

# 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

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# TWO ROCK UNION SCHOOL DISTRICT - STUDENT REGISTRATION FORM

**Student's Legal Name:**  Male  Female  Transitional Kindergarten

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Previous School Attended (K-6th grades) \_\_\_\_\_

Address: \_\_\_\_\_ Grades: \_\_\_\_\_ Dates: \_\_\_\_\_

Has student previously attended Yes \_\_\_ No \_\_\_ When \_\_\_\_\_

(TK/K) Attended Preschool?:  Yes  No \_\_\_\_\_  
 Name of Preschool \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

<b>STUDENT BIRTHDATE:</b>		
____/____/____	Month	Day Year
<b>STUDENT BIRTHPLACE:</b>		
City _____		
State _____		
Country _____		

<b>STUDENT RESIDENTIAL STATUS</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Care <input type="checkbox"/> Permanent Housing <input type="checkbox"/> Migrant <input type="checkbox"/> Homeless/Temporary Shelter  A Caregiver Affidavit form must be filled out for students living with a Legal Guardian other than parent.	<b>CUSTODY OF STUDENT</b> <input type="checkbox"/> Joint Custody <input type="checkbox"/> Sole Custody <input type="checkbox"/> Guardianship If there is a Legal Custody Agreement regarding this student please provide a copy to the School Office and check one of the above. Court Order Date _____ Exp: _____	<b>STUDENT ETHNICITY</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic  Date student first attended school in the United States: _____  In California: _____	<b>STUDENT RACE</b> <input type="checkbox"/> White <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Black <input type="checkbox"/> Other Asian <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Filipino <input type="checkbox"/> Chinese <input type="checkbox"/> Laotian <input type="checkbox"/> Native American <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other _____ <input type="checkbox"/> Intentionally Left Blank	<b>PARENT EDUCATION LEVEL</b> Please indicate below. 1. Grad School/Post Grad 2. College Graduate 3. Some College (AA included) 4. High School Graduate 5. Not a High School Graduate 6. Declined or Unknown  Mother/Guardian _____ Father /Guardian _____
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**PARENT/LEGAL GUARDIAN: Relation to Student:** \_\_\_\_\_ **Language:** \_\_\_\_\_

Name: \_\_\_\_\_

Employer: \_\_\_\_\_  
Name Occupation Work Phone

U.S. Military Service: Branch \_\_\_\_\_ Dates of Service \_\_\_\_\_

PRIMARY EMAIL ADDRESS: \_\_\_\_\_

**STUDENT SPECIAL PROGRAMS**  
 RSP  SDC  SPEECH  
 GATE  Active IEP/504  
 Other \_\_\_\_\_

**PARENT / GUARDIAN SIGNATURE:** \_\_\_\_\_

DATE: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN: Relation to Student:** \_\_\_\_\_ **Language:** \_\_\_\_\_

Name: \_\_\_\_\_

Employer: \_\_\_\_\_  
Name Occupation Work Phone

U.S. Military Service: Branch \_\_\_\_\_ Dates of Service \_\_\_\_\_

PRIMARY EMAIL ADDRESS: \_\_\_\_\_

**SCHOOL USE ONLY**

Teacher \_\_\_\_\_  
 Grade \_\_\_\_\_ Year \_\_\_\_\_

Check when received:  
 Birth verification \_\_\_\_\_  
 Immunization Records \_\_\_\_\_  
 Oral Assessment (TK-1<sup>st</sup>) \_\_\_\_\_  
 Proof of Residence \_\_\_\_\_  
 Student Health History \_\_\_\_\_  
 Interdistrict Transfer form \_\_\_\_\_  
 Home Language Survey \_\_\_\_\_  
 Health Exam (TK-1<sup>st</sup>) \_\_\_\_\_  
 Emergency Card \_\_\_\_\_  
 Lunch Application \_\_\_\_\_  
 Cum Requested Date \_\_\_\_\_  
 Employee: \_\_\_\_\_  
 Date Completed: \_\_\_\_\_

**Other Children In Family:**

Last _____	First _____	MI _____	Birth date _____
Last _____	First _____	MI _____	Birth date _____
Last _____	First _____	MI _____	Birth date _____

Student Last Name:

First Name:

SSID#:

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: \_\_\_\_\_

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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



### Oral Health Assessment Form

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

#### Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

#### Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

**IMPORTANT NOTE:** Consider each box separately. Mark each box.

Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
_____ <i>Licensed Dental Professional Signature</i>		_____ <i>CA License Number</i>	_____ <i>Date</i>

#### Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- I am unable to find a dental office that will take my child's dental insurance plan.  
 My child's dental insurance plan is:  
 Medi-Cal/Denti-Cal     Healthy Families     Healthy Kids     Other \_\_\_\_\_     None
- I cannot afford a dental check-up for my child.
- I do not want my child to receive a dental check-up.
- Optional: other reasons my child could not get a dental check-up: \_\_\_\_\_

If asking to be excused from this requirement: ► \_\_\_\_\_  
*Signature of parent or guardian*
*Date*

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Return this form to the school *no later than May 31* of your child's first school year.  
 Original to be kept in child's school record.

## REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

**PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN**

CHILD'S NAME—Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ BIRTH DATE—Month/Day/Year \_\_\_\_\_

ADDRESS—Number, Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

**PART II TO BE FILLED OUT BY HEALTH EXAMINER**

**HEALTH EXAMINATION**

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
Tuberculin Test (Mantoux/PPD)	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

**IMMUNIZATION RECORD**

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.  
Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN			
	First	Second	Third	Fourth
POLIO (OPV or IPV)				
DTP/DTP/dT/d (diphtheria, tetanus, and [acellular] pertussis) OR tetanus and diphtheria only				
MMR (measles, mumps, and rubella)				
HIB MENINGITIS (Haemophilus influenzae B) (Required for child care/preschool only)				
HEPATITIS B				
VARICELLA (Chickenpox)				
OTHER				
OTHER				

**PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN**

**RESULTS AND RECOMMENDATIONS**

Fill out if patient or guardian has signed the release of health information.

Examination shows no condition of concern to school program activities.

Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: (please explain)

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

Please check this box if you do not want the health examiner to fill out Part III.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Name, address, and telephone number of health examiner \_\_\_\_\_

Signature of health examiner \_\_\_\_\_ Date \_\_\_\_\_

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 177 B) found at your child's school.

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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.

Toni L. Beal, Superintendent/Principal

Board of Trustees

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