



TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT

ENROLLMENT/EMERGENCY FORM K-12

TO BE COMPLETED BY THE PARENT OR GUARDIAN

FOR SCHOOL USE ONLY: EO <input type="checkbox"/> LEP <input type="checkbox"/> FEP <input type="checkbox"/>	
RFP <input type="checkbox"/>	Redesignated Date if RFP: _____
GRADE LEVEL: _____	
PERMANENT ID NUMBER: _____	
Enter Date: _____	Exit Date: _____

Last Grade Completed: _____

Alder Creek Middle School <input type="checkbox"/>	Cold Stream Alternative School <input type="checkbox"/>	Donner Trail Elementary <input type="checkbox"/>	
Glenshire Elementary <input type="checkbox"/>	Kings Beach Elementary <input type="checkbox"/>	North Tahoe High School <input type="checkbox"/>	Male <input type="checkbox"/>
North Tahoe Middle School <input type="checkbox"/>	Sierra High School <input type="checkbox"/>	Tahoe Lake Elementary <input type="checkbox"/>	Female <input type="checkbox"/>
Tahoe Truckee High School <input type="checkbox"/>	Truckee Elementary <input type="checkbox"/>		

Date: _____

Student's Legal Name: _____ Date of Birth: _____

(From Birth Certificate) Last Name First Name Middle Name Month/Day/Year

PRIMARY PARENT(S) OR GUARDIANS(S) WITH WHOM STUDENT RESIDES:

Check One: Father Step-Father Guardian Check One: Mr. Dr. Other: _____

Name: _____ Home Phone: _____

First Last

Physical Address: _____

REQUIRED Street Address City State Zip Code County

Mailing Address: _____

REQUIRED Street Address City State Zip Code

Work Phone _____ Cell Phone _____

Area Code and Number Area Code and Number

Employer: _____ Email Address _____

Check One: Mother Step-Mother Guardian Check One: Mrs. Ms. Dr. Other: _____

Name: _____ Home Phone: _____

First Last

Physical Address: _____

REQUIRED Street Address City State Zip Code County

Mailing Address: _____

REQUIRED Street Address City State Zip Code

Work Phone _____ Cell Phone _____

Area Code and Number Area Code and Number

Employer _____ Email Address _____

Is there a custody court order regarding this student?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Duplicate Mailing: Divorced/separated and joint custody allows duplicate mailing/information to be given to the other parent	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Will student be using bus services: AM Yes No PM Yes No Bus Stop: _____

The following information is required for TTUSD to comply with state and federal mandate information.

Student's Ethnicity:

Is the student of Hispanic or Latino ethnicity? Yes No

Student's Race: The above part of the question is about ethnicity, not race. No matter what you selected above, continue to answer the following by marking the appropriate box to indicate what you consider your student's race to be.

Select the race with which the student **most closely** identifies:

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

Select any additional race/s that the student identifies with:

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

Permanent ID:

First Name:

Student Last Name:

Student Name: _____

PARENT EDUCATION LEVEL: Select the education level of the student's *most highly educated* parent or guardian. **Check one.**

- 1 Not a high school graduate 3 Some College 5 Graduate school/post graduate training
2 High school graduate 4 College Graduate

MOBILITY: Mark the grade at which the student started in the current school and the district.

School: K 1 2 3 4 5 6 7 8 9 10 11 12 District: K 1 2 3 4 5 6 7 8 9 10 11 12

Student's Current Housing Status: Please check one

- | | |
|--|--|
| Temporary Shelters <input type="checkbox"/> | Licensed Children's Institution <input type="checkbox"/> |
| Hotels/Motels <input type="checkbox"/> | Residential School/Dormitory <input type="checkbox"/> |
| Temporarily Doubled Up <input type="checkbox"/> | Health Institution <input type="checkbox"/> |
| Temporarily Unsheltered <input type="checkbox"/> | Incarceration Institution <input type="checkbox"/> |
| Permanent Housing <input type="checkbox"/> | Development Center <input type="checkbox"/> |
| Foster Family Home or Kinship Placement <input type="checkbox"/> | State Hospital <input type="checkbox"/> |

HOME LANGUAGE SURVEY: The California Educational Code requires schools to determine the language(s) spoken at home by each student. If the Home Language Survey indicates a language other than English on the first three questions, or if it is believed through observation that the student speaks a language other than English, the student will be assessed for their English language proficiency.

