

# 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