Tustin Connect School
Grades K - 8
15400 Lansdowne Road
Tustin, CA 92782
(714) 730-7395

The following items must be presented to complete the registration process:

1. **Current lease/rental agreement, escrow paper, or mortgage statement**

2. **Utility bill - gas, electric, or water only** (We do not accept telephone bills, wireless telephone bills, or cable TV bills)

3. **California Drivers License or California Identification Card**

4. **Birth Certificate**

5. **Proof of Immunizations**

After the enrollment packet is complete and the above documents are received, a Master Agreement Meeting will be scheduled with the teacher.

TUSTIN UNIFIED SCHOOL DISTRICT ENROLLMENT FORM

Has your student ever attended Tustin Unified School District schools before? ❑ Yes ❑ No Dates Enrolled: to

STUDENT INFORMATION

Legal Last Name:	Legal First Name:	Middle Name:	Birthdate:	Gender: ❑ Male ❑ Female	Grade:

Residence Address:	City/State:	Zip Code:	Home Phone: ( )

Mailing Address:	City/State:	Zip Code:	❑ Same as Residence Address

Correspondence Language:	Home Language:	Student Email Address:

Ethnicity: (*Please check one per **Federal requirement***)
❑ NOT Hispanic or Latino
❑ Hispanic or Latino (*A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)*

Race/Nationality: *The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following (per **Federal requirement**) by marking the box(es) to indicate what you consider your child's race or nationality to be, as you see applicable.*

❑ American Indian/Alaskan Native	❑ Chinese	❑ Japanese	❑ Korean	❑ Vietnamese
❑ Asian Indian	❑ Laotian	❑ Cambodian	❑ Hmong	❑ Other Asian
❑ Hawaiian	❑ Guamanian	❑ Samoan	❑ Tahitian	❑ Other Pacific Islander
❑ Filipino	❑ Black/African American	❑ White		

Birth City:	Birth State:	Birth Country:

Name of Most Recent School Attended:	Address/City/State:	Grade(s):	Date(s):

Services Received: *(Check all that apply)*

❑ Special Education (IEP) ❑ Resource Specialist Program (RSP)/SAI ❑ Speech/Language ❑ Special Day Classes ❑ 504 Plan ❑ SARB ❑ Counseling
❑ English Language Dev. (ELD) ❑ Help to Improve Attendance/Behavior ❑ GATE ❑ Retention Grade: ____ ❑ Other _____

Home Language Survey: The *California Education Code* requires schools to determine the language(s) spoken at home by each student. The information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested. Indicate only one language (most frequently used) per line:

1. What language/dialect did your child learn when he/she first began to speak? _____
2. What language/dialect does your child most frequently use at home? _____
3. What language/dialect do you most frequently speak to your child? _____
4. What language/dialect is most often spoken by adults at home? _____
5. Has your child ever been given the CELDT Test (California English Language Development Test)? ❑ Yes ❑ No ❑ I don't know

U.S Entry Date:	U.S. School Entry Date:	California School Entry Date:

Health Problems / Medications / Allergies / Other: Please check if NONE ❑

In case of SERIOUS ILLNESS or EMERGENCY, I acknowledge that my child may be taken by ambulance to the nearest hospital.
Parent Initials: _____

FAMILY INFORMATION

Other Children in the Home First and Last Name:	Birthdate:	School:	Relationship:
First and Last Name:	Birthdate:	School:	Relationship:
First and Last Name:	Birthdate:	School:	Relationship:
First and Last Name:	Birthdate:	School:	Relationship:

Foster Youth Services: ❑ Yes ❑ No

❑ Relative Caregiver Name: _____ Relationship: _____

❑ Non-Relative Caregiver Social Worker Name: _____ Contact Number: (_____)_____

Residence: Where is your child/family currently living? (Federally mandated by NCLB/ESEA)

❑ In a permanent residence (house, apartment, condo, mobile home)
❑ Temporarily doubled-up (sharing housing with other families/individuals due to economic hardship or loss)
❑ Other (please specify): _____
❑ In a shelter or transitional housing program
❑ In a motel/hotel
❑ Temporarily unsheltered (car/campsite)

PARENT/GUARDIAN INFORMATION

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the children unless there is a signed court order indicating otherwise. Without a copy of this court order on file at school, the school has no legal right to refuse biological parents' access to their children and/or their children's school records.

