



Torrey Pines High School

3710 Del Mar Heights Road, San Diego, 92130

858-755-0125 Fax 858-481-0098 www.tphs.net

Principal
David Jaffe

San Dieguito
Union High School District

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

Superintendent
Rick Schmitt

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

**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: _____ School _____ Grade: _____ Student ID# _____

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

PLACE OF BIRTH _____ Social Security # _____
City _____ State _____ Country _____

Student resides with? _____ (Father / Mother / Guardian / Caregiver)
Student's E-mail Address _____ Student's Cell Phone _____

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

Home Phone _____ Work Phone _____
 No Yes No Yes

Father's E-mail _____ Would like to receive school materials and announcements? Cell Phone _____
Mother's E-mail _____ Would like to receive school materials and announcements? Cell Phone _____

Father's Home Address _____ City _____ State _____ Zip Code _____
Mother's Home Address _____ City _____ State _____ Zip Code _____

Mailing Address (If Different from Above 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 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.

| | | | | | |
|--|---|---|-------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Pacific Islander | → | <input type="checkbox"/> Chinese | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Asian/Asian American | → | <input type="checkbox"/> Samoan | <input type="checkbox"/> Korean | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Black or African American | | | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Laotian | <input type="checkbox"/> Asian Indian |
| <input type="checkbox"/> American Indian/Alaskan | | | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> 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** _____



Union High School District

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

Directiva de Fideicomisarios
Joyce Dalessandro
Linda Friedman
Barbara Groth
Beth Hergesheimer
Deanna Rich

Superintendente
Ken Noah

Departamento de Servicios al Alumno
Fax (760) 634-0676

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 esta 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

SAN DIEGUITO UNION HIGH SCHOOL DISTRICT
RESIDENCY VERIFICATION FORM

School Year 2015-16

Current School _____

Student Perm. ID: _____

Please check here if address is different than last year.

The San Dieguito Union High School District may ONLY enroll students whose Parent(s) or Guardian(s) reside within school district boundaries (Education Code 48204). This form has been provided to help us verify the location of your residence. In cases in which residency is in question, the Office of Pupil Services & Alternative Programs can investigate by making a home visit. Residency verification is a parent responsibility and falsification of information provided on this document **will be grounds for immediate disenrollment**. Please **attach copies** of the information requested below so that we may legally enroll/re-enroll your child in the San Dieguito Union High School District:

Student Name: _____ DOB: _____ Current Grade: _____
(Last Name) (First Name)

Parent/Guardian Name: _____ Home Phone #: () _____
(circle one above) Work Phone #: _____

Address: _____
Number Street City Zip Code

Please provide the following form:

Current Electric bill (both parts, top & bottom, in English) or verification of electrical service connection.
(If you are a renter and do not pay utilities because it is included in the rent, we will need a letter from the lessor and/or a copy of the rental agreement stating that utilities are included.)

Please check the box below indicating the additional **form** that you will submit as residency verification that *reflects your name and the current address* you list above:

- Current Cable bill** (both parts, top & bottom, in English)
- Current Property Tax or Income Tax Documents** (from the IRS, State, and/or County)
- Current Water** (both parts, top & bottom, in English) or verification of water service connection.**
- Current Waste Management Bill** (both parts, top & bottom, in English)
- Current Payroll Stub** (both name and address must appear on payroll stub)
- Current Social Services documents**

Note: In the event a utility service connection is used as proof of residency, then a current utility bill (both parts, in English) must be provided **within 45 days** to assure continued enrollment.

Residency Affidavit Form
 Completed *Residency Affidavit Form* attached.

Please do not sign this form if any statements above are incorrect.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Parent/Guardian: _____ Date: _____

Staff Only:
Verified By: _____ Date Input Aeries: _____

SAN DIEGUITO UNION HIGH SCHOOL DISTRICT
RESIDENCY VERIFICATION AFFIDAVIT FORM

School Year 2015-2016

(Please complete one form for each school)

HOME OWNER RENTER CO-RESIDENT (Must Also Submit
Co-Resident Form) OTHER (Specify) _____

California law requires all persons between the ages of 6 and 18 to attend the school district in which their parents reside unless a specific statutory exception applies. (See Cal. Educ. Code §§ 48200, et seq.) The San Dieguito Union High School District ("District") is required to take appropriate steps to ensure that students attending its schools satisfy applicable laws. This Residency Verification Form must be completed, signed and submitted with appropriate documentation demonstrating compliance with California's residency laws.

DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS IS INCORRECT. Evidence that false information was provided will result in immediate withdrawal of the student from school and may lead to criminal and/or financial penalties.

Student: _____ Current School: _____ Current Grade: _____
Last Name First Name

Parent/Guardian: _____ Home Phone: () _____
Work/Cell Phone: () _____

Address: _____
Number Street City Zip Code

Please list below the names of additional siblings who attend a district school:

Student: _____ School: _____ Grade: _____
(Last Name) (First Name)

Student: _____ School: _____ Grade: _____
(Last Name) (First Name)

Student: _____ School: _____ Grade: _____
(Last Name) (First Name)

Student: _____ School: _____ Grade: _____
(Last Name) (First Name)

I acknowledge and agree to the following: (initial each statement below):

(Initial) My student (listed above) resides with me five (5) days per week at the address listed above, which is my primary residence.

NOTE: If your child does not reside with you five (5) days per week at the above-listed address, please initial here _____ instead, and attach a written explanation of where and with whom your child resides each day of the week.

(Initial) I agree to notify the District/School within (5) days when I change my residence or that of my student to a new address, either within or outside the District.

(Initial) Home visitation and/or other residency verification is part of a periodic process to confirm current residency status.

(Initial) The District will actively investigate all cases where it has reason to believe that residency status has changed and/or false information has been provided, including the use of private investigators to verify residency status. Verification may include home visits.

(Initial) Investigations that reveal students have enrolled on the basis of providing false information will lead to disenrollment and/or withdrawal from the District.

(Initial) Persons who provide false information under penalty of perjury are subject to criminal prosecution for perjury which is punishable by a fine and/or prison term of up to four years in state prison. (Family Code §6552; Penal Code §118, 125)

(Initial) Persons providing false information under penalty of perjury also may be civilly liable for fraud, negligent misrepresentation, and negligence. Parties found civilly liable may be required to pay all damages caused to the District as a result of providing false information, as well as punitive damages. (Civil Code § 1709)

(Initial) Persons who induce, obtain or otherwise solicit another person to provide false information on an affidavit are subject to the same criminal prosecution, fines, and imprisonment as the person directly committing perjury. (Penal Code §127)

I swear (or certify) under penalty of perjury that the foregoing is true and correct, and that any and all copies of documents submitted to verify my residency are true and correct copies of the original documents, and that any and all documents submitted have not been altered except for the crossing out of dollar amounts and account numbers, which is permitted for the purposes of this Residency Verification Affidavit.

Signature of Parent/Guardian

Date

Witness

Date

SAN DIEGUITO UNION HIGH SCHOOL DISTRICT
CO-RESIDENCY SUPPLEMENTAL FORM
(Supplement to Residency Verification Affidavit)

This Co-Residency Supplemental Form must be completed and attached to the Residency Verification Affidavit only by those parents/guardians who share a home with another individual or family member.

The primary resident/owner of the shared home is required to complete this section and attach a copy of the following items below:

- His/hers driver's license or passport with photo ID
- Two proofs of residency from the list on the Residency Verification Form:

I, _____ (primary resident/owner) declare that I am the primary resident/owner of the address listed on Page 1 of this Residency Verification Affidavit and that the person(s) claiming the address on Page 1 reside(s) with me at least five (5) days per week. I further declare that all of the information provided in this Residency Verification Affidavit, including information provided by the parent(s)/guardian(s), is true and correct. I understand that home visitation and/or residency verification is a part of a periodic process to confirm residency established by a Residency Verification Affidavit. I will submit the required pieces of evidence to verify my residency. I agree to notify the San Dieguito Union High School District if there is any change in the status of the residency of the persons listed on Page 1 or myself.

I swear (or certify) under penalty of perjury that the foregoing is true and correct.

Signature of Primary Resident/Owner*

Date



School Year 2015-2016

Board of Trustees
Joyce Dalessandro
Beth Hergesheimer
Amy Herman
Maureen Muir
John Salazar

Union High School District

Superintendent
Rick Schmitt

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

Special Education Department and Health Services
Fax (760) 634-0676

Dear Parent(s)/Guardian,

California Health and Safety Code Section 120325-75 requires students to provide proof of immunizations for school entry.

