



Orange County Department of Education  
**Pacific Coast High School**  
**MASTER AGREEMENT**

Annual Days of Apportionment	
Tri 1 _____	Total <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span>
Tri 2 _____	
Tri 3 _____	
District _____	

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Start Date: 7/1/10 End Date: 8/12/10

Trimester (circle one): 1 (July/August) 2 (fall) 3 (spring)

This agreement will be in effect during the **2010-2011** school year. Course objectives will be consistent with the guidelines established in the PACIFIC COAST HIGH SCHOOL (PCHS) Course Catalog for high school independent study. A course syllabus will be provided for every course. Each course syllabus includes: course objectives, study methods, resources supplied, manner and frequency of assignments, method of evaluation guidelines, and teacher contact information specific to each course. Students will be provided with teacher support services, curriculum, and related instructional material. PCHS does not provide anything of value that is not provided for all students enrolled in similar public schools. Students with an active IEP (Individualized Educational Plan) may not enroll with PCHS unless their IEP specifically provides for enrollment in independent study.

**Subsidiary agreement(s) are considered a part of this agreement: course syllabi, course catalog, add/drop forms, course instructor signature page, and student registration forms**

- Student/parent understands that this enrollment is for a period of one trimester.
- Student/parent understands continued enrollment will be based on the determination of appropriate placement.
- Students enrolled with PCHS may not be enrolled as a full time student in any other public school. However, private, part-time, tutorial, or supplemental enrichment classes are permissible.
- All students enrolling in PACIFIC COAST HIGH SCHOOL have the option of classroom instruction in the County Community Schools or their home district. Enrollment is continuously voluntary.
- Independent Study is an optional educational alternative that students voluntarily select, including expelled students (Ed Code 48915) and/or students whose expulsion has been suspended (Ed Code 48917).
- When a student misses a percentage of assignments that equate to four or more days of missed attendance in an academic month, the faculty advisor will complete a written evaluation to determine if the student should remain in this program. Academic and attendance credit will be lowered for incomplete, late, and/or partial assignments. (Attendance is based on assignment completion for Independent Study).

**Parent's agreement**

- I grant permission for the named student to enroll in independent study, an optional alternative educational program offered by the Orange County Department of Education: PACIFIC COAST HIGH SCHOOL.
- I agree to work closely with the teacher(s) on implementation and evaluation of the assignments for my student. I may also utilize a tutor to help with this role. If a tutor is utilized, the tutor must also sign this agreement.
- I understand that I have the right to review my student's progress in the program and disenroll at any time.
- All materials are the property of the Orange County Department of Education and must be returned to PCHS upon termination. Parents agree to pay for any lost, damaged, or unreturned materials.
- I understand that I am responsible for checking my student's progress and current grade status online as described in the course syllabus.
- Attendance/participation is required in all state mandated testing. (CAHSEE, STAR)

**Student's agreement**

- I will meet with PCHS teachers regularly according to the frequency, date, time, manner, and location specified in the course syllabi or as required by my teacher(s).
- Maximum assignment period is one month. I agree to provide all assignments and materials on the date they are due. With prior approval, and when circumstances justify, the supervising teacher may extend the maximum length of an assignment period.
- Credit will be given only after I complete all of my assigned work and it has been evaluated by the teacher and deemed satisfactory.
- I am responsible for the information and materials presented during a missed class.
- I understand that I am responsible for checking my progress and current grade status online as described in the course syllabus.
- I understand I must participate in all state mandated testing. (CAHSEE, STAR, Physical Fitness Test)

1. Does student have an *active Individual Education Plan/Special education*? \_\_\_\_\_ Yes\* \_\_\_\_\_ No  
 If yes, check which is applicable: \_\_\_\_\_ RSP \_\_\_\_\_ Speech/Language \_\_\_\_\_ SDC \_\_\_\_\_ Other
2. Does student have a Section 504 Plan? \_\_\_\_\_ Yes\* \_\_\_\_\_ No

**\*Please submit a copy of student's IEP/504 Plan with these completed enrollment forms.**



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**Manner, Time, and Frequency of Appointments**

Each course syllabus will outline the weekly assignment and contact expectations. As a condition of continued enrollment, students are required to have weekly contact/assignments with their teachers on or before the assignment due dates. More frequent contact may be required as necessary to support student success. PCHS is open 8:30 a.m.-3:00 p.m. Trimester 2 and 3. Refer to PCHS Trimester 1 calendar for Trimester 1 hours.