Current Court Orders? (Custody, Restraining Orders, etc.) ❑ Yes ❑ No Most Recent Court Order Date:

Student lives with: (Circle One)

Father/Mother / Stepfather/Stepmother / Legal Guardian / Foster Parent / Caregiver / Other _____

Parent/Guardian Name (1):	Email Address:

Address:	City/State:	Zip Code:

Employer:	Home Phone: ( )	Cell Phone: ( )	Work Phone: ( )

Parent Education Level:
❑ Not a high school graduate (Less than 12th grade) ❑ High school graduate (Completed 12th grade) ❑ Some college ❑ College graduate
❑ Graduate school/Post graduate training ❑ Decline to state

Military Service: Has the parent/step-parent/guardian served in the military?
❑ Active Duty / Deployed ❑ Guard ❑ Veteran ❑ Active Duty / Full Time ❑ Reserve ❑ Deceased Branch of Service:

Student lives with: (Circle One)

Father/Mother / Stepfather/Stepmother / Legal Guardian / Foster Parent / Caregiver / Other _____

Parent/Guardian Name (2):	Email Address:

Address:	City/State:	Zip Code:

Employer:	Home Phone: ( )	Cell Phone: ( )	Work Phone: ( )

Parent Education Level:
❑ Not a high school graduate (Less than 12th grade) ❑ High school graduate (Completed 12th grade) ❑ Some college ❑ College graduate
❑ Graduate school/Post graduate training) ❑ Decline to state

Military Service: Has the parent/step-parent/guardian served in the military?
❑ Active Duty / Deployed ❑ Guard ❑ Veteran ❑ Active Duty / Full Time ❑ Reserve ❑ Deceased Branch of Service:

EMERGENCY CONTACT INFORMATION

IN CASE OF AN EMERGENCY (bomb threat, earthquake, flooding, etc.) STUDENTS WILL BE KEPT AT SCHOOL OR EVACUATED TO A SAFE LOCATION. List individuals to whom student may be released in case of illness, injury, or emergency, if parent/guardian is not available. Student will ONLY be released to parents/guardians or authorized individuals listed below.

First and Last Name (Contact 1):		First and Last Name (Contact 2):	
Relationship:	Contact Number: ( )	Relationship:	Contact Number: ( )
First and Last Name (Contact 3):		First and Last Name (Contact 4):	
Relationship:	Contact Number: ( )	Relationship:	Contact Number: ( )
First and Last Name (Contact 5):		First and Last Name (Contact 6):	
Relationship:	Contact Number: ( )	Relationship:	Contact Number: ( )

RELEASE OF INFORMATION

I give permission to release my child's information, photographs and/or videos to the following:

Media/Press ❑ Yes ❑ No Classroom Web sites ❑ Yes ❑ No PTO ❑ Yes ❑ No School Directory ❑ Yes ❑ No
School Web sites ❑ Yes ❑ No School Yearbook ❑ Yes ❑ No Military ❑ Yes ❑ No College ❑ Yes ❑ No
School Social Media ❑ Yes ❑ No Posting of Class List at Beginning of School Year ❑ Yes ❑ No

TUSD TECHNOLOGY ACCEPTABLE USE POLICY

As a parent/guardian, I have read and understand the TUSD Acceptable Use Policy (the complete TUSD Acceptable Use Policy and Parent Technology Meeting Video is available at www.tustin.k12.ca.us under the TUSD Technology Devices quick links). I accept full responsibility for loss, damage, or harm that results from my student(s) misuse of District technology.

Parent/Legal Guardian Signature: _____ Date: _____

tustin Unified School District

Student Health Inventory

School Year: _____

Student Name: _____ **School:** _____ **Grade:** _____
Birthdate: ____/____/____ ☐ **Male** ☐ **Female** **Best phone # during school hours: ( )** _____
Medical Insurance? ☐Private ☐Medi-Cal ☐CalOptima ☐Emergency Medi-Cal ☐None
Primary Doctor's Name/City: _____
Medical Specialists: (List Names/Specialty) _____
_____
_____
Dental Insurance: ☐ Yes ☐ No Vision Insurance: ☐ Yes ☐ No

Has your child had any problems with?