Which language did your son/daughter learn when he/she began to talk? _____

What language does your son/daughter most frequently use at home? _____

What language do you use most frequently to speak to your son/daughter? _____

Name the language/s most often spoken by the adults at home. _____

OTHER STUDENT INFORMATION:

Student's Birthplace: _____

City

State

Country

When did the student first attend *school in the United States*? _____

Month and Year

At what grade level? Check one: K 1 2 3 4 5 6 7 8 9 10 11 12

What *school* did the student attend before enrolling in the current Tahoe Truckee Unified School District?

Check one: Public Private Home School None

Name of Previous School: _____ Area Code/Phone Number _____

Dates of Attendance at Previous School From: _____ TO: _____ Fax Number _____

Address: _____
Number Street Address City State Zip Code

ADDITIONAL ENROLLMENT/PLACEMENT INFORMATION: Please answer all questions.

My son/daughter has participated in the following special program(s): Mark the appropriate box for each.

Special Education	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Gifted & Talented Education Program (GATE)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Special Day Class (SDC)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	English Language Development (ELD).....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Resource Specialist Program (RSP)....	Yes <input type="checkbox"/>	No <input type="checkbox"/>	504 Plan.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Speech and Language Program.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other: Please Specify: _____		
Visually Impaired Program	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

OTHER CHILDREN IN THE FAMILY:

First and Last Name	Date of Birth	Lives at Home		School Attending/Grade (NA if graduated or not attending school)
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Student's Legal Name: _____ Date of Birth: _____
 (From Birth Certificate) Last Name First Name Middle Name Month/Day/Year
 Male Female Grade Level: _____

HEALTH INVENTORY:

Student's Physician _____
 Doctor's Name Street Address City Area Code and Phone Number

Student's Dentist _____
 Dentist's Name Street Address City Area Code and Phone Number

HEALTH INSURANCE: Yes No
 If yes, Name of Insurance Company: _____ Policy Number: _____

HEALTH PROBLEMS: Check all that apply.

Diagnosed ADD or ADHD <input type="checkbox"/>	Epilepsy <input type="checkbox"/>
Asthma <input type="checkbox"/>	Eye Injury <input type="checkbox"/>
Bladder Problems <input type="checkbox"/>	Hypoglycemia <input type="checkbox"/>
Bleeding Disorder <input type="checkbox"/>	Frequent Nosebleeds <input type="checkbox"/>
Color Vision Deficiency <input type="checkbox"/>	Scoliosis <input type="checkbox"/>
Diabetes <input type="checkbox"/>	Seizure Disorder <input type="checkbox"/>
Eczema/Skin Trouble <input type="checkbox"/>	
History of Ear Problem <input type="checkbox"/> Describe: _____	
Heart Problem <input type="checkbox"/> Describe: _____	
Head Injury <input type="checkbox"/> Describe: _____	
History of Fracture <input type="checkbox"/> Describe: _____	
History of Hospitalization <input type="checkbox"/> Describe: _____	
History of Surgery <input type="checkbox"/> Describe: _____	
Known Hearing Loss <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/>	
Known Vision Loss <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/>	
Physical Limitations <input type="checkbox"/> Describe: _____	
Wears Contact Lens <input type="checkbox"/>	
Wears Glasses <input type="checkbox"/> For close work <input type="checkbox"/> For distance only <input type="checkbox"/> At all times <input type="checkbox"/>	
Wears Hearing Aide <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/>	
Any Developmental Delays <input type="checkbox"/> Describe: _____	
Complications at Birth <input type="checkbox"/> Describe: _____	
Other or further details of above _____	

ALLERGIES: Check all that apply.