The manner of submitting work or contact: one to one, small group, drop off, classroom, presentation, phone with instructor, e-mail, online, U. S. Mail, fax, or other pre-approved means as required in course syllabi.

On-campus courses: Please refer to class syllabus for class days and times. Location of classes: PCHS campus.

**Method of Study**

Every course syllabus outlines the study expectations for the course. The syllabus will include course objectives and expectations, due dates, grading policy, teacher contact information, academic support, and other information necessary for student success in the course.

**Methods of Evaluation:**

Assignment completion, demonstration of skill, written test/report, student log, presentation, slide show, oral test/report, and/or

Methods of evaluation, grading policies, and late work penalties are listed in each course syllabus.

**PCHS Policies**

- Student Assignments: The parent/or tutor agrees to provide assistance and support, and is required to check for completion and quality of assigned work on a regular basis.
- Any work turned in or postmarked after 3:00 p.m. on due dates will be marked late unless otherwise noted in syllabus.
- Students are to be picked up and dropped off within 15 minutes of their on-campus class, seminar, lab, or tutorial.
- One syllabus per course, per semester, will be issued. It is the students' responsibility to obtain syllabus information should they misplace their copy. Additional syllabus will not be issued. (Most syllabi are available on-line and for purchase at the front desk.)
- Modest dress code will be enforced. No clothing of any kind with alcohol, tobacco, or inappropriate messages will be allowed.
- All students in grades 9-11 are required to take all (STAR, Physical Fitness) state designated tests.
- All students must take and pass the CA. High School Exit Exam (CAHSEE) as part of graduation requirements.
- Any student from a district that does not require a parent initiated inter-district transfer will have district approval on file with PCHS Attendance and Records. Parent signature on Master Agreement authorizes consent.
- Parents and students agree to support the rules and regulations of PCHS.

I have read all pages of this agreement and hereby agree to all the conditions set forth within, including those in the subsidiary forms.

STUDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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

DATE \_\_\_\_\_

(if other than parent, circle one) emancipated minor/ caregiver/ guardian/ other

TUTOR \_\_\_\_\_

DATE \_\_\_\_\_

FACULTY ADVISOR \_\_\_\_\_

DATE \_\_\_\_\_

See subsidiary form *Course Instructor* for other teacher signatures and dates



WILLIAM M. HABERMEHL  
County Superintendent of Schools

On completion of this agreement, the student has earned \_\_\_\_\_ days of apportionment credit.

Orange County Department of Education  
**Pacific Coast High School**  
MASTER AGREEMENT/COURSE CONTRACT

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**School Year 2010-2011    Session: 1<sup>st</sup> Trimester    Start date: 7-1-10    End date: 8-12-10**

I have reviewed the 1<sup>st</sup> Trimester Parent/Student Information Guide and understand my courses are online.

- If I should need to **add** a class, I will print an add/drop form from the PCHS website, complete the form, and fax to PCHS by no later than 12:30 pm on June 11, 2010 (only parent signature required on add/drop form for 1<sup>st</sup> Trimester). No classes may be added or adjusted after this date.
- If a course is not completed, or no work is submitted for two consecutive weeks without student contacting the course instructor, the student will be dropped from the course and a grade of "NC" issued.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Faculty Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Student may carry a maximum of 10 units for the 1<sup>st</sup> Trimester (July/August).**

- Students taking a 10 credit course will list the "A" and "B" portions of the course below (Example: English 9A, English 9B).
- For a complete listing of 1<sup>st</sup> Trimester courses offered, refer to the *July-August Trimester 2010 Enrollment Guide*.
- The Online **1<sup>st</sup> Trimester Contact & Courses Form** must also be completed for a student to be enrolled in courses.

Course Title	Credits	Course Type	Instructor (office use only)
	<b>5</b>	Online	
	<b>5</b>	Online	

**Methods of Evaluation:** Assignment complete, demonstration of skill, written test/report, student log, presentation, oral test/report and / or \_\_\_\_\_.

ACKNOWLEDGMENT OF PARENT OR GUARDIAN OF ANNUAL RIGHTS NOTIFICATION

Detach, sign, and return this page to your child's school indicating that you have been notified of the specified activities and whether you have a child on continuing medication.

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

I hereby acknowledge receipt of information regarding my rights, responsibilities, and protections.

