

# Torrance Unified School District Enrollment Requirements

Dear Parent(s)/Guardian(s):

The following documents are required for enrollment. Please be advised that if you do not have all the required documents, your student will not be enrolled. **Only PARENT (biological or adoptive) or GUARDIAN (must have legal documentation of guardianship) will be allowed to enroll the student.**

**1) Proof of Age**

- Birth Certificate or Passport

**2) State Immunization Records**

- 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 – Parent/Guardian must be the primary account holder on utility bills**

- 2 proofs required (dated within the last 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.
  - Electric bill
  - Gas bill
  - Water bill
  - Trash bill
  - Cable/Satellite bill
  - Internet bill
  - Mortgage Statement
  - Property Tax bill
  - Rental/Lease Agreement
  - Home Telephone (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**

**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 scan and attach a copy**

**11) 504 – please scan and attach a copy**

**12) Court /Custody order (most recent) – please scan and attach a copy**

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

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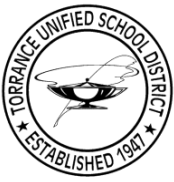
**HOURS OF SERVICE**

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

**Submit online enrollment documents and questions to [www.enrollment@tUSD.org](http://www.enrollment@tUSD.org)**



# Torrance Unified School District

Enrollment and Student Services

## Helpful Tips - Photographing your Documents

Dear Parent/Guardian,

We understand that sometimes submitting documents online can pose unique difficulties for those who do not do so on a regular basis, so we have compiled some helpful tips below regarding the submission of online documents.

We ask to allow viewing/accessibility through our computer systems that documents are sent in PDF format.

### SCANNING DOCUMENTS WITH YOUR PHONE:

Documents should be in PDF format, here are some options on how to save a PDF on your phone if you do not have access to a scanner:

1. How to Scan Documents and Make PDFs with iPhone or iPad: <https://www.youtube.com/watch?v=yEQRKnu4yLo>
2. Save a picture as PDF with Drive: <https://www.androidpolice.com/2019/07/06/create-convert-pdf-phone-camera-android-free/>
3. Take a picture of the document. : \*Make sure you get the whole page on the picture, it is NOT blurry or too far away and use the crop feature to trim the sides to the edge of the document and hit save.
  - Press on the three dots on the upper right hand corner and hit print. It will ask you to select printer, click the drop down and select "Save as PDF" The Download window will open and you can name your item.
  - This will usually save to your documents or downloads. Repeat for the next document.

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### PHOTOGRAPHING IMMUNIZATION RECORDS

- **YELLOW CARDS:** We ask that California yellow "immunization cards" be submitted in two images; one of the full length of the front side and one of the full length of the back side.
- **ELECTRONIC RECORDS:** IF your doctor or student's last school has provided you with a copy of an electronic record we ask that you submit visible images of each page. Most records are numbered - please make sure all pages that were printed/provided are included in your photos.
- **HANDWRITTEN RECORDS:** If your physician has provided any immunization records that are handwritten (such as dates, names of vaccines, etc., completed by hand) we ask for visible images of each page. Please be advised with handwriting that we may ask you to resubmit photos if the writing is not legible, or to have a physician transcribe and verify the records. [The Torrance Health Center](#) offers services to translate and transcribe vaccine records.
- **TRANSLATIONS:** If your student's immunization record require translation in to English, [The Torrance Health Center](#) offers services to translate and transcribe vaccine records.

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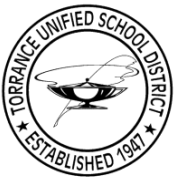
### PHOTOGRAPHING PROOFS OF RESIDENCE

- Most utility websites allow for the download of PDF statements. You can download your billing statement to save on your computer and attach that document to the email.
- If photographing a paper billing statement/proof of residence, make sure to take a picture of the entire document, from top to bottom.

*Please remember to email all documents together in one email to ensure that all your documents stay together!*

If the parent/guardian is unable to provide any of the above mentioned proofs of residence or if you have any questions please reply to this email or contact our office:

**(310) 972-6280**



# Torrance Unified School District

Enrollment and Student Services

## Residence Verification

Dear Parent/Guardian,

The Torrance Unified School District may only enroll students whose parent or legal guardian resides within school district boundaries (Education Code 48200). Residence verification is a parent responsibility and falsification of information will be grounds for immediate cancellation of enrollment. There can be only one residence (Government Code Sec. 244).

