



ORANGE COUNTY DEPARTMENT OF EDUCATION
PACIFIC COAST HIGH SCHOOL

PARENT AND STUDENT ROLES & RESPONSIBILITIES

PARENTS WILL: Please initial after reading (____)

- Be committed to, understand, and use the independent study strategy appropriately.
- Provide an appropriate environment for student's study.
- Participate with the supervising teacher in the development and follow-through of the student's educational plan.
- Supervise the student while following the plan and make sure the student's effort at least meets the minimum requirement set forth in the written agreement.
- Take steps to ensure timely submission to the supervising teacher of all the student work, completed assignments, and accurate records that will be needed for the assessment of student progress and attendance accounting.
- Participate supportively in regularly scheduled teacher/student meetings.
- Under the direction of the supervising teacher, participate in the student's instruction and assessment of learning and skills mastery. This may include the following:
 - assume responsibility for supplied texts, instructional material, and supplies
 - introduce instructional assignments
 - be responsible for checking student's progress and current grade status online as described in the syllabus.
 - promptly check student work for errors
- Pay for the costs of books or other resources that may be lost or damaged beyond repair.
- Provide any transportation required by the agreement.

I UNDERSTAND MY RIGHTS AND RESPONSIBILITIES AS A PARENT/GUARDIAN UNDER THE FOLLOWING CALIFORNIA EDUCATION CODES (ED.):

- School attendance of your son/daughter is a parental responsibility and failure to do so is an infraction of the Education Code (ED 48290).
- No temporarily disabled pupil may receive individual instruction through independent study (ED 51745).
- Sexual harassment is illegal; it is a violation of State and Federal law (ED 48980/ED 231.5).
- Written permission of the parent or guardian is required for immunization of communicable diseases (ED 49403).
- Administration of medication prescribed by a physician during school hours may be done by a nurse or teacher under detailed instruction, upon written parental request (ED 49423).
- A pupil may be sent home if, for good reason, he or she is believed to be suffering from a recognized contagious or infectious disease (ED 49451).
- If sex education courses are planned, you will be notified of your right to inspect and review pertinent written or audio-visual materials prior to the holding of the course. Written objection shall be honored for your child (ED 51550). *This section does not apply to words or pictures in any science, hygiene, or health textbook.*

STUDENT WILL: Please initial after reading (____)

- Make regular contact with the supervising teacher as specified on the written agreement.
- Complete at least the assigned work by the due date.
- Bring to the scheduled appointment with the supervising teacher all completed assignments that can be transported.
- Make an effort to participate in pertinent public or private extracurricular activities.
- Be responsible for other tasks that may be included in the written agreement.



Division of Alternative Education

EMERGENCY DATA AND TREATMENT AUTHORIZATION

PARENT OR LEGAL GUARDIAN TO COMPLETE ALL ITEMS, SIGN, AND RETURN FORM TO SCHOOL

NAME OF PUPIL (LAST NAME, FIRST NAME, MIDDLE NAME)			MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	TELEPHONE NUMBER ()
COMPLETE ADDRESS (STREET, CITY, ZIP)			FOSTER HOME YES <input type="checkbox"/> NO <input type="checkbox"/>	
DISTRICT OF RESIDENCE	LANGUAGE SPOKEN AT HOME	BIRTHDAY	AGE	BIRTHPLACE
PARENT(S) LEGAL GUARDIAN RESPONSIBLE FOR PUPIL	BUSINESS ADDRESS OR HOME ADDRESS IF OTHER THAN ABOVE		BUSINESS TELEPHONE NUMBER	BUSINESS HOURS
FATHER			()	
MOTHER	Image Field		()	
OTHER (SPECIFY RELATIONSHIP)			()	

If above person(s) cannot be reached, and child becomes ill or injured at school, list three alternative persons to act for parents. (They MUST have a telephone, be able to arrange for transportation, be known to child, and willing and able to act for parent(s) or legal guardian.

NAME	ADDRESS	TELEPHONE NUMBER	RELATIONSHIP
1.		()	
2.		()	
3.		()	

SOCIAL SERVICE AGENCY (NAME, ADDRESS, TELEPHONE NUMBER) IF APPLICABLE

LIST CONDITIONS WHICH MIGHT LEAD TO SEIZURES, ASTHMA, LIST OTHER HEALTH PROBLEMS (CARDIAC, DIABETES, ETC) ALLERGIES (BEE STING, PENCILLIN, ETC)

NAME OF PHYSICIAN	OFFICE LOCATION	TELEPHONE NUMBER ()
NAME OF DENTIST	OFFICE LOCATION	TELEPHONE NUMBER ()
Responsible Party		
Insurance Company		Policy and or Medi-Cal #

☐ My child wears the following type(s) of emergency identification: ☐ None ☐ Bracelet ☐ Necklace ☐ Other (specify) _____

LIST ANY RESTICTIONS and MEDICATIONS TAKEN:

SIGNATURE OF PARENT, LEGAL GUARDIAN, OR CAREGIVER

DATE SIGNED

AUTHORIZATION FOR EMERGENCY TREATMENT OF A MINOR

In case of sudden illness or injury to your son/daughter, every effort will be made by school officials to contact you, your family physician, or the person named by you to be called in an emergency. If it is impossible to reach you, your signature above will assure emergency treatment by authorized medical and/or hospital personnel.

