li><li>• Property Tax Bill</li><li>• Lease/Rental Agreement</li><li>• Home Telephone Bill(landline only)</li></ul> |
|---|--|

**Cell phone bills, bills with disconnect notices, screenshots/profiles, or bills showing c/o or % next to the parent's name are NOT accepted**

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 Photo ID (original required)

## 5) Enrollment Form – completed and signed

## 6) Health History Form – completed and signed

## 7) Student Residency Questionnaire/Affidavit – completed and signed

## 8) Enrollment Eligibility – completed and signed

## 9) School Records

- Most recent Report Card or Transcript if the student attended school prior to enrollment at TUSD

~ ~ ~ ~ ~ If Applicable ~ ~ ~ ~ ~

## 10) IEP – please bring this with you to Enrollment

## 11) 504 – please bring this with you to Enrollment

**All documents must be translated into English in order to process enrollment. Please ask for assistance at the Enrollment Center.**

### HOURS OF SERVICE

**Enrollment Processing: Monday – Friday 8:00am – 3:00pm**

- **Enrollment processing hours are subject to change**

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

2336 Plaza Del Amo ~ Torrance, CA 90501 ~ (310) 972-6280 ~ www.tusd.org

# STUDENT ID:

## Torrance Unified School District ENROLLMENT FORM

\_\_\_\_ / \_\_\_\_

OFFICE USE ONLY				
SCHOOL: _____	LANG: YES	NO	FWEC: _____	
ENROLLMENT DATE: _____	REASON: _____	P / G	S	O *

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: \_\_\_\_\_

Is this child in foster care, group home or has an open court case? (There may be services available for the student.)  YES  NO

<b>PARENT/GUARDIAN - #1</b>	<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		
<b>PARENT/GUARDIAN - #2</b>	<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"/> Japanese   |
| <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"/> Korean   |
| <input type="checkbox"/> Asian Indian   | <input type="checkbox"/> Laotian (including people of Hmong origin)   |
| <input type="checkbox"/> Cambodian  | <input type="checkbox"/> Samoan   |
| <input type="checkbox"/> Chinese (including people of Chinese or Taiwanese origins)   | <input type="checkbox"/> Tahitian   |
| <input type="checkbox"/> Filipino   | <input type="checkbox"/> Vietnamese   |
| <input type="checkbox"/> Guamanian  | <input type="checkbox"/> White, not of Hispanic Origin (European, Middle Eastern, North African origins)  |
| <input type="checkbox"/> Hawaiian Native  | <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"/> 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"/> 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 SEX (M/F) GRADE

Please complete the following survey:

**HOME LANGUAGE SURVEY** The California Education Code contains legal requirements which direct schools to determine the language(s) spoken in the home of each student. This information is essential in order for the school to provide adequate instructional programs and services.

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  
 (ACTIVE DUTY in the Air Force/Army/Coast Guard/Marine Corps/Navy or FULL-TIME National Guard Duty )

**PLEASE GIVE THE FOLLOWING INFORMATION ABOUT "ALL" ADULTS LIVING IN THE HOME (INCLUDING PARENTS):**

NAME	RELATIONSHIP TO STUDENT	WORK PHONE	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 - USE ANOTHER PAPER IF NEEDED):**

GRADES	SCHOOL	CITY	STATE	PUBLIC SCHOOL?	FROM (Month / Year)	TO (Month / Year)
				YES NO	____ / ____	____ / ____
				YES NO	____ / ____	____ / ____
				YES NO	____ / ____	____ / ____
				YES NO	____ / ____	____ / ____

**OFFICE USE ONLY**

Kinder TK \_\_\_\_\_ Public school: YES NO State: \_\_\_\_\_ START Date: \_\_\_\_ / \_\_\_\_

Does student have any of the following:

Individual Education Plan (IEP)  YES  NO  
 504 Plan  YES  NO  
 Gifted and Talented Education  YES  NO

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 2017 - 18

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 \_\_\_\_\_

**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 \_\_\_\_\_
- Blood Disorder / Anemia / Hemophilia Specify \_\_\_\_\_
- Cancer / Leukemia Specify \_\_\_\_\_
- Cerebral Palsy
- Concussion (physician diagnosed) Specify \_\_\_\_\_ Date of concussion: \_\_\_\_\_
- 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 Disorder Describe seizure & Aura \_\_\_\_\_  
Seizure trigger(s) \_\_\_\_\_ Date of last seizure \_\_\_\_\_
- Gastrointestinal Problems  G-tube Specify \_\_\_\_\_
- Heart Problem followed by specialist Specify \_\_\_\_\_
- Immune System Disorder Specify \_\_\_\_\_
- Kidney / Bladder / Urinary Disorder Specify \_\_\_\_\_
- Mental Health Problems Specify \_\_\_\_\_
- Neurological Problems / Migraines / VP Shunt Specify \_\_\_\_\_
- Severe Nose Bleeds
- Orthopedic Problems / Assistive Devices Specify \_\_\_\_\_
- Respiratory Problem Specify \_\_\_\_\_
- Scoliosis Please provide written statement from child's doctor
- Skin Condition Specify \_\_\_\_\_
- Vision problem (wears glasses / contacts) Specify condition \_\_\_\_\_  Visually Impaired / Blind
- Other (also list any injuries, accidents, physical activity limitations or operations that impact your student's functioning at school): \_\_\_\_\_

Please list all medication taken at home:

Medication	Dosage	Frequency	Reason for 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 for 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 49432, 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, scoliosis, acanthosis nigricans, dental and height and/or weight) as necessary throughout the school year.

