Torrey Pines High School
3710 Del Mar Heights Road, San Diego, 92130
Mailing: c/o 710 Encinitas Boulevard, Encinitas, CA 92024
858-755-0125 Fax 858-481-0098 www.tphs.net

Principal
Brett Killeen

REGISTRATION CHECKLIST FOR TORREY PINES HIGH SCHOOL

A COPY OF THE STUDENTS BIRTH CERTIFICATE IS REQUIRED

In order to enroll your student at Torrey Pines High School, the following documentation is **REQUIRED**:

- ☐ Birth Certificate or Passport.
- ☐ 2 proofs of address (one MUST be a current gas & electric bill).
- ☐ Immunization record from previous school, doctor or your own complete record. Transcript (report cards) from previous school. Translated if applicable.

If you are coming from another country or state California law requires you to provide proof of immunization for chicken pox (Varicella) or proof of the disease. It MUST be verified by a Dr. or a clinic.

- **ACCEPTABLE USE POLICY (AUP) (for use of computer on campus):** Please review material and if you consent for computer use by your student, please sign on the last page.
- Completed enrollment packet.
- Students transferring during the school year MUST bring a copy of their withdrawal slip showing grades to date of leaving.
- Students participating in a special education program **must bring a copy of their most recent I.E.P.** This is necessary even if the parent no longer wishes that their student continue to participate in the special education program.

Return the completed packet and the required items to Ms. Jorie Rankin. Faxed or attached documents to emails are NOT acceptable. After review of your documents, an appointment will be set to meet with your student's counselor.

If you have questions, please contact Ms. Jorie Rankin at (858) 755-0125, ext. 2230 or email at jorie.rankin@sduhsd.net

Ms. Jorie Rankin, acting TPHS Registrar
(858)755-0125 ext. 2230
Jorie.rankin@sduhsd.net

PLEASE PROVIDE COPIES OF: Birth Certificate, Immunizations & Verification of Residency

SAN DIEGUITO UNION HIGH SCHOOL DISTRICT

STUDENT ENROLLMENT FORM

COPY OF BIRTH CERTIFICATE REQUIRED *Birth Certificate ONLY if new to the District*

PRINT Legal Name (No Nicknames): Enrolling in:_____ Grade:_____ **Student ID#**_____
School

_____ ☐ Male ☐ Female **Date of Birth**: _____
STUDENT: Last Name **First Name** **Middle** Month/Day/Year

PLACE OF BIRTH_____ _____ _____ **Social Security #** _____
City State Country

Student's E-mail Address Student's Cell Phone

Student resides with? _____ (Father / Mother / Guardian / Caregiver)

Father's Name (Note: Father / Guardian / Caregiver)

Home Phone **Work Phone**

Father's E-mail Would like to receive school materials and announcements? ☐ No ☐ Yes **Cell Phone**

Father's Home Address City State Zip Code

Mailing Address (If Different from Above Address) City State Zip Code

Father needs interpreter for phone calls / meetings: ☐ No ☐ Yes

Mother's Name (Note: Mother / Guardian / Caregiver)

Home Phone **Work Phone**

Mother's E-mail Would like to receive school materials and announcements? ☐ No ☐ Yes **Cell Phone**

Mother's Home Address City State Zip Code

Mailing Address (If Different from Above Address) City State Zip Code

Mother needs interpreter for phone calls / meetings: ☐ Yes ☐ No

Last School your Student Attended City State Zip Code School's Fax Number School's Telephone Number

Has student previously attended school in the San Dieguito Union High School District? ☐ No ☐ Yes, School: _____

When did your student begin school in the United States? _____ When did your student begin school in California? _____
Month/Day/Year Month/Day/Year

Home Language Survey

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Please answer the following questions:

1. Has your student been designated as an English Learner in California public schools within the last 12 months? ☐ Yes ☐ No
2. What language did your child speak when he/she first began to talk? _____
3. What language does your child most frequently use at home? _____
4. What language do you use most frequently to speak to your child? _____
5. Name the language in the order most often spoken by the adults at home. 1st_____ 2nd_____
6. I prefer materials sent home in: ☐ English If available in: ☐ Spanish ☐ Other: _____

The district must comply with many Federal and State reporting requirements. Your assistance in denoting the ethnic background of your student would be appreciated. **Is the student Hispanic or Latino?** ☐ **Yes, Hispanic or Latino** ☐ **No, Not Hispanic or Latino**

Please continue to answer the following by marking one or more boxes to indicate what you consider the student's race to be.

