

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

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

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

8) IEP – please bring this with you to Enrollment

9) 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.fwec.tusd.org



Torrance Unified School District 2018-19 TK & Kindergarten Enrollment

All enrollment will take place at:
The Family Welcome Enrollment Center
2336 Plaza del Amo
Torrance, CA 90501

Enrollment Hours: 8:00am – 3:00pm

(Please be Advised: enrollment processing hours are subject to change without advance notice)

Transitional Kindergarten

- TK is **only** available for students who are born between September 2, 2013 & December 2, 2013
- TUSD **strictly** follows the age appropriate guidelines set by the state of California

TK Enrollment Dates

April 2, 2018 – April 20, 2018

Kindergarten

- Kindergarten is **only** available for students who will be 5 years old on or before September 1, 2018
- TUSD **strictly** follows the age appropriate guidelines set by the state of California
- **Please note:** You must enroll your student on one of the days assigned for your school of residence.

School of Residence	Dates to Enroll
Victor	January 22 – 26
Anza & Towers	January 29 – February 2
Arnold & Seaside	February 5 – 9
Riviera & Walteria	February 13 – 16
Hickory	February 20 - 23
Fern & Wood	February 26 – March 2
Adams & Torrance El	March 5 – 9
Lincoln & Arlington	March 12 – 16
Yukon & Carr & Edison	March 19 - 23

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

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"/> 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 2018 - 19

New Enrollee

Returning Student

Student _____, _____ Male Female _____
LEGAL LAST NAME LEGAL FIRST NAME DATE OF BIRTH GRADE

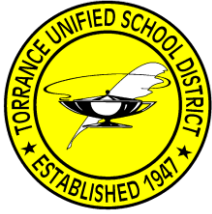
Current Address _____

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 (Epi-Pen / Auvi-Q / Other Brand) Trigger(s) _____
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): _____



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"/>	Temporarily Doubled up (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"/>	Shelter (emergency or transitional shelter)	100
<input type="checkbox"/>	Hotel/Motel (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"/>	Other Temporary Living Situation due to loss of housing, financial crisis (e.g. Trailer park with no hookups, campground, park, public places, abandoned building, street or any other inadequate living space)	130
<input type="checkbox"/>	NONE OF THE ABOVE APPLY , 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.**

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.