

WELCOME TO THE TEMPLETON SCHOOL DISTRICT

Required Pre-Enrollment Information

Attached is a Vineyard Elementary School Pre-Enrollment Information Sheet. Please fill out the form, sign and return it with the following required items:

- **Birth Certificate**
- **Immunization Record**
- **Proof of Residence** - One of the following:
 - Current Utility Bill with Residence as the "Service For" address, And parent name.
 - Written documentation from the utility company showing the family Has signed up for service (bring a copy of the first bill when received To the office).

OR

- Inter-District Transfer Agreement - **Approved**
***NOTE:** A Lease/Rental Agreement cannot be accepted.*

The enrollment process cannot be Started until ALL of the items listed above have been submitted.

We are excited to have your student join our school!

Questions concerning enrollment please call or email the Vineyard Elementary Office at:

(805) 434-5840

mdevera@templetonusd.org

VINEYARD ELEMENTARY SCHOOL

PRE-ENROLLMENT INFORMATION

Students Full Legal Name: _____ Grade: _____

Gender: ___ Birth Date: _____ Student Cell Phone # (if applicable) _____

Active Custody/Restraining Orders? ___No ___Yes, if yes, please provide a copy.

Students Birth City: _____ Birth State: _____ Birth Country: _____

Previous School Name: _____ Phone # _____

Has your student previously been enrolled in a public California School? ___No ___Yes

- 1) Which language did your student learn when he/she first began to talk? _____
- 2) What language does your student most frequently use at home? _____
- 3) What language do you use most frequently to speak to your student? _____
- 4) What language is most often spoken by the adults at home? _____

Mother/Guardian: _____ Phone # _____

Father/Guardian: _____ Phone # _____

Street Address: _____

Mailing Address (Mother): _____

Mailing Address (Father): _____

Email Addresses: (print clearly) _____

Step Parent Information: _____

Parent/Guardian Highest Level of Education for each parent (check box & label with each parent name)

- | | |
|---|--|
| <input type="checkbox"/> Not High School Graduate _____ | <input type="checkbox"/> College Graduate _____ |
| <input type="checkbox"/> High School Grad _____ | <input type="checkbox"/> Grad Degree or Higher _____ |
| <input type="checkbox"/> Some College _____ | <input type="checkbox"/> Decline to State _____ |

Other students in the district: Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Parent/Guardian Signature _____ Date _____



Templeton Unified School District
960 Old County Road - Templeton, CA 93465
AUTHORIZATION FOR TRANSFER OF PUPIL RECORDS

Student Name: _____ Grade: _____ Date of Birth: _____

Reason for Release: _____

Previous School Name/Address: _____

Prev. School Phone: _____ Fax _____

Please answer YES or NO and list date(s) if answer is YES:

	*Yes/No	Date(s)
Is your child currently on probation?	_____	_____
Has your child ever been on probation?	_____	_____
Has your child ever been SARB'ed?	_____	_____
Has your child ever been expelled?	_____	_____
Is your child pending an expulsion?	_____	_____
Has your child ever been suspended?	_____	_____

***If you answered YES to any question above, please provide a brief written explanation on the back of this sheet.**

	Yes/No	Date(s)
Has your child ever attended Continuation School?	_____	_____
Has your child ever been on Independent Study?	_____	_____
Has your child ever attended school in the Templeton District?	_____	_____
Do you consider yourself homeless?	_____	_____

Has your child ever been enrolled in any special education program? Please indicate below:

- | | | | |
|--|---------------------------------------|--|------------------------------|
| <input type="checkbox"/> Speech | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Counselor | <input type="checkbox"/> 504 |
| <input type="checkbox"/> Reading Teacher | <input type="checkbox"/> GATE | <input type="checkbox"/> Resource Specialist | <input type="checkbox"/> IEP |

Are there any special custody regulations regarding your child? _____

Authorization is given for transfer of all cumulative records of my child to Templeton Unified School District.

 Parent/Guardian Signature Date

For School Use Only:

Please mail the complete student record to the school indicated below:

<input type="checkbox"/> Templeton Elementary School - 805-434-5820 215 Eighth Street, Templeton, CA 93465	<input type="checkbox"/> Vineyard Elementary School - 805-434-5840 2121 Vineyard Drive, Templeton, CA 93465
<input type="checkbox"/> Templeton Middle School - 805-434-5813 925 Old County Road, Templeton, CA 93465	<input type="checkbox"/> Templeton High School - 805-434-5888 1200 Main Street, Templeton, CA 93465
<input type="checkbox"/> Eagle Canyon Continuation High School - 805-434-5833, FAX 805-434-3879 960 Old County Road, Templeton, CA 93465	<input type="checkbox"/> Templeton Home School 805-434-5828, FAX 805-434-3879 960 Old County Road, Templeton, CA 93465
<input type="checkbox"/> Templeton Independent Study High School 805-434-5833, FAX 805-434-3879 960 Old County Road, Templeton, CA 93465	

Thank you!