☐ White	☐ Pacific Islander →	☐ Chinese	☐ Guamanian	☐ Japanese
☐ Filipino	☐ Asian/Asian American →	☐ Samoan	☐ Korean	☐ Tahitian
☐ Black or African American		☐ Vietnamese	☐ Laotian	☐ Asian Indian
☐ American Indian/Alaskan		☐ Cambodian	☐ Hawaiian	☐ Homng

The California Education Code requires schools to gather information regarding the highest level of education achieved by the parent with the most schooling. **Please choose the corresponding:** ☐ 1) Not a high school graduate ☐ 2) High school graduate ☐ 3) Some college ☐ 4) College graduate ☐ 5) Graduate school/Graduate training ☐ 6) Decline to state or unknown

Parent/Guardian Signature _____ **Date** _____

District programs and activities are free from discrimination based on sex, race, color, religion, national origin, ethnic group, sexual orientation, marital or parental status, physical or mental disability or any other unlawful consideration.

OFFICE USE ONLY: ____ **Emergency Card** ____ **Health Card** ____ **Birth Cert.** ____ **AUP**
____ **Imm. Verified** ____ **Chicken Pox** ____ **Hep. #1** ____ **Hep. #2** ____ **Hep. #3**

San Dieguito
Union High School District

710 Encinitas Boulevard, Encinitas, CA 92024
Teléfono (760) 753-6491
www.sduhsd.net

IMPORTANT NOTICE REGARDING NEW STUDENTS

(NOTIFICACIÓN DE IMPORTANCIA PARA ESTUDIANTES DE NUEVO INGRESO)

Education Code Section 48915.1(b) states, "If a student has been previously expelled from his/her previous school, the parent/guardian, shall, upon enrolment, inform the receiving school district of his/her status with the previous school district."

El Código de Educación Sección 48915.1(b) consta que, "Si un estudiante ha sido anteriormente expulsado de la escuela, el padre/guardián, al matricular al estudiante, deberá de informarle al distrito escolar al cual esté matriculando a el/la estudiante acerca de su disposición/estado en el distrito escolar al que asistió previamente".

STUDENT NAME:_____ **SCHOOL:**_____ **DOB:** _____
(NOMBRE DE EL/LA ESTUDIANTE) *(ESCUELA)* *(FECHA DE NACIMIENTO)*

Has your son/daughter been previously expelled? NO____ YES____
(¿Se le ha expulsado a su estudiante previamente?) *NO* *SÍ*

If YES, please explain including dates of expulsion and school:_____
(Si ha sido expulsado/a, favor de explicar incluyendo la fecha y la escuela a la que asistió)

_____

_____

Has your son/daughter been previously suspended? NO ____ YES____
(¿Se le ha suspendido a su estudiante previamente?) *NO* *SÍ*

If YES, please explain including dates of suspension and school:_____
(Si ha sido suspendido/a, favor de explicar incluyendo la fecha y la escuela a la que asistió)

_____

_____

Is your student currently enrolled in a GATE program? NO ____ YES____
(¿Actualmente está su estudiante registrado en el programa GATE?) *NO* *SÍ*

Has your student ever received Special Education Services? NO ____ YES____
(¿Se le han proporcionado Servicios de Educación Especial a su estudiante?) *NO* *SÍ*

Does your student have an ACTIVE IEP Individualized Education Plan? NO ____ YES____ (Please attach copy)
(¿Tiene su estudiante un Plan de Educación Individualizada –IEP activo actualmente?) *NO* *SÍ* *(Por favor incluya una copia)*

Does your student have an ACTIVE 504 Plan? NO ____ YES____ (Please attach copy)
(¿Tiene su estudiante un Plan 504 activo actualmente?) *NO* *SÍ* *(Por favor incluya una copia)*

Has your student ever received 504 plan accommodations? NO ____ YES____ Date: _____
(¿Ha recibido su estudiante adaptaciones bajo un plan 504?) *NO* *SÍ* *(Fecha)*

Has your student ever been placed on a SARB contract? NO____ YES____ Date: _____
(¿Se le ha puesto a su estudiante bajo un contrato de SARB?) *NO* *SÍ* *(Fecha)*

_____ _____
Parent/Guardian Signature (***Firma del Padre/Guardián)*** **Date** ***(Fecha)***

NOTE: Failure to disclose this information could result in termination from the San Dieguito Union High School District. If further information is desired, please telephone the Director of Pupil Services, Bruce Cochrane at (760) 753-6491, ext. 5619.