None <input type="checkbox"/>	Animals <input type="checkbox"/>	List Specific item(s) student is allergic to: _____
Food <input type="checkbox"/>	Insects <input type="checkbox"/>	Describe allergic reaction or treatment: _____
Drugs <input type="checkbox"/>	Bee Sting <input type="checkbox"/>	_____
Plants <input type="checkbox"/>	Other <input type="checkbox"/>	

CURRENT MEDICATION(S) Yes No

If Yes, Name of Medication(s)	Dosage	Time Taken	Purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEDIA PERMISSION:

- ❖ I/We GIVE permission for my/our student to be observed, interviewed, photographed and/or filmed when a representative of the media have been permitted by the principal or designee to be on campus. Yes No
- ❖ I/We GIVE permission to release directory information to Parent/Teacher Club, newspapers, interested schools or have my student's name posted on the school website: Yes No
- ❖ I would you like TTUSD email updates? Yes No
- ❖ I have received a copy and read: Student Handbook: Yes No Bus Rules: Yes No

OTHER PARENT OR LEGAL GUARDIAN INFORMATION not listed on page one, if applicable.

Is there a custody court order regarding this student? Yes No Duplicate Mailing: Divorced/separated and joint custody allows duplicate mailing/information to be given to the other parent Yes No

Name: _____ Home Phone: _____
First Last

Home Address: _____
Street Address City State Zip Code

Work Phone _____ Cell Phone _____
Area Code and Number Area Code and Number

Other Phone _____ Email Address _____

EMERGENCY CONTACTS

List two **local** contacts to whom the student may be released in the case of illness or other emergency if unable to notify parent.

Name: _____ Name: _____
 Phone: _____ Phone: _____
Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday

Cell Phone _____ Cell Phone _____
 Relationship _____ Relationship _____

I am/We are the parent/guardian of the above named student, in case I am/we are unable to be reached during any emergency, I/we hereby authorize a representative of the school, pursuant to the provisions of Family Code section 6910, to act as any agent to consent to giving of any and all medical, dental, hospital or surgical care to the above named student.

On _____ At _____, California
Date City

Parent/Guardian Signature(s) _____

I/We have reviewed this four-page document and to the best of my/our knowledge the information contained herein is true and complete. The undersigned declare under penalty or perjury that they are the parents or legal guardians of the above named student and grant the above authorizations.

PRIMARY PARENT OR GUARDIAN (From page one)	PRIMARY PARENT OR GUARDIAN (From page one)
_____ Please Print Full Name	_____ Please Print Full Name
_____ Signature	_____ Signature
Phone: _____ <small>Best number between 7:00 a.m. and 5:00 p.m., Monday - Friday</small>	Phone: _____ <small>Best number between 7:00 a.m. and 5:00 p.m., Monday - Friday</small>

FOR HIGH SCHOOL STUDENTS ONLY

I have read the policies and rules, and I agree to abide by them. Please initial all of the policies below, indicating your awareness of them for all high school students.

Parent Signature: _____	Discipline Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	Attendance Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Student Signature: _____	Internet Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	Locker policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Tahoe Truckee Unified School District

Acceptable Use Policy (AUP) for the District Network or Internet Information for Students and Parents

- Engaging in uses that jeopardize access or lead to unauthorized access into others' accounts or other computer networks, such as:
 1. Using another's account password(s) or identifier(s);
 2. Interfering with other users' ability to access their account(s); or
 3. Disclosing anyone's password to others or allowing them to use another's account(s).
- Using the network or Internet for Commercial purposes:
 1. Using the Internet for personal financial gain;
 2. Using the Internet for personal advertising, promotion, or financial gain.

Penalties for Improper Use

The use of a District network or Internet is a privilege, not a right, and misuse will result in the restriction or cancellation of this privilege. Misuse may also lead to disciplinary and/or legal action for both students and adults, including parent notification, counseling, revoking of network access and other disciplinary actions including suspension, expulsion, or criminal prosecution by government authorities. The District will attempt to tailor any disciplinary action to the specific issues related to each violation.