IMMUNIZATION REQUIREMENTS FOR ADMISSION TO SDUHSD

Table with 2 columns: VACCINE and DOSES REQUIRED. Rows include POLIO, DIPHTHERIA/TETANUS/PERTUSSIS (DPT/TD), MEASLES/RUBELLA/MUMPS (MMR), *VARICELLA, and PERTUSSIS TDAP.

Requirement For Students Coming to US from another country

TUBERCULOSIS: TB test required 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.

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.

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.

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

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

Revised 9/14

Estimado(s) Padre(s) / Tutor Legal,

El código de salud y seguridad California Health and Safety Code Section 120325-75 requiere que los estudiantes de nuevo ingreso escolar, proporcionen verificación de inmunizaciones a la escuela.

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 DESPUÉS 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 DESPUÉS 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 NUEVOS ESTUDIANTES QUE ESTÁN INGRESANDO AL DISTRITO DEL SÉPTIMO AL DOCEAVO 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 estatal California Administrative Code, Title 17, Part 1, Chapter 4, Article 5, Section 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 su edad. **Debe de incluirse una copia en el paquete de inscripción.** Nuestro distrito no ob tiene 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 SDUHSD. **Es orden obligatoria que todos los estudiantes estén al día con la documentación de inmunizaciones. La póliza del distrito escolar SDUHSD es “no-inmunización, no escuela”. Póliza 5112.2/AR-1.**

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

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

San Dieguito Union High School District

HEALTH INFORMATION FORM

Male Female

STUDENT: Last Name _____ First Name _____ M. Initial _____ Date of Birth _____ Month/Day/ Year _____ Current 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.

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 (if needed, enclose additional information on the back of this form).

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

| | | |
|---|---|---|
| <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Deaf/Hard-of-Hearing <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Hearing Problems <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Student wears glasses <input type="checkbox"/> Distance <input type="checkbox"/> Reading | <input type="checkbox"/> Right Ear <input type="checkbox"/> Right Ear <input type="checkbox"/> Right Ear <input type="checkbox"/> Right Ear <input type="checkbox"/> Right Eye <input type="checkbox"/> Contact Lenses <input type="checkbox"/> Astigmatism <input type="checkbox"/> Other: | <input type="checkbox"/> Left Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Left Eye <input type="checkbox"/> Speech Impairment <input type="checkbox"/> Has Had Therapy <input type="checkbox"/> Needs Therapy <input type="checkbox"/> Physical Restrictions <input type="checkbox"/> To PE Class Participation <input type="checkbox"/> Kind of Restrictions: |
|---|---|---|

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

MEDICATION: EC §49423

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/About-SDUHSD/Department-Listing-/Special-Education-and-Health-Services/Health-Services/index.html>** to download the required form "**Authorization for Administration of Medication**", complete and personally deliver it to the school's Health Office.

Parent/Guardian Name (Print) _____ **Parent/Guardian Current Address** _____ **City** _____ **Zip Code** _____ **Cell/Phone Number** _____ **Email** _____
Parent _____ **Student** _____
Signature Date Signature Date

Health Office Only:

SAN DIEGUITO UNION HIGH SCHOOL DISTRICT

FORMULARIO PARA INFORMACIÓN DE SALUD

Varón Dama _____ ID# _____
ESTUDIANTE: Apellido _____ Primer Nombre _____ Inicial _____ Fecha de Nacimiento Mes/Día/Año _____ 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.) |
|--------------------------|---|---|
| <input type="checkbox"/> | Alergia (severa; alimentos, medicamento, piquete de abeja, etc.) | _____ |
| <input type="checkbox"/> | Asma (leve, moderada, de seriedad, otro) | _____ |
| <input type="checkbox"/> | Defecto de Nacimiento / Desorden Genético | _____ |
| <input type="checkbox"/> | Enfermedad Sanguínea / de la Sangre | _____ |
| <input type="checkbox"/> | Parálisis Cerebral (Cerebral Palsy) | _____ |
| <input type="checkbox"/> | Diabetes | _____ |
| <input type="checkbox"/> | Diagnóstico con Síndrome de Déficit de Atención e Hiperactividad (ADHD / ADD) | _____ |
| <input type="checkbox"/> | Enfermedad Emocional | _____ |
| <input type="checkbox"/> | Enfermedad Cardíaca | _____ |
| <input type="checkbox"/> | Síndrome de Deficiencia Inmunológica | _____ |
| <input type="checkbox"/> | Dolor de Cabeza Migraña / Jaquecas | _____ |
| <input type="checkbox"/> | Enfermedad Neurológica | _____ |
| <input type="checkbox"/> | Condición Ortopédica | _____ |
| <input type="checkbox"/> | Prótesis | _____ |
| <input type="checkbox"/> | Enfermedad Psicológica | _____ |
| <input type="checkbox"/> | Escoliosis | _____ |
| <input type="checkbox"/> | Convulsiones | _____ |
| <input type="checkbox"/> | Otra/s preocupación/es de salud de seriedad: | _____ |
| <input type="checkbox"/> | Fecha de la última visita al médico: | _____ |