NOTA: Si no proporciona usted ésta información, puede resultar en la anulación de la matrícula para el/la estudiante en el distrito San Dieguito Union High School District. Si desea obtener más información, por favor llame usted al Director de Servicios al Alumno, Bruce Cochrane al teléfono (760) 753-6491 ext. 5619)

Revision 2-09

SAN DIEGUITO UNION HIGH SCHOOL DISTRICT
Verification of Residency

The California Attorney General has concluded that, with limited exceptions, a child must attend school in the district where the child's parent or guardian resides, rather than where the child lives. Therefore, a child who lives apart from his or her parents or guardians must still attend school in a district in which a parent or guardian resides. (Guardian is defined as court appointed legal guardian, "blood relative," or Caregiver.)

There are a few exceptions to the general rule. An exception is made for a child who has been placed in a licensed institution, a licensed home, or a state hospital. A further exception is made for a child granted an interdistrict attendance permit in accordance with Education Code Section 46600, et seq. There is also an exception for a child who is legally emancipated through judicial declaration, marriage, or military service.

Student Name: _____ Date of Birth: _____
Last Name First Name Initial Month/Day/Year

Parent/Guardian Name: _____ Home Phone: _____
Last Name First Name

Parent/Guardian Address: _____ Cell Phone: _____
Current Address

_____ Work Phone: _____
City Zip Code

FALSIFICATION OF ANY INFORMATION OR DOCUMENTS, EITHER WRITTEN OR VERBAL, RELATIVE TO THIS VERIFICATION PROCEDURE WILL RESULT IN REVOCATION OF THE ENROLLMENT PROCESS.

Include copies of at least two of the following items: One Proof MUST be the Gas & Electric plus one of the following:

- **Deed to primary residence**
- **Escrow papers for primary residence**
- **Rental/lease agreement for primary residence**
- **Military housing orders (base housing office written verification)**
- **Declaration of temporary residence affidavits for homeless families**
- **Current bill local utility company**
- **Any other legal document(s) which establish residence address within District boundaries**

The housing status of a student must be verified by presentation of one of the following:

	HOUSING STATUS	DOCUMENTATION REQUIRED
☐	Living with parent(s)	Prove district residency
☐	Living with Foster Parent(s)	Order placing child with Foster Parent(s)
☐	Living with Court-appointed legal guardian	Court order authorizing guardianship
☐	Living with a "CAREGIVER"	CAREGIVER's Authorization Affidavit

I am the parent/guardian of the above student residing within the boundaries of the San Dieguito Union High School District. I hereby confirm that the information provided on this form is correct.

Signature of Parent/Guardian: _____ Date: _____

School Official: _____ _____ Date: _____
Name Position School

San Dieguito
Union High School District

710 Encinitas Boulevard, Encinitas, CA 92024
Telephone (760) 753-6491
www.sduhsd.net

School Year 2013-2014

Special Education Department
Fax (760) 634-0676

Dear Parent(s)/Guardian,

Your student will need the following immunizations to enter school in our district.

IMMUNIZATION REQUIREMENTS FOR ADMISSION TO SDUHSD

VACCINE	DOSES REQUIRED
POLIO	4 DOSES AT ANY AGE, HOWEVER, 3 DOSES ARE ENOUGH IF AT LEAST ONE WAS GIVEN ON OR AFTER THE 2ND BIRTHDAY
DIPTHERIA/TETANUS/PERTUSSIS (DPT/TD)	5 DOSES, HOWEVER, 4 DOSES ARE ENOUGH IF AT LEAST ONE WAS GIVEN ON OR AFTER THE 2ND BIRTHDAY
MEASLES/RUBELLA/MUMPS (MMR)	2 DOSES BOTH GIVEN ON OR AFTER THE 1ST BIRTHDAY
*VARICELLA	1 DOSE FOR CHILDREN UNDER 13 YEARS; STUDENTS 13 YRS AND OLDER (WHO HAVE NEVER HAD CHICKENPOX OR RECEIVED CHICKENPOX VACCINE) SHOULD GET 2 DOSES AT LEAST 28 DAYS A PART
PERTUSSIS TDAP	1 DOSE OF TDAP BOOSTER FOR ALL CHILDREN ENTERING 7TH GRADE