Disclaimer

The District makes no guarantees about the quality of the services provided and is not responsible for any claims, losses, damages, costs, or other obligations arising from use of the network or Internet. Any additional charges a user accrues due to the use of the District's network are to be borne by the user. The District also denies any responsibility for the accuracy or quality of the information obtained through user access. Any statement, accessible on the network or Internet, is understood to be the author's individual point of view and not that of the District, its affiliates, or employees.

I have read, understand, and agree to abide by the provisions of this Acceptable Use Policy.

Date: _____ School: _____

Student Name: _____ Student Signature: _____

Parent/Legal Guardian Name: _____ Parent/Legal Guardian Signature: _____

Please return this form to the school where it will be kept on file. It is required for all students that will be using the District network or Internet.

Tahoe Truckee Unified School District

Acceptable Use Policy (AUP) for the District Network or Internet

Information for Students and Parents

The District's Acceptable Use Policy ("AUP") is to prevent unauthorized access and other unlawful activities by users online, prevent unauthorized disclosure of or access to sensitive information, and to comply with the Children's Internet Protection Act ("CIPA"). As used in this policy, "user" includes anyone using the computers, Internet, email, chat rooms and other forms of direct electronic communications or equipment provided by the District (the "network.") **Only current students or employees are authorized to use the network.**

The District will use technology protection measures to block or filter, to the extent practicable, access of visual depictions that are *obscene, pornographic, and harmful to minors* over the network. The District reserves the right to monitor users' online activities and to access, review, copy, and store or delete any electronic communication or files and disclose them to others as it deems necessary. **Users should have no expectation of privacy regarding their use of District property, network and/or Internet access or files, including email.**

Acceptable Uses of the Network or Internet

Schools must verify each year that students using the network or Internet have a signed page acknowledging this policy. Students who are under 18 must have their parents or guardians sign this page and schools must keep it on file. Once signed, that permission/acknowledgement page remains in effect until a new form is signed the following school year, or revoked by the parent, or the student loses the privilege of using the District's network due to violation of this policy, or is no longer a TTUSD student. Employees and other users are required to follow this policy. Even without signature, all users must follow this policy and report any misuse of the network or Internet to a teacher, supervisor or other appropriate District personnel. Access is provided for education and District business. **By using the network, users have agreed to this policy.** If a user is uncertain about whether a particular use is acceptable or appropriate, he or she should consult a teacher, supervisor or other appropriate District personnel.

Unacceptable Uses of the Network or Internet

The District reserves the right to take immediate action regarding activities

- (1) that create security and/or safety issues for the District, students, employees, schools, network or computer resources, or
- (2) that expend District resources on content the District in its sole discretion determines lacks legitimate educational content/purpose, or
- (3) other activities as determined by the District as inappropriate.

- **Violating any state or federal law or municipal ordinance, such as: accessing or transmitting pornography of any kind, obscene depictions, harmful materials, materials that encourage others to violate the law, confidential information or copyrighted materials;**
- **Criminal activities that can be punished under law;**
- **Selling or purchasing illegal items or substances;**
- **Obtaining and/or using anonymous email sites; proxy sites; spamming; spreading viruses;**
- **Causing harm to others or damage to their property, such as:**
 1. Using profane, abusive, or impolite language; threatening, harassing, or making damaging or false statements about others or accessing, transmitting, or downloading offensive, harassing, or disparaging materials;
 2. Deleting, copying, modifying, or forging other users' names, emails, files, or data; disguising one's identity, impersonating other users, or sending anonymous email;
 3. Damaging computer equipment, files, data or the network in any way, including intentionally accessing, transmitting or downloading computer viruses or other harmful files or programs, or disrupting any computer system performance;
 4. Using any District computer to pursue "hacking," internal or external to the District, or attempting to access information protected by privacy laws.

TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT TRANSPORTATION

HOME TO SCHOOL TRANSPORTATION FEES INFORMATION AND APPLICATION PROCESS

Welcome to transportation! We are here to help guide you to safe and efficient home to school transportation. **All students -- pre-kindergarten through 12th grade -- are eligible to participate in home-to-school transportation with the purchase of a bus pass.** A schedule of fees for transportation is provided below. There is a sibling discount for families with more than 1 student riding the bus. If applying for free or reduced bus service, a food service eligibility application must be completed and approved by food service. Applicants must show their verification letter from food service to transportation personnel.

2012/13 Home to School Transportation Fee Schedule

	FIRST STUDENT	SIBLING	EARLY BIRD PURCHASE PRIOR TO Aug 31, 2012	EARLY BIRD SIBLING
DAILY ROUND TRIP PASS – ANNUAL	\$160	\$65	\$145	\$50
REDUCED RATE PASS – ANNUAL*	\$75	\$95	\$60	\$30
SEMESTER ROUND TRIP PASS	\$100		NO EARLY BIRD SEMESTER	
SCHOOL OF CHOICE **	\$175	\$85	\$160	\$65
20 RIDE PUNCH PASS with RFID CARD	\$35	SUBSEQUENT PUNCH CARDS \$30		
REPLACEMENT PASS FOR LOST OR DAMAGED PASS	\$10			

** School of Choice includes Creekside Cooperative Charter, Sierra Expeditionary Charter Donner Trail School, and Kings Beach Elementary – only if residence of record is outside school attendance boundaries.

* For free or reduced pass, family must show verification letter from food service. Families must pay for all students at one time.

TRANSPORTATION APPLICATION: Applications are **required each year** in order to purchase a bus pass. Student must be registered in school and transportation under the same name. Upon distribution of bus passes all students must **show and scan their pass when entering and exiting the bus.** There is a \$10 fee to replace lost or damaged passes. If you child has a medical condition that

the bus driver should be aware of please indicate it on the application (ex. Hypoglycemia, Allergies, Diabetes, Asthma, Seizure Disorder etc.).

We are committed to supporting the safety of all students while riding the bus.

Application process:

- Download application from TTUSD transportation website
- Applications also available at all school sites
- Mail completed application with appropriate fee to transportation department
- New students or incoming kindergartners must provide a photo for ID purposes
- Transportation staff will process application & print passes
- Passes will be distributed by mail and/or transportation personnel.
- Transportation department office will be open from 10am to 3pm; closed for lunch 12pm to 1pm Tuesday, Wednesday and Thursday for direct purchase of pass.

Purchase Passes On-line:

All forms and information can be found on our website at www.ttusd.org/transportation

To purchase on line, look for the link to pay via paypal, it will then direct you to the application to complete.

To purchase your pass by mail, send the application and fee to:

TTUSD Transportation
12485 Joerger Dr
Truckee, Ca 96161

RETURNED CHECKS: There will be a \$25.00 charge for returned checks. Transportation privileges will be suspended until financial settlement is made.

Please refer to the transportation guide for rules of conduct on the bus. Behavior issues will be dealt with by the behavior referral process. Students who fail to show their pass to the driver may receive a bus pass referral. No students will be denied transportation at any bus stop in the morning **unless they have lost their transportation privileges through the bus referral process.**

Violation of bus pass rules will result in denial of transportation as follows:

- 1st offense..... written warning to student; Parent notification by phone; referral notice sent to school site
- 2nd offense..... Parent notification by phone and mail
- 3rd offense..... Denied transportation until pass purchased and presented to the driver

There will be no bus fare refunds for riders who lose their bus privileges due to violation of bus rules. Students leaving the district will be refunded the cost of the bus pass on a pro-rated basis.

Parent/guardians failing to send students to school due to lack of a bus pass will be referred to the Student Attendance Review Board (SARB)

Questions regarding bus fee, applications, bus schedules and times can be directed to individual schools or the Transportation office at 550-0745.