**Two of the following documents, with the parent/guardian's name and home address, must be presented. Statements must show matching Service Name and Service Address on the top and bottom portion of the bill and must be dated within the last 60 days. If you are enrolled in paperless billing we will accept a printout of your bill/statement (PDF), not a screen shot of your account. If you need assistance with this please make sure to have you login and password handy when you arrive.**

**Cell Phone Bills, Disconnect Notices, Screenshots/Profiles of the Account, or Bills Showing "C/O or %" by the Parent's Name are NOT acceptable.**

- **Utility Bill - the top portion of the bill must be submitted; stubs/bottom portion of bills will not be accepted. Bills must display the service address and the parent must be the primary account holder:**
  - Trash
  - Internet
  - Cable/Satellite
  - Home Phone (land-line only)
  - Gas (if this is a new address, they can provide a "Letter of Service")
  - Electric (if this is a new address, they can provide a "Letter of Service")
  - Water (if this is a new address, Torrance Municipal Water can provide a "Letter of Service")
- **Mortgage Statement - the property and mailing address must match**
- **Property Tax Statement - must be for the current year and the property and mailing address must match**
- **Lease/Rental Agreement (complete agreement with signatures of all parties; does not need to be within 60 days)**
- **Government Correspondence - dated within the last 60 days**
- **Car Registration - must be for the current year**
- **Pay Stub - dated within the last 60 days**
- **Voter Registration - dated within the last 60 days**

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If you reside within TUSD boundaries but can not provide the documentation above, in your name, the person named on the utility bills needs to visit the Enrollment Center and sign an Affidavit of Residency (AOR) prior to enrollment. **Both, the account holder and parent/legal guardian, need to submit documentation with the home address, to our office, dated within the last 60 days.** Please be advised, AOR's are renewed annually and the school site may conduct a home check to verify student residency.

- **Person named on bills (account holder)**
  - Identification
  - 2 Original Utility Bills
- **Parent/Legal Guardian**
  - Bank Account Statement
  - Pre-Printed Checks
  - Car Insurance Billing Statement
  - Any Correspondence from a Government Agency or Department

If the parent/guardian is unable to provide any of the above mentioned proofs of residence or if you have any questions please contact our office:  
**In person:** 2336 Plaza del Amo, Torrance, CA 90509 **By phone:** (310) 972-6280 **By Email:** enrollment@tusd.org

Parents/Guardians are required to report a change of address to the school administration immediately. Proof of this change must be submitted to our office within 30 calendar days. Failure to do so may be cause for forfeiture of the right to continuing enrollment at the attending school. If false or inaccurate residence information is discovered, the student will be transferred to the district or school of residence.

# PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY



Starting July 1, 2019

## Students Admitted at TK/K-12 Need:

- **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap, or Td) — 5 doses**  
(4 doses OK if one was given on or after 4th birthday.  
3 doses OK if one was given on or after 7th birthday.)  
For 7th-12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
- **Polio (OPV or IPV) — 4 doses**  
(3 doses OK if one was given on or after 4th birthday)
- **Hepatitis B — 3 doses**  
(Not required for 7th grade entry)
- **Measles, Mumps, and Rubella (MMR) — 2 doses**  
(Both given on or after 1st birthday)
- **Varicella (Chickenpox) — 2 doses**

These immunization requirements apply to new admissions and transfers for all grades, including transitional kindergarten.

## Students Starting 7th Grade Need:

- **Tetanus, Diphtheria, Pertussis (Tdap) — 1 dose**  
(Whooping cough booster usually given at 11 years and up)
- **Varicella (Chickenpox) — 2 doses**  
(Usually given at ages 12 months and 4-6 years)

In addition, the TK/K-12 immunization requirements apply to 7th graders who:

- previously had a valid personal beliefs exemption filed before 2016 upon entry between TK/Kindergarten and 6th grade
- are new admissions

## Records:

California schools are required to check immunization records for all new student admissions at TK/Kindergarten through 12th grade and all students advancing to 7th grade before entry. Parents must show their child's Immunization Record as proof of immunization.