Requirement For Students Coming to US from other country

TUBERCULOSIS: Require TB test for admission to the District

SDUHSD Board Policy 5441.31

A parent's personal record of immunizations is not acceptable under the law. **A copy of a signed record from a physician or medical clinic must be included in the registration packet for review by the governing authority of the school.** (California Administrative Code, Title 17, Part 1, Chapter 4, Article 5, Section 606580). *Physician-documented varicella (chickenpox) disease history or immunity meets the varicella requirement, including out-of-state entrants grade 7 – 12.

Please provide a complete copy of your student's yellow California Immunization Record or other signed medical verification documenting that your student has completed all required immunizations, or is in the process of completing the immunization series appropriate for your student's age. **A copy must be included with your students' registration packet.** We do not call your child's prior school for these records.

Thank you for your cooperation in getting your student ready to attend SDUHSD. **It is mandated that all incoming students have up-to-date immunization records. The SDUHSD has a "no shot, no school" policy. (5112.2/AR-1)**

If you have any questions regarding your student's immunization, please contact the school's Health Office:

Carmel Valley	858-481-8221 ext. 3014	*Canyon Crest Academy*	858-350-0253 ext. 4011
Diegueño	760-944-1892 ext. 6631	*La Costa Canyon*	760-436-6136 ext. 6024
Earl Warren	858-755-1558 ext. 4414	*San Dieguito Academy*	760-153-1121 ext. 5021
Oak Crest	760-753-6241 ext. 3378	*Torrey Pines*	858-755-0125 ext. 2235

Revised 9/13

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Año Escolar 2013-2014

Departamento Educación Especial
y Servicios de Salud
Fax (760) 634-0676

Estimado Padre(s) / Tutor Legal,

Su estudiante necesita las siguientes inmunizaciones para ingresar a nuestro distrito escolar SDUHSD.

INMUNIZACIONES REQUERIDAS PARA ADMISIÓN AL DISTRITO SDUHSD

VACUNA	DOSIS REQUERIDAS
POLIO	4 DOSIS A CUALQUIER EDAD, NO OBSTANTE, 3 DOSIS SON SUFICIENTES SI POR LO MENOS UNA DE ELLAS FUE ADMINISTRADA DESPÚES DE CUMPLIR 2 AÑOS DE EDAD
DIFTERIA, TÉTANOS, TOS FERINA (PERTUSSIS) (DPT/TD)	5 DOSIS, NO OBSTANTE, 4 DOSIS SON SUFICIENTES SI POR LO MENOS UNA DE ELLAS FUE ADMINISTRADA DESPUÉS DE CUMPLIR 2 AÑOS DE EDAD
SARAMPIÓN / RUBÉOLA / PAPERAS (MMR)	2 DOSIS; SI AMBAS FUERON ADMINISTRADAS DESPÚES DE CUMPLIR UN AÑO DE EDAD
*VARICELA	1 DOSIS PARA CADA NIÑO/A ANTES DE CUMPLIR 13 AÑOS; ESTUDIANTES DE 13 AÑOS O MAYOR (QUIENES NUNCA HAN TENIDO LA VARICELA, NI RECIBIDO LA VACUNA) DEBERÁN DE RECIBIR 2 DÓSIS POR LO MENOS CON 28 DÍAS ENTRE CADA UNA.
TOS FERINA (PERTUSSIS) TDAP	1 DOSIS DE LA VACUNA TDAP PARA TODOS LOS ESTUDIANTES QUE ESTÁN INGRESANDO AL SÉPTIMO GRADO