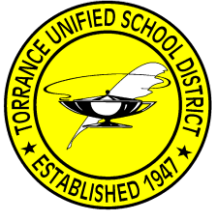
\_\_\_\_\_  
Signature of Parent / Legal Guardian

(    )  
\* Phone #1:

(    )  
Phone#2:

\_\_\_\_\_  
Date

\* Best phone number to contact you.



# Torrance Unified School District

2335 PLAZA DEL AMO  
P. O. BOX 2954  
TORRANCE, CALIFORNIA 90509-2954  
TELEPHONE (310) 972-6500  
www.tusd.org



## Student Residency Questionnaire

This form is intended to address the Mc Kinney Vento Act 42. USC. 11435 and must be completed for each student. The information you provide is confidential. Your child will not be discriminated against based upon the information provided.

Please complete the following questions regarding the students housing in order to help determine any services the student may be eligible to receive.

By signing this form, I declare under penalty of the laws of the state of California that the foregoing is true and correct. In addition, I understand that the district reserves the right to verify any listed residence information.

\_\_\_\_\_  
Parent/Guardian or Unaccompanied Youth Name      Parent/Guardian or Unaccompanied Youth Signature      Date

Student Name			
Last	First	Middle	
DOB	Address		Phone
Is the student unaccompanied?	Y   N	Is the student a runaway?	Y   N

Please identify the student's current living arrangements by checking the ONE box that best describes the nighttime residence:

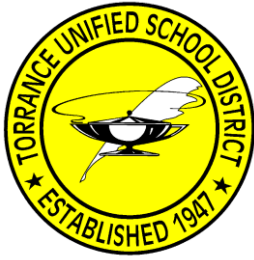
Check the ONE option that best describes your nighttime residence:		
Check	Nighttime Residence	CODE
<input type="checkbox"/>	<b>Temporarily Doubled up</b> (e.g. with another family or other person <i>because of loss of housing or as a result of crisis economic hardship</i> , temporarily with an individual or adult that is NOT the parent/legal guardian, loss of job, eviction, or natural disaster)	120
<input type="checkbox"/>	<b>Shelter</b> (emergency or transitional shelter)	100
<input type="checkbox"/>	<b>Hotel/Motel</b> (living in what is not an emergency or transitional shelter and involves payment due to the lack of alternative adequate accommodations)	110
<input type="checkbox"/>	<b>Other Temporary Living Situation due to loss of housing, financial crisis</b> (e.g. Trailer park with no hookups, campground, park, public places, abandoned building, street or any other inadequate living space)	130
<input type="checkbox"/>	<b>NONE OF THE ABOVE APPLY</b> , We have permanent and adequate housing or am in relocation housing due to an employment move (Personal residence is owned/rented house or Apartment suitable for living)	<i>DO NOT CODE</i>

**\*\*\*Schools:** If this form is filled out at the school site to establish eligibility, please scan & email to [FWEC@tusd.org](mailto:FWEC@tusd.org).

### OFFICE USE ONLY:

Student Eligible for McKinney Vento: Y N \_\_\_\_\_  
Name Title Phone #  
 Entered Date \_\_\_\_\_ Name \_\_\_\_\_  Nutrition Services notified

**SCHOOLS:** McKinney Vento eligible students should be provided free meals beginning on the first day of enrollment.



# Torrance Unified School District

2335 PLAZA DEL AMO  
P. O. BOX 2954  
TORRANCE, CALIFORNIA 90501-3420

TELEPHONE (310) 972-6500  
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**BOARD OF EDUCATION**  
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MARK STEFFEN  
MICHAEL WERMERS

**SUPERINTENDENT OF SCHOOLS**  
GEORGE W. MANNON, Ed. D.

## ENROLLMENT ELIGIBILITY INFORMATION

The state of California requires us to ask newly enrolling students to the Torrance Unified School District the following information regarding enrollment eligibility.

I certify that \_\_\_\_\_, who is enrolling in grade \_\_\_\_\_

✓ Check one:

- Was not expelled from his/her previous district.
- Has a pending expulsion hearing with his/her previous district.

Date of Hearing: \_\_\_\_\_

- Was expelled from his/her previous district.

Date of Expulsion: \_\_\_\_\_

Readmission Date: \_\_\_\_\_

(Expulsion means removal from all schools of the district by Board of Education action.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Current Street Address

\_\_\_\_\_  
Apt #

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip Code