I (We), the undersigned parent(s)/(legal guardian) of the above named minor, do hereby authorize the Orange County Department of Education and its employees as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under

the provisions of the Medical Practice Act on the medical staff of a licensed hospital no matter where such service is rendered.

The agent for the undersigned and its employees are released of any civil or financial liabilities for the aforementioned diagnosis, treatment, hospital care, or any other acts performed that reasonable and necessary for the welfare of the minor.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

This authorization shall remain effective unless revoked in writing and delivered to said agent(s).

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: _____



Orange County Department of Education
Division of Alternative Education
Alternative, Community, and Correctional Education Schools and Services

HOME LANGUAGE SURVEY

Name of Student:			
Last		First	Middle
Date of Birth:		Age:	Grade:
Month	Day	Year	
Place of Birth:			
City	State	Country	
School Site:			
Foreign Born:			
• Date student first entered the USA	Month	Day	Year
• Date student first entered a school in the USA	Month	Day	Year
• Date student first entered a California school	Month	Day	Year

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested. Please answer the following questions and have your son/daughter return to his/her teacher. Thank you for your help.

1. Which language did your son/daughter learn when he/she first began to talk? _____
2. What language does your son/daughter most frequently use at home? _____
3. What language do you use most frequently to speak to you son/daughter? _____
4. What language is most often spoken by the adults at home? _____

Signature of Parent or Guardian

Date

OFFICE USE ONLY

Should one or more answers to #1 - #3 of the above questions be other than English, submit copy to ACCESS Assessment Center.

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

- _____ Attend a 2 year college
- _____ Attend a 2 year college with intent to transfer to a 4 year
- _____ Attend a 4 year college
- _____ Attend a job training program
- _____ Re-enroll in my home high school for graduation
- _____ Contribute to my community
- _____ Obtain and or keep a job
- _____ Participate in service learning and volunteer work

- _____ Travel
- _____ Explore career possibilities
- _____ Be a good citizen
- _____ Maintain positive behavior
- _____ Military
- _____ Other _____

Student Signature _____

Teacher Signature _____



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 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 not _____ give permission for my child to be interviewed by members of the media.

(signature of parent/guardian)

(date)



Orange County Department of Education Internet Acceptable Use Policy

Internet access is now available to Orange County Department of Education Alternative, Community, and Correctional Education Schools and Services. Our goal in providing this service is to promote educational excellence in the Orange County Department of Education by facilitating resource sharing, innovation, and communication.

The Internet is an "electronic highway" connecting millions of computers all over the world and millions of individual users. Access to the Internet will enable students to explore thousands of libraries, databases, and bulletin boards while exchanging messages with users throughout the globe. In addition, the system is used to increase Orange County Department of Education communication, enhance productivity, and assist OCDE employees in upgrading their skills through greater exchange of information with their peers. The system also assists the Orange County Department of Education in sharing information with the local community, including parents, social service agencies, government agencies, and businesses.

With access to computers and people from around the world also comes the availability to material that may not be considered to be of educational value in the context of the school setting. Families should be warned that some material obtained via the Net may contain items that are illegal, defamatory, inaccurate, or potentially offensive. The Orange County Department of Education has taken precautions to restrict access to controversial information, either by accident or deliberately. However, the benefits to students from online access far outweigh the possibility that users may procure material that is not consistent with the educational goals of the Orange County Department of Education.

The purpose of this agreement is to ensure that use of Internet resources are consistent with the Orange County Department of Education's stated mission, goals, and objectives. The smooth operation of the network relies upon the proper conduct of the students and faculty who must adhere to strict guidelines. These guidelines are provided here so that you are aware of the responsibilities you are about to acquire. If an Orange County Department of Education user violates any of these provisions, his or her future access could be denied in accord with rules and regulations discussed with each user during Internet training sessions.

To gain access Internet, all students under the age of 18 must obtain parental permission and both parent and student must sign this document. The signatures at the end of this document legally bind and indicate the parties who signed have read the terms and conditions carefully and understand their significance.

Orange County Department of Education Internet Use Agreement

Student Section

I have read pages one and two of the Orange County Department of Education Internet Use Agreement. I agree to follow the rules contained in this Policy. I understand that if I violate the rules, my account can be terminated and I may face other disciplinary measures.

User's Signature _____

Date _____

Parent or Guardian Section

As the parent or legal guardian of the student signing above, I have read pages one and two of the Orange County Department of Education Internet Use Agreement and grant permission for my son or daughter to access the Internet. I understand the district's computing resources are designed for educational purposes. I also understand that it is impossible for the Department of Education to restrict access of all controversial materials and I will not hold them responsible for materials acquired on the network. I understand that the individuals and families may be held liable for violations. Furthermore, I accept full responsibility for the supervision if and when my child's use is not in a school setting.