STUDENT ID:

Torrance Unified School District
ENROLLMENT FORM
20 / 21

OFFICE USE ONLY
SCHOOL: \_\_\_\_\_ LANG: YES NO FWEC: \_\_\_\_\_
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 SEX: F / M GRADE
DATE OF BIRTH MM/DD/YYYY PLACE OF BIRTH: CITY STATE OR COUNTRY
RESIDENCE ADDRESS APT# CITY ZIP CODE:
NO P.O. BOX ADDRESS

\*\*\*\*\* PARENT / GUARDIAN INFORMATION BELOW MUST BE COMPLETED! \*\*\*\*\*

PARENT/GUARDIAN - #1 FATHER MOTHER STEP-FATHER STEP-MOTHER LEGAL GUARDIAN FOSTER PARENT OTHER
MR MRS / MS FIRST NAME LAST NAME LIVES WITH STUDENT
RESIDENCE ADDRESS EMAIL ADDRESS
PHONE# HOME WORK CELL
PARENT/GUARDIAN - #2 FATHER MOTHER STEP-FATHER STEP-MOTHER LEGAL GUARDIAN FOSTER PARENT OTHER
MR MRS / MS FIRST NAME LAST NAME LIVES WITH STUDENT
RESIDENCE ADDRESS EMAIL ADDRESS
PHONE# HOME 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.

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

Is this child in foster care, group home or has an open court case? (There may be services available for the student.) YES NO
Is there a court / custody order in place? YES NO If YES, please provide the most recent copy.

DATE

PARENT OR GUARDIAN SIGNATURE

**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 UNITED STATES MILITARY?**  YES  NO  
 (ACTIVE DUTY in the United States 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)
				<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/
				<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/
				<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/
				<input type="checkbox"/> YES <input type="checkbox"/> 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
  - » Is your student in the process of being assessed for Special Education eligibility?  YES  NO
  - » Has your student been determined to be eligible for Special Education?  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 2020-21

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 Trigger(s): \_\_\_\_\_

Allergy needs **EPINEPHRINE AUTO-INJECTOR** Trigger(s): \_\_\_\_\_

(Epi-Pen / Auvi-Q / Other Brand) Symptoms: \_\_\_\_\_

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 Type of Seizure: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

Describe seizure & Aura: \_\_\_\_\_ Seizure trigger(s): \_\_\_\_\_

Emergency medication at school:  YES  NO If YES, specify medication: \_\_\_\_\_

G-tube Type of G-tube: \_\_\_\_\_ Type of pump: \_\_\_\_\_

Feeding at school\*:  YES  NO If yes, feeding times: \_\_\_\_\_

\* NEW DOCTOR'S ORDER REQUIRED EACH YEAR - Contact the Health Office for a blank order form.

Gastrointestinal Problems 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: \_\_\_\_\_

Visually Impaired / Blind  Vision problem (wears glasses / contacts) Specify: \_\_\_\_\_

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.





# Torrance Unified School District

2335 PLAZA DEL AMO / P.O. BOX 2954  
TORRANCE, CA 90509-2954  
Telephone: (310) 972-6500 ~ www.tusd.org



## Student Housing Questionnaire

This form is intended to address the McKinney Vento Act 42.U.S.C.11435. The information you provide is confidential. Your child/children will not be discriminated against based upon the information provided. Please complete the following questions regarding the student's housing in order to help determine any services the student(s) 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 residency information.

Parent / Guardian or Unaccompanied Youth NAME

Parent / Guardian or Unaccompanied Youth SIGNATURE

DATE

### Check the ONE option that best describes your nighttime residence:

*If you check any box other than NONE please fill out entire form*

CHECK:	NIGHTTIME RESIDENCE:	CODE:
<input type="checkbox"/>	<b>Temporarily Doubled Up</b> - with another family or other person because of loss of housing or <i>as a result of crisis economic hardship</i> , temporarily with an individual or adult that is not 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 emergency / transitional shelter & involves payment due to lack of alternative accommodations	110
<input type="checkbox"/>	<b>Other Temporary Living Situation due to loss of housing, financial crisis</b> - trailer park with no hook ups, 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 & adequate housing or am in relocation housing due to employment move. Personal residence is owned/rented house or apartment suitable for living. <b>**If NONE is checked, leave the rest of form BLANK</b>	N/A