Requisito para estudiantes ingresando de otro país a los Estado Unidos

TUBERCULOSIS: Se requiere prueba de TB para admisión en el Distrito

Directiva de Fideicomisarios SDUHSD, Póliza 5141.31

> De acuerdo a la ley, no se debe aceptar como documentación de inmunización una nota personal hecha por el padre de familia. **El paquete de inscripción debe incluir una copia del registro de inmunización firmado por un médico o clínica médica para ser inspeccionada por la autoridad gobernante de la escuela.** (Código Administrativo del Estado de California, Título 17, Parte 1, Capítulo 4, Artículo 5, Sección 606580). *La documentación del médico sobre la enfermedad de varicela (chickenpox) o de inmunidad satisface los requisitos de varicela incluyendo aquellos estudiantes que vienen fuera del estado del 7° al 12° grados.

Favor de entregar una copia completa la tarjeta amarilla del registro de inmunización California Immunization Record u otra documentación médica, verificando que su hijo/a reúne los requisitos de inmunización o está en el proceso de completar los requisitos apropiados para la edad de su estudiante. **Debe de incluirse una copia en el paquete de inscripción.** Nuestro distrito no obtiene estos expedientes de la escuela a la que anteriormente atendió su hijo/a.

Agradecemos su cooperación al ayudar a su hijo/a en preparación para asistir a nuestro distrito. **Es orden obligatoria que todos los estudiantes estén al día con la documentación de inmunizaciones.** ***La póliza del distrito escolar de San Dieguito Union High School District es "no-inmunización, no escuela".*** **(5112.2/AR-1)**

Si tiene alguna pregunta sobre inmunizaciones para su estudiante, favor de llamar a la Oficina de Salud de la escuela:

Carmel Valley	858-481-8221 ext. 3014	*Canyon Crest Academy*	858-350-0253 ext. 4011
Diegueño	760-944-1892 ext. 6631	*La Costa Canyon*	760-436-6136 ext. 6024
Earl Warren	858-755-1558 ext. 4414	*San Dieguito Academy*	760-153-1121 ext. 5021
Oak Crest	760-753-6241 ext. 3378	*Torrey Pines*	858-755-0125 ext. 2235

Revised 9/13

SAN DIEGUITO UNION HIGH SCHOOL DISTRICT
HEALTH INFORMATION FORM

STUDENT: **Last Name** _____ **First Name** _____ Initial ____ ☐ Male ☐ Female Date of Birth Month/Day/ Year _____ ID# Student Identification _____

Parent/Guardian Current Address _____ City _____ Zip Code _____ Phone Number _____ Cell Number _____ Student's School _____ Grade _____

PARENT/GUARDIAN: The following information is necessary for the student's health record. It is required upon registration of the student. However, **if student develop new health problem/s** in the future, we request that you notify the school's Health Office **as soon as possible** to provide the appropriate care for your student. Please complete and return this form to the school's Health Office.

MEDICATION: EC §49423

Does the student take continuing medication? NO ☐ **YES** ☐ Will it be necessary to take medication at school? NO ☐ **YES** ☐

Students are not allowed to carry medication except with physician's authorization on file for: inhalers for asthma, epipen for allergic reaction, and glucagon for diabetes.

All Medication: prescribed, over-the-counter, homeopathic remedies, vitamins, etc. which are to be administered during the school day or during school-sponsored activities, require an **Authorization for Administration of Medication signed by the physician and parent. If your student requires administration of medication during school hours,** please visit the District's website http://www.sduhsd.net/downloads/ to download the required form **"Authorization for Administration of Medication",** complete and personally deliver it to the school's Health Office.

HEALTH CONDITION/S:

Please mark the corresponding items that best describe your student's current health condition/s and return the completed form to school's Health Office. Please provide specific information regarding conditions that may affect student learning and participation in school activities (enclose additional information on the back of this form, if needed).