	Yes	**No**	**Explain any "Yes" responses:** (more space below if needed)
Allergies: Life threatening? **EpiPen** needed at School? ☐Yes ☐No			☐ Food(List)_____ ☐ Insect bites (List):_____ ☐ Medication. (List):_____ ☐ Seasonal ☐ Latex ☐ Other (List): _____ Reaction (Explain):
Allergies: Non-Life threatening?			☐ Food(List)_____ ☐ Insect bites (List):_____ ☐ Medication. (List):_____ ☐ Seasonal ☐ Latex ☐ Other (List): _____ Reaction (Explain):
☐ **ADD** ☐**ADHD** Date of Diagnosis:_____ By Whom:			Medication at: Home: ☐Yes ☐No School: ☐Yes* ☐No
Asthma ☐ Mild ☐ Severe Date of Diagnosis:_____ By Whom:			Last episode:_____ Triggers:_____ Inhaler at: Home: ☐Yes ☐No School: ☐Yes* ☐No Nebulizer at: Home: ☐Yes ☐No School: ☐Yes* ☐No
Autism: Date of Diagnosis:_____ By Whom:			Medication at: Home: ☐Yes ☐No School: ☐Yes* ☐No
Blood Disorder:(Explain)			Medication at: Home: ☐Yes ☐No School: ☐Yes* ☐No Special precautions needed at school:
Bone/Joint Problems Under doctor's care? ☐Yes ☐No			Explain:
Brain injury: ☐**Acquired** ☐**Traumatic**			Date of injury: Explain:
Cancer: Type:			☐ Current ☐ Past ☐ Remission ☐ Chemo ☐ Radiation ☐ Central line
Cerebral Palsy			☐ Upper extremities ☐Lower extremities ☐Right ☐Left
Cystic Fibrosis			
Developmental Delay			
Diabetes: ☐ Type I ☐ Type II			☐ Insulin injections at school* ☐ Insulin Pump* ☐ Oral medication
Down Syndrome			
Ear Infections-frequent			PE tubes ☐ Current ☐ Past
Endocrine Disorder:(Explain)			Medication at: Home: ☐ Yes ☐ No School: ☐ Yes* ☐ No
Fainting/Blackouts, frequent Under doctor's care? ☐Yes ☐No			Last episode: _____ Triggers:
Gastrointestinal Disorder			Explain:
Genetic Disorder			Explain:
☐**Head Injuries** ☐**Concussions**			How many? Age/s: How did they occur?
Hearing Loss Date of last hearing test:			If yes: ☐ Right ear ☐ Left ear Hearing aids: ☐ Right ☐ Left Cochlear Implant: ☐ Right ☐ Left

Tustin Unified School District

Student Health Inventory School Year: _____

	Yes	No	Explain any "Yes" responses: (more space below if needed)
Heart Condition Under doctor's care? ☐Yes ☐No			Explain:
Inmune Disorder			Explain:
Kidney/Bladder Condition			Explain:
Lung Condition			Explain:
Mental Health Condition: ☐ **Anxiety** ☐ **Depression** ☐ **Bipolar** **Other:** (Explain)			Medication at: Home: ☐Yes ☐No School: ☐Yes* ☐No Date of Diagnosis: _____ By Whom:
☐**Migraine** ☐**Headaches**			Medication at: Home: ☐Yes ☐No School: ☐Yes* ☐No
Neurological Condition			Explain:
Neuromuscular Condition			Explain:
Nose Bleeds-frequent			
Seizures/Epilepsy: List seizure type:_____ Date of last seizure:_____			Medication at: Home: ☐Yes ☐No School: ☐Yes* ☐No Diastat: Home: ☐Yes ☐No School: ☐Yes* ☐No
Skin Condition (Explain)			Medication at: Home: ☐ Yes ☐ No School: ☐ Yes* ☐ No
Vision Problems			☐Glasses ☐Contacts ☐Night-only Contacts Patching: ☐ Right ☐Left
Activity Restrictions: Do any of these conditions affect the student's ability to participate in routine school activities, programs or PE?			If yes, provide a note from the healthcare provider indicating the restrictions or special needs and how long they will be needed.
Medical Procedures/Equipment (List)			At: ☐ Home ☐ School* If needed at school, you will be contacted for further information.

Medication: **List <u>all</u> DAILY medication:**

Medication/Purpose	Dose/Frequency	
_____	_____	☐ Home ☐ School*
_____	_____	☐ Home ☐ School*
_____	_____	☐ Home ☐School*

***Contact the school health office for <u>ANY</u> Medication or Medical Procedures to be given or done during school hours.**

Any serious medical condition not listed above? Explain:

Any "yes" answer above that requires more explanation:

Please provide any additional information that might impact this student's education or safety:

☐ <u>No current known Medical Problems.</u>

The above information may be shared with appropriate school staff to ensure the student's health and safety at school. It is the parent/guardian responsibility to inform the school health office of any changes in this student's health status.

Signature of Parent/Guardian: _____Date: _____

Relationship: _____