| | | |
|---|--|--|
| <input type="checkbox"/> Impedimento Auditivo | <input type="checkbox"/> Oído Derecho | <input type="checkbox"/> Oído Izquierdo |
| <input type="checkbox"/> Sordera / Dificultad para Escuchar | <input type="checkbox"/> Oído Derecho | <input type="checkbox"/> Oído Izquierdo |
| <input type="checkbox"/> Aparato Auxiliar para Escuchar | <input type="checkbox"/> Oído Derecho | <input type="checkbox"/> Oído Izquierdo |
| <input type="checkbox"/> Problemas para Escuchar | <input type="checkbox"/> Oído Derecho | <input type="checkbox"/> Oído Izquierdo |
| <input type="checkbox"/> Impedimento Visual | <input type="checkbox"/> Ojo Derecho | <input type="checkbox"/> Ojo Izquierdo |
| <input type="checkbox"/> Necesita Lentes | <input type="checkbox"/> Lentes de Contacto | |
| <input type="checkbox"/> Para Ver a Distancia | <input type="checkbox"/> Astigmatismo | |
| <input type="checkbox"/> Para Leer | <input type="checkbox"/> Otro: | |

| |
|---|
| <input type="checkbox"/> Impedimento de Lenguaje |
| <input type="checkbox"/> ¿Ha Recibido Terapia? |
| <input type="checkbox"/> ¿Necesita Terapia? |
| <input type="checkbox"/> Restricciones Físicas |
| <input type="checkbox"/> Para Participación en Educación Física |
| <input type="checkbox"/> 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

858-755-0125 Fax 858-481-0098 www.tphs.net

Principal
David Jaffe

San Dieguito
Union High School District

Board of Trustees
Joyce Dalessandro
Beth Hergesheimer
Amy Herman
Maureen Muir
John Salazar

Superintendent
Rick Schmitt

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:

| | |
|---|---|
| <input checked="" type="checkbox"/> Cumulative File | <input type="checkbox"/> Discipline Records |
| <input checked="" type="checkbox"/> Official Transcript | <input type="checkbox"/> IEP/504 Records |
| <input type="checkbox"/> Health Records | |
| <input type="checkbox"/> Withdrawal Grades | |

Parent Signature

Mail to:

**Torrey Pines High School
Registrar
3710 Del Mar Heights Rd.
San Diego, CA 92130**

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.**

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

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

Please check which Parent/ Guardian should be contacted first:

FATHER _____

MOTHER _____

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

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

Home Phone # _____ Cell # _____

Home Phone # _____ Cell # _____

Place of Employment /Department _____ Work Phone # _____

Place of Employment /Department _____ Work Phone # _____

Father's E-mail Address _____

Mother's E-mail Address _____

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

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

Mailing Address (If different than above) _____

Mailing Address (If different than above) _____

Father's Level of Education: _____ Language _____

Mother's Level of Education: _____ Language _____

Father needs interpreter for phone calls and meetings: NO YES

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

NATIONAL SCHOOL LUNCH PROGRAM

Dear Parents & Guardians:

The 2014 - 2015 Application and Letter to Households for the National School Lunch Program will not be available until July. Please check your school's website, or the district's website, under Nutrition Services in July.

Thank you

Estimado Padre o Tutor Legal:

La Solicitud y Carta a los Hogares sobre el Programa Nacional de Alimentos Escolares para el Año 2014-2015 no estarán disponible hasta el mes de julio. Por favor, visite el sitio web de su escuela, o el sitio web del distrito, y seleccione el enlace de Servicios Nutricionales a partir del mes de julio.

Gracias