	Health Condition:	Explain: (please include, date diagnosed, frequency, severity, etc.)
☐	Allergy (food, bee sting, medication, other)	
☐	Asthma (mild, moderate, serious, inhaler required)	
☐	Blood Disorder/s	
☐	Cerebral Palsy	
☐	Diabetes	
☐	Diagnosed ADHD / ADD	
☐	Disabilities / Genetic Disorder	
☐	Emotional Disorder	
☐	Fainting	
☐	Heart Condition	
☐	Immune Deficiency Syndrome	
☐	Kidney Disorder	
☐	Migraine Headache	
☐	Neurological Disorder	
☐	Orthopedic Condition	
☐	Prosthesis	
☐	Psychological Disorder	
☐	Scoliosis	
☐	Seizure Disorder	
☐	**Date of last doctor's visit** :	☐ **Other Serious Health Concerns:**

☐	**Hearing Impairment**	☐	**Right Ear**	☐	**Left Ear**
☐	Deaf/Hard-of-Hearing	☐	Right Ear	☐	Left Ear
☐	Hearing Aids	☐	Right Ear	☐	Left Ear
☐	Hearing Problems	☐	Right Ear	☐	Left Ear
☐	**Visual Impairment**	☐	**Right Eye**	☐	**Left Eye**
☐	Student wears glasses	☐	Contact Lenses		
☐	Distance	☐	Astigmatism		
☐	Reading	☐	**Other:**		

☐	**Speech Impairment**
☐	Has Had Therapy
☐	Needs Therapy
☐	**Physical Restrictions**
☐	To PE Class Participation
☐	Kind of Restrictions:

Parent/Guardian Name__(Print)_____ **Signature** X_____ **Date** _____

Health Office Only:

SAN DIEGUITO UNION HIGH SCHOOL DISTRICT
FORMULARIO PARA INFORMACIÓN DE SALUD

ESTUDIANTE: **Apellido** _____ **Primer Nombre** _____ Inicial ____ ☐ Varón ☐ Dama Fecha de Nacimiento Mes/Día/Año _____ ID# Identificación Estudiantil _____

Nombre del Padre/ Guardián Legal _____ **Domicilio Actual** _____ Ciudad _____ Código Postal _____ Teléfono del Hogar _____ Teléfono Celular _____ Escuela _____ Grado _____

PADRE/GUARDIÁN: la siguiente información es necesaria para el expediente de salud de el/la estudiante. Se requiere solamente una vez al inscribirse. Sin embargo, si en el futuro se presentan nuevos problemas de salud, solicitamos que el padre/guardián **tan pronto como le sea posible, presente notificación a la Oficina Escolar de Salud** para proporcionar la atención adecuada a su estudiante. Por favor complete y entregue este formulario en la Oficina Escolar de Salud.

MEDICAMENTO: EC §49423

¿Tiene el/la estudiante un régimen continuo de medicamento? NO ☐ **sí** ☐ ¿Necesita administrarse en la escuela? NO ☐ **sí** ☐

No está permitido que los estudiantes lleven consigo medicamento excepto bajo autorización médica para asma o diabetes.
Todo medicamento: con prescripción, sin prescripción, remedios homeopáticos, vitaminas, etc. que deban administrarse durante el horario escolar o durante actividades patrocinadas por la escuela, requieren el formulario de autorización **"Authorization for Administration of Medication" firmado por el médico y el padre de el/la estudiante**. **Si su estudiante necesita la administración de medicamento durante el horario/actividad escolar:** Por favor visite la página Web del Distrito http://www.sduhsd.net/downloads/ para obtener el formulario **"Authorization for Administration of Medication"**, el cual debe el padre/guardián completarlo y entregarlo a la Oficina Escolar de Salud.

CONDICIÓN/ES DE SALUD:

Por favor indique la/s casilla/s que mejor describa/n la/s condición/es de salud de su estudiante y entregue el formulario en la Oficina Escolar de Salud. Por favor proporcione información específica acerca de la/s condición/es que puede/n afectar a su estudiante para aprender o para participar en actividades escolares.

	Condición de Salud:	Explicación: (por favor incluya; fecha de diagnóstico, frecuencia, severidad, etc.)
☐	Alergia (severa; alimentos, medicamento, piquete de abeja, etc.)	
☐	Asma (leve, moderada, de seriedad, otro)	
☐	Defecto de Nacimiento / Desorden Genético	
☐	Enfermedad Sanguínea / de la Sangre	
☐	Parálisis Cerebral (Cerebral Palsy)	
☐	Diabetes	
☐	Diagnóstico con Síndrome de Déficit de Atención e Hiperactividad (ADHD / ADD)	
☐	Enfermedad Emocional	
☐	Enfermedad Cardiaca	
☐	Síndrome de Deficiencia Inmunológica	
☐	Dolor de Cabeza Migraña / Jaquecas	
☐	Enfermedad Neurológica	
☐	Condición Ortopédica	
☐	Prótesis	
☐	Enfermedad Psicológica	
☐	Escoliosis	
☐	Convulsiones	
☐	**Otra/s preocupación/es de salud de seriedad:**	
☐	**Fecha de la última visita al médico:**	

