

# Two Rock Union School District

5001 Spring Hill Road • Petaluma, CA • 94952

Phone: (707) 762-6617 • Fax: (707) 762-1923

[www.trusd.org](http://www.trusd.org)

To: \_\_\_\_\_

Name of previous school

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State, Zip Code

Re: Release of Records for:

_____	_____	_____
Student's Name	Grade	Birthdate
_____	_____	_____
Student's Name	Grade	Birthdate
_____	_____	_____
Student's Name	Grade	Birthdate

The above named student(s) have enrolled in our school district. Please send all student records, including health records and any special education assessment records to our school.

I hereby grant permission to release all records concerning my child. This information may include the cumulative folder, intelligence achievement scores, health records, understand that I have the right to inspect and review all material in my child's cumulative record which is intended for school use.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

Toni L. Beal, Superintendent/Principal

Board of Trustees

Ken Mazzetta, President

Kathy Wilson, Clerk

Julie Jacobsen

Gayleen Maas

John Silvestrini



TWO ROCK UNION SCHOOL DISTRICT  
HOME LANGUAGE SURVEY

Name of Student: \_\_\_\_\_ Surname / Last Name \_\_\_\_\_ First Given Name \_\_\_\_\_ Second Given Name \_\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Directions to Parents and Guardians:

The California *Education Code* contains legal requirements which direct schools to determine the language(s) spoken in the home of each student. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with this legal requirement. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

1. Which language did your child learn when he/she first began to talk? \_\_\_\_\_
2. Which language does your child most frequently speak at home? \_\_\_\_\_
3. Which language do you (the parents or guardians) most frequently use when speaking with your child? \_\_\_\_\_
4. Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults) \_\_\_\_\_

Please sign and date this form in the spaces provided below, then return this form with the registration packet. Thank you for your cooperation.

\_\_\_\_\_  
Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Sonoma County Office of Education STUDENT HEALTH HISTORY

Date: _____		School: _____	
Student's Name: _____			Sex: M    F
Birthdate: _____		Teacher: _____	
Parent/Guardian: _____			
Address: _____			
Street	Apt.	City	Zip
Telephone: (Home) (    ) _____		(Work) (    ) _____	

**HAS YOUR CHILD HAD ANY OF THE FOLLOWING:**

<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Asthma	<input type="checkbox"/> Allergies	<input type="checkbox"/> Stinging Inset Allergy
<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Behavior Problems	<input type="checkbox"/> Convulsion, Seizure
<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Recurring Ear Infections	<input type="checkbox"/> Eye Problems
<input type="checkbox"/> Movement Limitation		
<input type="checkbox"/> Recent illness, hospitalization, surgery or other physical condition which limits your child's physical activity at school		

Please provide additional information for any of the above conditions checked:  
\_\_\_\_\_

➤ **ALL MEDICATION SENT TO SCHOOL MUST BE IN THE PRESCRIPTION CONTAINER WITH A CURRENT DATE.**

Does your child require medication while at school?     Yes     No

If yes, please complete an "Authorization for Administration of Medication" (obtain form from the school secretary)

**Please indicate:**

Medication _____	Dosage _____	Hour(s) given _____
Medication _____	Dosage _____	Hour(s) given _____

Date of last physical exam: ____/____/____	Doctor _____
Date of last dental exam: ____/____/____	Dentist _____

Does your child wear glasses?     Yes     No

Does your child have any medical condition which might require care while at school or which might restrict his/her physical activity, such as in contact sports? (Please describe)

\_\_\_\_\_

Information obtained from this health history may be included on a confidential health conditions list, if appropriate. For more information/concerns, please contact the school nurse.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

White: CUM File

Yellow: Health Office

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## PARENTS CAN HELP AT HOME

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### Preparation for School

- Before the school year begins, teach your child the safe way to school or the bus stop. You also may wish to familiarize your child with the school campus.
- Get your child up early enough each day to get to school on time without rushing or causing confusion.
- Label all clothing, books, and other articles brought to school.
- Provide comfortable clothing for your child that allows movement for active play.
- Please leave your child at the classroom door or drop off location upon arrival. Your child is in safe, sympathetic, professional hands and will make a quick and satisfying adjustment to school.
- Keep the school informed. If you change telephone numbers or babysitters, or if there are other items that may affect your child, please notify the school.

### Helping Your Child Be Successful at School

- Help your child to attain self-control and to share attention with others.
- Help your child to plan and carry out simple projects and activities.
- Give your child praise for achievement. Praise helps to develop positive attitudes.
- Teach your child to understand and carry out simple directions.
- Give your child various personal and home responsibilities.
- Provide a variety of experiences to expand your child's awareness of the world.
- Talk to your child. Make time each day to discuss your child's day and to demonstrate your positive interest.
- Encourage your child to think and make appropriate decisions.
- Help your child to develop the habit of courtesy toward others.
- Have a definite time for meals, rest, play, and bedtime. A regular schedule will develop consistent habits.
- Be consistent regarding expectancies and behavior.
- Encourage your child to develop independence.
- Read to your child at home.

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