



The Library could use your help!

Are you interested in volunteering?
Do you have free time during school hours?
Do you like books?

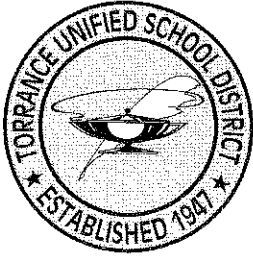
The Library is looking for steady volunteers that can commit to a couple hours (or more) a week. No experience necessary, we will teach you all that you need to know!

Duties include:

- Monitoring the library during class times, recess & lunchtimes
- Checking books in and out-using provided computer
- Being a kind, friendly face to the children, teachers & staff
- Answering any questions that children or teachers may have
- Putting books away on the shelf

All Volunteers MUST be "Cleared" through the school office. Please visit the school office to fill out a Volunteer Form, Health Questionnaire and leave a copy of your current Photo ID.

For more information please email: FernAveLibrary@gmail.com



Torrance Unified School District

2335 PLAZA DEL AMO
P. O. BOX 2954
TORRANCE, CALIFORNIA 90509-2954

TELEPHONE (310) 972-6500
www.tusd.org

BOARD OF EDUCATION
MARTHA DEUTSCH
DON LEE
TERRY RAGINS
MARK STEFFEN
MICHAEL WERMERS

SUPERINTENDENT OF
SCHOOLS
GEORGE W. MANNON, Ed. D.

October 2017

To Parents/Guardians:

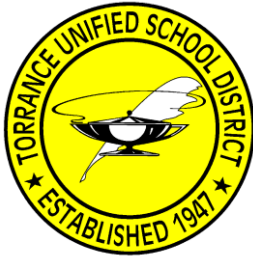
Your child is attending a school receiving Title I federal funds through the Every Student Succeeds Act (ESSA). At the beginning of each school year, local educational agencies receiving Title I funds are required to notify parents whose student(s) attend a Title I school that they may request, and the agency will provide the parents on request (and in a timely manner), information regarding the professional qualifications of the student's classroom teachers, including at a minimum:

1. Whether the student's teacher:
 - Has met State qualification and licensing criteria for the grade levels and subject areas in which the teacher provides instruction;
 - Is teaching under emergency or other provisional status through which State qualification or licensing criteria have been waived; and
 - Is teaching in the field of discipline of the certification of the teacher.
2. Whether the child is provided services by paraprofessionals and, if so, their qualifications.

If you would like this information, please contact your school's principal.

Sincerely,

George Mannon, Ed.D.
Superintendent



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A los Padres de Familia/Tutores:

Su hijo(a) asiste a una escuela que recibe fondos federales Título I según lo establece la Ley Cada Estudiante Triunfa (*Every Student Succeeds Act*, "ESSA"). A comienzos de cada año escolar, las agencias locales de educación que reciben fondos Título I tienen la obligación de notificar a los padres de los estudiantes que asisten a una escuela Título I que ellos pueden solicitar, y la agencia proporcionará a solicitud de los padres (y de manera oportuna), información sobre las cualificaciones profesionales de los maestros del aula del estudiante, incluyendo como mínimo:

1. Si el maestro o la maestra del estudiante:
 - Ha cumplido con los criterios de cualificación y licencias estatales para los niveles de grado y las materias que el maestro imparte;
 - Está enseñando con un permiso de emergencia u otro tipo de permiso provisional el cual está exento de los criterios de cualificación o licencia estatal; y
 - Está enseñando en el campo de estudio de certificación del maestro.
2. Si el menor recibe servicios de para profesionales y, de ser así, sus cualificaciones.

Si desea obtener esta información, sírvase ponerse en contacto con el director o la directora de su escuela.

Atentamente,

George Mannon, Ed.D.
Superintendente



HIP - HOP, Popping, & Locking!

Thursdays, 11/16- 1/11

***** INCLUDES FREE PRIZES EVERY WEEK! *****

\$80 payable to the Advantage Program

Classes meet at lunch benches

Classes taught by Hip hop experts!!

ONLINE PAYMENT & REGISTRATION available

ilive4mykids@gmail.com

www.advantageprogram.org

kindergarten 1:50 to 2:50, grades 1- 5 3:05 to 4:00

Student's name: _____

room # ___ grade:___

Does your child attend the YMCA after our class ? ___

Photo Release and Liability Waiver and Acknowledgment of Risk:

READ & SIGN BELOW:

I understand and agree that participation in any physical fitness activity, dance class, workshop, rehearsal or performance involves a possibility of physical injury or death. I understand that despite precautions, accidents and injuries may occur. These may include but are not limited to stepping on uneven surfaces, slipping on wet surfaces, tripping, twisting an ankle and/or a knee, broken bones, torn ligaments, spine injuries and even death. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me or my minor child during any of The Advantage Program classes, rehearsals, performances, or activities. I assume all risks related to the use of any and all spaces used by The Advantage Program. I also voluntarily exempt, release, and indemnify The Advantage Program, its owners, agents, representatives, volunteers, assistants, employees, guest artists, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my minor child, or property which may arise out of or in connection with participation in any classes or activities conducted by The Advantage Program, its owners, agents, representatives, volunteers, assistants, employees, guest artists, and/or students. I will not hold The Advantage Program, its owners, agents, representatives, volunteers, assistants, employees, guest artists, and/or students responsible for any personal injury or personal property damage sustained before, during or after The Advantage Program classes, workshops, rehearsals, performances or related activities. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold The Advantage Program, its owners, agents, volunteers, assistants, employees, guest artists, and/or students liable for such damage, loss, injury, or death. I declare that, to the best of my knowledge, my minor child is free of any physical, medical, or mental condition which would limit or prevent my child from safely participating in any activity conducted by The Advantage Program, its owners, agents, representatives, volunteers, assistants, employees, and/or guest artists. If I am signing this waiver for my minor child, I certify that I am the parent or legal guardian and have the right to waive these rights. I grant to The Advantage Program, its representatives and employees the right to take photographs of my child in connection with the above-identified subject. I agree that The Advantage Program may use such photographs of my child for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read, understood, and agree to be bound by the above statement.

PARENT SIGNATURE: _____ Phone number: _____

Parent's Printed name: _____ Date: _____ Email: _____

Emergency contact person's name and #: _____ Fern

—“Creating and Enriching Community through People, Programs and Partnerships”



2018

BASKETBALL

Boys and Girls grades K-8

REGISTRATION

Registration begins October 4, 2017 for Torrance residents, and October 11, 2017 for non-residents.
DON'T MISS OUT!!! FINAL DAY TO REGISTER IS MONDAY, NOVEMBER 20, 2017 at 5:00 p.m.

Proof of residency or proof of school enrollment is required. For more information call 310/618-2720.

Registration can be completed online, by phone, fax 310/781-7598, or at the Registration office.

★ *Special*

**Walk-In Registration
Saturday, November 18, 2017**

9:00 a.m. - 12:00 p.m.

Torrance Community Services Department
3031 Torrance, Blvd. (two buildings east of library)

**League play
tentatively begins
Saturday,
January 13, 2018**

**\$69.00 PER
PARTICIPANT**
Includes: T-shirt
and award

★ RECREATION LEAGUE

This league is designed for all levels of play. Teams are put together by the child's grade and school they attend. This league is for Kindergarten through the Eighth grade. If needed, teams may be combined with neighboring schools to form a complete roster. All teams are coached by volunteers. Non-Residents should list the Torrance school they live closest to.

★ OPEN LEAGUE

The Open League is designed for Boys grades 6, 7 and 8. We ONLY accept brought in teams for this highly competitive league. All players must attend the same school or live in the same geographic area. The coach must submit a roster of players to the Youth Sports office by Monday, November 13, 2017 (form can be found online at the web address below.)

For more information on our league please go to www.TorranceCA.Gov/YouthBasketball
or call our Sports Office at 310/781-7515.



YOUTH BASKETBALL 2018

Volunteer Head Coach are limited to one per team. If you wish

to volunteer, you must complete a Volunteer Coach's application online at www.TorranceCA.Gov/VolunteerProgram.htm. You will then need to go to Human Resources, 3231 Torrance Blvd., and pick up a Volunteer Fingerprint Request form that must be completed prior to the start of the season. City policy requires volunteers to be fingerprinted annually. Volunteer coaches will receive a refund of the activity fee upon return of the equipment at the end of the season.

ALL TEAMS MUST HAVE A VOLUNTEER COACH BY DECEMBER 7, 2017 OR PLAYERS WILL BE PLACED WHERE OPEN SPOTS ARE AVAILABLE. IF YOUR TEAM DOES NOT HAVE A VOLUNTEER COACH, THEY WILL BE A GAME ONLY TEAM WITH NO PRACTICES DURING THE SEASON.

Parent Permission Slip

Shirt size: YM YL AS AM AL AXL AXXL

_____ has my permission to participate in the City of Torrance Community Services Department's Youth Basketball Program. I affirm that he/she is in the _____ grade, and that his/her birthday is _____ and that he/she attends _____ School. He/she will play in Division _____. I hereby release and discharge the City of Torrance, the Torrance Community Services Department, and each and all of their agents and employees from any liability whatsoever, resulting from or in any manner arising out of injury or damage which may be sustained on account of his/her participation in said activity.

Parent's Name *(Please print)* _____

Signature of Parent or Guardian _____

Address _____ City _____ Zip _____

Home Phone () _____ Cell Phone () _____ Email _____

It's Easy! Now you can use your credit card!

I hereby authorize the use of my: MasterCard Visa Discover American Express

Name as it appears on the card: *(Please print)*

Credit Card #: _____ Expiration date: Month _____ Year _____

Signature: _____

Please make checks payable to the "City of Torrance." DO NOT SEND CASH

If registering through mail, send to:

**ATTN: Registration
City of Torrance
Community Services Department
3031 Torrance Blvd.
Torrance, CA 90503**

**** Please include a stamped, self-addressed envelope to receive your receipt by mail.****



For Official Use Only:

Receipt # _____

Date _____