### STUDENT INFORMATION - please PRINT CLEARLY!

*If you checked NONE of the above apply please leave the rest of the form blank*

STUDENT #1 - LAST NAME	STUDENT #1 - FIRST NAME:	STUDENT #1 - DATE OF BIRTH:
STUDENT #2 - LAST NAME	STUDENT #2 - FIRST NAME:	STUDENT #2 - DATE OF BIRTH:
STUDENT #3 - LAST NAME	STUDENT #3 - FIRST NAME:	STUDENT #3 - DATE OF BIRTH:
STUDENT #4 - LAST NAME	STUDENT #4 - FIRST NAME:	STUDENT #4 - DATE OF BIRTH:
STUDENT #5 - LAST NAME	STUDENT #5 - FIRST NAME:	STUDENT #5 - DATE OF BIRTH:

NIGHTTIME LOCATION: CITY: ZIP:

MAILING ADDRESS: CITY: ZIP:

PHONE: Student UNACCOMPANIED:  YES  NO Student RUNAWAY:  YES  NO

\*\* If this form is filled out at the school site, please SCAN and EMAIL this form to FWEC to establish eligibility. Email: FWEC@tusd.org

### OFFICE USE ONLY

STUDENT #1:	ID#:	SCH:	GRADE:	F: <input type="checkbox"/>	M: <input type="checkbox"/>	190: <input type="checkbox"/>	TI: <input type="checkbox"/>	PR: <input type="checkbox"/>	E: _____	SE: <input type="checkbox"/> Y <input type="checkbox"/> N	L: <input type="checkbox"/> Y <input type="checkbox"/> N
STUDENT #2:	ID#:	SCH:	GRADE:	F: <input type="checkbox"/>	M: <input type="checkbox"/>	190: <input type="checkbox"/>	TI: <input type="checkbox"/>	PR: <input type="checkbox"/>	E: _____	SE: <input type="checkbox"/> Y <input type="checkbox"/> N	L: <input type="checkbox"/> Y <input type="checkbox"/> N
STUDENT #3:	ID#:	SCH:	GRADE:	F: <input type="checkbox"/>	M: <input type="checkbox"/>	190: <input type="checkbox"/>	TI: <input type="checkbox"/>	PR: <input type="checkbox"/>	E: _____	SE: <input type="checkbox"/> Y <input type="checkbox"/> N	L: <input type="checkbox"/> Y <input type="checkbox"/> N
STUDENT #4:	ID#:	SCH:	GRADE:	F: <input type="checkbox"/>	M: <input type="checkbox"/>	190: <input type="checkbox"/>	TI: <input type="checkbox"/>	PR: <input type="checkbox"/>	E: _____	SE: <input type="checkbox"/> Y <input type="checkbox"/> N	L: <input type="checkbox"/> Y <input type="checkbox"/> N
STUDENT #5:	ID#:	SCH:	GRADE:	F: <input type="checkbox"/>	M: <input type="checkbox"/>	190: <input type="checkbox"/>	TI: <input type="checkbox"/>	PR: <input type="checkbox"/>	E: _____	SE: <input type="checkbox"/> Y <input type="checkbox"/> N	L: <input type="checkbox"/> Y <input type="checkbox"/> N

20 \_\_\_ / \_\_\_ Eligible: Yes  No  Approved: \_\_\_\_\_  Coordinator  BHC

\*\* COMPLETE BACK OF FORM \*\*



# Torrance Unified School District

2335 PLAZA DEL AMO  
P. O. BOX 2954  
TORRANCE, CALIFORNIA 90509-2954

TELEPHONE (310) 972-6500  
www.tusd.org

**BOARD OF EDUCATION**  
JEREMY GERSON  
JAMES HAN  
BETTY LIEU  
ANIL MUHAMMED  
JASMINE PARK

**INTERIM SUPERINTENDENT**  
TIMOTHY H. STOWE, 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