 TUSD Registrar Signature/Date

Date Cum Requested: _____
Date Cum Received: _____

TEMPLETON UNIFIED SCHOOL DISTRICT

Student Health Information

Student Name: _____ DOB: _____ Grade: _____
Parent/Guardian Name: _____ Phone: _____ Email: _____

Asthma

<input type="checkbox"/> Yes <input type="checkbox"/> No History of Asthma: Uses inhaler <input type="checkbox"/> Daily <input type="checkbox"/> Sometimes <input type="checkbox"/> Seasonal Uses nebulizer <input type="checkbox"/> Daily <input type="checkbox"/> Sometimes <input type="checkbox"/> Seasonal	<input type="checkbox"/> Yes <input type="checkbox"/> No Does student require an inhaler at school? (If yes, please complete the <i>Approval to Administer Medication & Asthma Health Care Plan</i> available in each health office)
--	---

Severe Allergies/Anaphylaxis

<input type="checkbox"/> Yes <input type="checkbox"/> No History of Anaphylactic reaction: Allergic to: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Requires Benadryl at school <input type="checkbox"/> Yes <input type="checkbox"/> No Requires EpiPen at school (If yes, please complete the <i>Anaphylaxis Health Care Plan</i> available in each health office)
--	--

Seizures

<input type="checkbox"/> Yes <input type="checkbox"/> No History of Seizures: Type: _____ Last Known Seizure: _____ Medication: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Is the student being treated for seizures? (If yes, please complete the <i>Seizure Health Care Plan</i> available in each health office)
---	--

Diabetes

<input type="checkbox"/> Yes <input type="checkbox"/> No Type 1 Diabetic <input type="checkbox"/> Yes <input type="checkbox"/> No Type 2 Diabetic	<input type="checkbox"/> Yes <input type="checkbox"/> No Requires insulin during school? (If yes, please complete the <i>Diabetic Health Care Plan & Physician Orders</i> available in each health office)
--	---

Other Health Conditions

Student is currently being treated for:	
<input type="checkbox"/> Yes <input type="checkbox"/> No Orthopedic impairment	Diagnosis: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Headache or Migraines	Frequency: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No (VES, TMS, THS) Gynecological problems (i.e. intense cramping, heavy periods, etc.)	Diagnosis: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Autism	
<input type="checkbox"/> Yes <input type="checkbox"/> No ADHD	
<input type="checkbox"/> Yes <input type="checkbox"/> No ADD	
<input type="checkbox"/> Yes <input type="checkbox"/> No Behavioral Health Condition (i.e. depression, anxiety, eating disorder, panic attacks, bipolar, etc.)	Diagnosis: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Other medical conditions (i.e. Arthritis, Crohn's, Lupus, Cardiac, Bleeding disorder, Respiratory, Nose bleeds):	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No Past Serious Illness, Injuries or Surgeries & Date (s):	_____

Medications

Vision/Hearing

Current Medications: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Does student require any medication at school Medication(s) name: _____ Medication(s) name: _____ (If yes, please complete the <i>Approval to Administer Medication</i> available in each health office)	<input type="checkbox"/> Yes <input type="checkbox"/> No Wears Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No Should wear glasses/contacts <input type="checkbox"/> Yes <input type="checkbox"/> No Hearing condition Diet restrictions while at school: _____
---	--

Templeton Unified School District
STUDENT RESIDENCY QUESTIONNAIRE

Families In Transition
(805) 434-5820



The purpose of this questionnaire is to identify students living in homeless situations. Completing this form will ensure that a homeless student is provided with the educational rights, protections and services under the Federal McKinney-Vento Homeless Education Assistance Act.* **The answers to these**

questions in no way affect the student's ability to register or attend their school.

TUSD continúa trabajando para mejorar la comunicación con nuestras familias. Si desea recibir este formulario en español, comuníquese con su escuela.

FAMILY INFORMATION

Student Name: _____ Male Female Birth Date ____/____/____ Age _____

Name of Parent or Legal Guardian _____

Address _____ City _____ Zip _____

Phone _____ Cell _____ Pager _____ Work _____

I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge.

Signature of Parent/Legal Guardian _____ Date ____/____/____

DWELLING TYPE

PERMANENTLY HOUSED

If you checked this section, you DO NOT need to complete the remainder of this form. Submit to school personnel now.

TEMPORARILY HOUSED - Check one or more boxes below that describes your living situation.

Doubled up in a house or apartment (With friend or family members for economic reasons)

Motel

Unsheltered (No housing – living in a car, on the street, in a campground)

Unaccompanied youth (not living with parent or guardian)

CONTINUE: If you checked a box in the section above, please list all students in the family Include children ages 0-5 (attach additional sheets as necessary)

Student Name _____ School _____ Grade _____ Birth Date ____/____/____

Student Name _____ School _____ Grade _____ Birth Date ____/____/____

Student Name _____ School _____ Grade _____ Birth Date ____/____/____

Student Name _____ School _____ Grade _____ Birth Date ____/____/____

SITE USE Date Entered: ____/____/____ Initials: _____ **DISTRICT USE** Date Entered: ____/____/____ Initials: _____