	Impedimento Auditivo	Oído Derecho	Oído Izquierdo
☐	Sordera / Dificultad para Escuchar	Oído Derecho	Oído Izquierdo
☐	Aparato Auxiliar para Escuchar	Oído Derecho	Oído Izquierdo
☐	Problemas para Escuchar	Oído Derecho	Oído Izquierdo
	Impedimento Visual	**Ojo Derecho**	**Ojo Izquierdo**
☐	Necesita Lentes	Lentes de Contacto	
☐	Para Ver a Distancia	Astigmatismo	
☐	Para Leer	**Otro:**	

	Impedimento de Lenguaje
☐	¿Ha Recibido Terapia?
☐	¿Necesita Terapia?
	Restricciones Físicas
☐	Para Participación en Educación Física
☐	Tipo de Restricciones

Firma del Padre/Guardián _____ **Fecha** _____

Para el Uso de la Oficina Escolar Solamente: _____

Torrey Pines High School
3710 Del Mar Heights Road, San Diego, 92130
Mailing: c/o 710 Encinitas Boulevard, Encinitas, CA 92024
858-755-0125 Fax 858-481-0098 www.tphs.net

Principal
Brett Killeen

San Dieguito
Union High School District

Board of Trustees
Joyce Dalessandro
Barbara Groth
Beth Hergesheimer
Amy Herman
John Salazar

Superintendent
Ken Noah

_____
Previous School

_____
Fax #

_____
Date Requested

Attn: REGISTRAR

REQUEST FOR STUDENT RECORDS

The following student has enrolled at Torrey Pines High School.

Federal Law 99.31: The Federal Family Rights and Privacy Act of 1974 and California law does not require the school forwarding student records to obtain parent permission to release the records. Parent signature not required for educational records sent to another educational agency.

Last Name	**First Name**	**MI**	**Date of Birth**	**Gr Enrolled**

Please forward the following pupil records:

X **Cumulative File**
X **Official Transcript**
_____ Health Records
_____ Withdrawal Grades

_____ Discipline Records
_____ IEP/504 Records

_____
Parent Signature

Mail to:
Torrey Pines High School
Registrar
710 Encinitas Blvd.
Encinitas, CA 92027-3351

Thank you,

Jorie Rankin
Registrar (858) 755-0125 x 2230 FAX (858) 792-8127

STUDENT

I understand and will abide by the provisions and conditions of this contract. I understand that any violations of the above provisions will result in appropriate disciplinary action, such as:

1. LEVEL ONE: Misuse of District equipment, inappropriate internet use, downloading/sharing/copying inappropriate material, such as music, pornography, or offensive material, or sending inappropriate e-mail may result in loss of privileges, parent conferences, detention, or suspension.
2. LEVEL TWO: Repeat offenders, or Violation of privacy of others, creating websites that are offensive, bullying, threatening, drug or sexually related, or are otherwise disruptive to the learning environment, stealing passwords, introducing harmful applications onto the network, cheating, or other forms of network abuse may result in criminal prosecution, civil litigation, suspension, involuntary transfer to another school, or recommendation for expulsion.
3. LEVEL THREE – Major Violation: Any unauthorized attempt or action to enter into a teacher's computer, the district's data information center for any reason, including but not limited to, changing grades, acquiring test or instructional material, altering attendance records, or deliberately damaging systems. Any major breach of personal privacy, any attempt or action to cheat which compromises a teacher's or the district's computer/network security may result in criminal prosecution, civil litigation, involuntary transfer to another school, or expulsion.

I also agree to report any misuse of the information system to my school principal. All of the school rules or codes of conduct described in Board Policy 5131 and 5151.9 apply when I am on the network.