Parent's Signature _____

Date _____

Internet - Terms and Conditions

1. Students are responsible for good behavior on the school computer networks, just as they are in a classroom or a school hallway. General school rules for behavior and communications apply.
2. The network is provided for students to conduct research and communicate with others. Access to network services is given to students who agree to act in a considerate and responsible manner. Access is a privilege - not a right. That access entails responsibility. Inappropriate use will result in suspension or cancellation of Internet privileges. The system administrators may close an account at any time as required. The administration, faculty, and staff may request the system administrator to deny, revoke, or suspend specific user accounts.
3. Users are expected to abide by their generally accepted rules of network etiquette and conduct themselves in a responsible, ethical and polite manner while online.
4. Users are not permitted to use the computing resources for commercial purposes, product advertising, political lobbying, or political campaigning.
5. Users are not permitted to transit, receive, submit, or publish any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, offensive, or illegal material.
6. Physical or electronic tampering with computer resources is not permitted. Damaging computers, computer systems, or computer networks intentionally will result in cancellation of privileges.
7. User must respect all copyright laws that protect software owners, artists, and writers. Plagiarism will not be tolerated.
8. Security on any computer system is high priority, especially when the system involves many users. If a security problem is identified in the school's computers, network, or Internet connection, a system administrator must be notified. Using someone else's password or trespassing in a another's folder, work, or files without permission is prohibited and may result in cancellation of user privileges.
9. The Orange County Department of Education makes no warranties of any kind, whether expressed or implied, for the service it is providing. The Department assumes no responsibility or liability for any phones charges, line costs, usage fees, nor for any damages a user may suffer. This includes loss of data resulting from delays, nondeliveries, or service interruptions caused by its negligence or your errors or omissions. Use of any information obtained via the Internet is at your own risk. The Department specifically denies any responsibility for the accuracy or quality of information obtained through its services.
10. All communication and information accessible via the computer resources shall be regarded as private property. However, people who operate the system may review files and messages to maintain system integrity and insure that users are using the system responsibly. Messages relating to or in support of illegal activities may be reported to the authorities.

Any violations may result in a loss of computer access, as well as other disciplinary or legal action. Users are considered subject to all local, state, and federal laws.



Orange County Department of Education

RULES AND REGULATIONS AGREEMENT

Orange County Department of Education is committed to providing you with safe and secure school environment where you will have the opportunity to achieve your educational goals. To ensure that this opportunity is available to everyone, the following agreement must be honored. Signing this agreement means you understand the rules and agree to abide by them

1. **I will not** deface or damage school property or school materials, including assignments. Furthermore, I understand that my parents will be held financially responsible for any damage I do to any property, real or personal, as stated in the Education Code Section 48904.
2. **I understand** that graffiti and tagging of any kind will not be tolerated. I will not possess spray paint, markers, etching devices, or any other graffiti paraphernalia. I understand that the Court can enforce the following consequences: 20 days or 100 hours of community service in a Graffiti Abatement Program; \$250 fine plus penalty assessment and restitution; suspension or delay of one year of the issuance of youth drivers license, and 180 days in custody (Penal Code 640.5).
3. **I will not** wear any clothing or attire that indicates gang affiliation (E.C. 35183).
4. **I will not** engage in any violent behavior such as physical or verbal abuse or mad-dogging other students (E.C. 48900).
5. **I will not** possess or use any illegal substances such as drugs or alcohol, or engage in the sale of such illegal substances (E.C. 48900)
6. **I will not** bring the following items to school: weapons, knives, chains, pagers (E.C. 48901.5).
7. **I will not** smoke or use any product containing tobacco while on campus or while attending school sponsored activities (E.C. 48901).
8. **I will** enter and exit from the designated entrance and wait for all rides inside the building. I will not loiter on the school campus, in the parking lot, or in the immediate area (Penal Code 601).
9. **I will not** leave campus without permission. I understand that my leaving campus will result in notification to my parent and / or probation officer. No breaks outside the school building (5 Cal. Reg. Sec. 303).
10. **I understand** my presence on any other school campus while enrolled at an Orange County Department of Education Alternative Education Program is not permitted unless prior arrangements have been made between the administrators of the school district and the Orange County Department of Education. I also understand that my friends, other than those enrolled in this program, are not allowed on the school's campus at any time.
11. **I understand** that I must attend regularly and make satisfactory progress in order to have a work permit issued or a welfare letter signed.
12. **I understand** that OCDE has a "Zero Tolerance" policy and will strictly enforce all rules and regulations. If I violate any of the above rules and regulations, administrative review could result in disciplinary action.

Student Signature

Date

AS A PARENT interest in my son's / daughter's educational well being, I agree to support all of the above Orange County Department of Education Independent Study rules and regulations.

Parent / Guardian / Caregiver Signature

Date

Original to Student Folder

Yellow to Parent / Guardian