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

PLEASE COMPLETE THE FOLLOWING IF APPLICABLE:

1. Student is on a continuing medication program: (Please check one) YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, you have my permission to contact student's physician:

Physician's Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

2. If you do not wish directory information released (page 10), please sign where indicated below and ensure receipt of this form by the school office within **the next 30 days**. Note that this will prohibit the district from providing the student's name and other information to the news media, interested schools, parent-teacher associations, interested employers, and similar parties.

Do NOT release directory information regarding \_\_\_\_\_  
(Pupil's Name)

Check if an exception may be made to include student information and photos in the yearbook.

Signature of Parent or Guardian: \_\_\_\_\_



WILLIAM M. HABERMEHL  
County Superintendent of Schools

*Orange County Department of Education*

**Image Reproduction/Media Release Form**

**(Minor)**

I, \_\_\_\_\_, hereby  give  do not give permission, without restriction, to  
(print: minor's first name, middle initial, last name)  
Orange County Department of Education to use my name, voice, and/or likeness, including but not limited to, any and all photographs, videotapes, sound recordings, and/or other audio-visual electronic materials taken during the \_\_\_\_\_ school year at \_\_\_\_\_ by, or on behalf of, Orange County  
(print: name of school or project site)  
Department of Education for staff development, instruction, or any legitimate purposes. I understand and agree that Orange County Department of Education is the exclusive owner of all rights, title and interest, including copyright, in such photographs, videotapes, and/or other audio-visual electronic materials.

Interest in Orange County Department of Education programs by the public may generate media attention.

I, would \_\_\_ would not \_\_\_ be interested in being interviewed by members of the media.

\_\_\_\_\_  
(signature of minor)

\_\_\_\_\_  
(date)

**(Parent/Guardian)**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_  
(print: parent's first name, middle initial, last name) (print: minor's first name, middle initial, last name)  
, hereby  give  do not give permission, without restriction, to Orange County Department of Education to use my name, voice, and/or likeness, including but not limited to, any and all photographs, videotapes, sound recordings, and/or other audio-visual electronic materials taken during the \_\_\_\_\_ school year at \_\_\_\_\_ by, or on behalf of, Orange County Department of Education for staff  
(print: name of school or project site)  
development, instruction, or any legitimate purposes. I understand and agree that Orange County Department of Education is the exclusive owner of all rights, title and interest, including copyright, in such photographs, videotapes, and/or other audio-visual electronic materials.

Interest in Orange County Department of Education programs by the public may generate media attention.

I, do \_\_\_ do not \_\_\_ give permission for my child to be interviewed by members of the media.

\_\_\_\_\_  
(signature of parent/guardian)

\_\_\_\_\_  
(date)



Orange County Department of Education

# Pacific Coast High School

## Individualized Learning Plan

ILP to be completed every 6 months  
Original: Student Folder  
Copy: Student/Parent

Today's Date \_\_\_\_\_

Student Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (DOB) \_\_\_\_\_

Grade \_\_\_\_\_ Student email address \_\_\_\_\_

## Criteria For Success – PCHS ESLRs

### Expected School Wide Learning Results

ESLR's are completed at the end of every course at Pacific Coast High School

## Goals While Attending PCHS

Graduation Date Goal \_\_\_\_\_

Steps needed to complete goal \_\_\_\_\_

Academic Goal \_\_\_\_\_

Steps needed to complete goal \_\_\_\_\_

Life Skill Goals \_\_\_\_\_

Steps needed to complete goal \_\_\_\_\_

Vocational/Career Goal \_\_\_\_\_

Steps needed to complete goal \_\_\_\_\_

## Transition Plan After PCHS

Please check as many as apply

- |  |   |
|--|---|
| <input type="checkbox"/> Attend a 2 year college                                     | <input type="checkbox"/> Travel                       |
| <input type="checkbox"/> Attend a 2 year college with intent to transfer to a 4 year | <input type="checkbox"/> Explore career possibilities |
| <input type="checkbox"/> Attend a 4 year college                                     | <input type="checkbox"/> Be a good citizen            |
| <input type="checkbox"/> Attend a job training program                               | <input type="checkbox"/> Maintain positive behavior   |
| <input type="checkbox"/> Re-enroll in my home high school for graduation             | <input type="checkbox"/> Military                     |
| <input type="checkbox"/> Contribute to my community                                  | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> Obtain and or keep a job                                    |   |
| <input type="checkbox"/> Participate in service learning and volunteer work          |   |

Student Signature \_\_\_\_\_

Teacher Signature \_\_\_\_\_