As the parent or guardian of this student, I have read this contract and understand that it is designed for educational purposes. Although SDUHSD has implemented a filtering system designed to restrict minors' access to harmful materials, I understand that it is impossible for the San Dieguito Union High School District to restrict access to all controversial materials. Therefore, I hereby waive all claims against the District, its officers, agents, or employees, for damages occurring by reason of the student's use of the information system. I also agree to report any misuse of the information system to the school principal.

STUDENT

ACCEPTABLE USE CONTRACT

I accept full responsibility for supervision if and when my child's technology use is not in a school setting and may have an impact on school activities.

The student and the parent or legal guardian of the student agree to hold harmless and indemnify the District for and against any claim that is brought by the student, the student's parent or legal guardian, or on their behalf, which may arise from the student's use of the information system. In addition, the student and/or parent or legal guardian of the student agree to indemnify the District for any actual damages to the District arising from the student's intentional misuse of the information system and/or any other intentional violation of this policy. As parent or legal guardian of the student, I have read this document and voluntarily give my permission to issue an account to my child, and I voluntarily sign my name on the behalf of my child and myself as evidence of our acceptance of the foregoing responsibilities and associated risks.

_____	_____	_____
Student Name (print)	Signature	Date
_____	_____	_____
Parent/Guardian Name (print)	Signature	Date

SAN DIEGUITO UNION HIGH SCHOOL DISTRICT
EMERGENCY FORM

The following information is necessary for the Student Health Record.
Please complete this form, **sign** and **return** to your school annually. This is not a "change of residency" form.

*** If you have changed your residence, please complete and submit a "Verification of Residency Form"** available at your student's school registrar's office.

STUDENT: Last Name _____ **First Name** _____ Initial ____ ☐ Male ☐ Female Date of Birth Month/Day/ Year _____ ID# Student Identification _____

Address Where the **Student Resides Currently** _____ Apartment # _____ City _____ Zip Code _____ School _____ Grade _____

Please check which Parent/ Guardian should be contacted first:

FATHER ____

Father's Name _____ (Please indicate: Father/Guardian/Tutor)

Home Phone # _____ Cell # _____

Place of Employment /Department _____ Work Phone # _____

Father's E-mail Address _____

Father's Address _____ **Is This a New Address?** No ☐ *** Yes** ☐

Mailing Address *(If different than above)* _____

Father's Level of Education: _____ Language _____

Father needs interpreter for phone calls and meetings: NO ☐ **YES** ☐

MOTHER ____

Mother's Name _____ (Please indicate: Mother/Guardian/Tutor)

Home Phone # _____ Cell # _____

Place of Employment /Department _____ Work Phone # _____

Mother's E-mail Address _____

Mother's Address _____ **Is This a New Address?** No ☐ *** Yes** ☐

Mailing Address *(If different than above)* _____

Mother's Level of Education: _____ Language _____

Mother needs interpreter for phone calls and meetings: NO ☐ **YES** ☐

ADDITIONAL CONTACTS: If parent/guardian cannot be reached, we authorize the school staff to release the student to:
CONTACTS MUST BE LOCAL: List contacts for **two adults** other than parent/guardian

1st Contact: _____
Adult's Full Name | Relationship to Student | Home / Work Number | Cell Number

2nd Contact: _____
Adult's Full Name | Relationship to Student | Home / Work Number | Cell Number

MEDICAL INFORMATION:

Name of Student's Physician/Clinic: _____
Name | Address | Phone # Physician/Clinic

I give my consent for school personnel to communicate with my son/daughter's physician NO ☐ YES ☐

Does the student take continuing medication: NO ☐ YES ☐
Will it be necessary to take medication at school? NO ☐ YES ☐

If student requires administration of medication during school hours: Parent must **complete** and deliver to the school's Health Office the **"Authorization for Administration of Medication" form signed by parent and physician.** The form is available at: http://www.sduhsd.net/downloads/

EMERGENCY: In an emergency, I give my consent: For family physician, EMT and/ or hospital to provide emergency treatment to my son/ daughter: NO ☐ YES ☐

Student has medical insurance? NO ☐ YES ☐ Medical insurance in: Father's name ☐ Mother's name ☐

Medical Insurance Carrier _____ Policy Number / Group _____ Insurance Contact Number/s _____

Signature of Father/ Guardian _____ Date _____ **Signature of Mother/ Guardian** _____ Date _____

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