



Orange County Department of Education  
**Pacific Coast High School**  
 14262 Franklin Ave. Suite 100  
 Tustin, CA 92780  
<http://pchs.k12.ca.us>  
**Master Agreement**

Annual Days of Apportionment  
 Trimester 1 total \_\_\_\_\_

**Trimester 1 (July –August) 2021-2022 School Year**

**Student Name\*:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \*as it appears on student transcript *Print Last Name* *First Name* *Middle Initial* *Birth Date*

**District of Residence/Attendance:** \_\_\_\_\_ **Grade (as of September 2021):** \_\_\_\_\_

This agreement will be in effect Start Date: **7 / 1 / 21** End Date: **8 / 10 / 21**

Primary Contact Information:

**Student email** address \_\_\_\_\_ @ \_\_\_\_\_ (please print clearly)

**This email address is required, must be a working email address and may NOT be a school district email address.** Student email address will be used to confirm enrollment and the student will use this email address to access their courses.

**Student cell** phone number: \_\_\_\_\_ Parent cell phone number: \_\_\_\_\_

**Please note:** Course titles below **CANNOT** be changed or substituted. To take a full year course, enroll in the "A" and "B" portion (A=Fall Semester, B=Spring Semester). Student may enroll in a **MAXIMUM of 10 credits**. **A student may only be enrolled in one public high school during 7/1/21 – 8/10/21.** *Italicized courses are college prep.*

**MATH (All a-g/UC Approved)**

- Algebra 1A (5 cr)  Algebra 1B (5 cr)
- Geometry A (5 cr)  Geometry B (5 cr)
- Algebra 2A (5 cr)  Algebra 2B (5 cr)
- Trigonometry A(5 cr)  Trigonometry B (5 cr)
- Pre-Calculus A (5 cr)  Pre-Calculus B (5 cr)

**SOCIAL SCIENCE (All a-g/UC Approved)**

- Economics (5 cr)  Government (5 cr)
- US History A (5 cr)  US History B (5 cr)
- Wrld Hist/Geog/Cult A (5 cr)  Wrld Hist/Geog/Cult B (5 cr)

**ENGLISH (All a-g/UC Approved)**

- English 9A (5 cr)  English 9B (5 cr)
- English 10A (5 cr)  English 10B (5 cr)
- English 11A (5 cr)  English 11B (5 cr)
- English 12A (5 cr)

**ELECTIVES (NOT a-g Approved)**

- Consumer Awareness (5 cr)
- Health (5 cr)
- PE A (5 cr)
- PE B (5 cr)

1. Does student have an active Individual Education Plan/Special Education? \* Yes No  
 \*If yes, a **complete copy of the IEP must be submitted with enrollment forms.**
2. Does student have a Section 504 Plan? \* Yes No  
 \*If yes, a **complete copy of the 504 must be submitted with enrollment forms.**
3. Does student have an IHP (Health Plan)? \* Yes No  
 \*If yes, a **complete copy of the health plan must be submitted with the enrollment forms.**

- July/August enrollment will be accepted **beginning March 22, 2021.**
- **Student must have access to a computer, the Internet and plan to work daily 7/ 1 /21 – 8/ 10/21.**
- **Signatures can be scanned or copied, but NO Font-Style signatures will be accepted.**
- Enrollment **will not** be accepted after **May 21, 2021.**
- Courses may fill and close prior to **May 21, 2021.**
- All courses must be completed by **August 10, 2021 - 3:00pm.**
- If a student needs to change a 1st trimester course(s), the student must complete an **ADD/DROP** form found on the PCHS website (see address above). The **Add/Drop** form may be faxed, mailed, or delivered to PCHS no later than **June 18, 2021.**

This agreement will be in effect during the **2021-2022** 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.

**A Course Syllabus** will be provided for every course and include objectives, resources supplied, and teacher contact information specific to each course, as well as:

**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. 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.

**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, and/or \_\_\_\_\_.

**Grading Policies:** All grading policies and late work penalties are listed in each course syllabus.

**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 and Parent:**

- 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 student in any other public school during this contract time period. 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, 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.
- 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 and to check the student's progress and current grade status online as described in the course syllabus.
- Any work turned in or postmarked after due dates will be marked late.
- 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.
- Parents and students agree to support the rules and regulations of PCHS.

**Student's agreement**

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

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

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

**Pacific Coast High School Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Other** \_\_\_\_\_ **Date** \_\_\_\_\_

**Pacific Coast High School**  
**Acknowledgement and Confirmation of Subsidiary Agreements**  
**Trimester 1 (July-August) 2021-2022 School Year**

**Student Name:**\* \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
*Print Legal Last Name \*as it appears on student transcript* *First Name*

I have read in full all documents listed below, available on the Pacific Coast High School website <http://pchs.k12.ca.us>, and agree to all stipulations set forth in these documents. Copies of these documents are available upon request from Pacific Coast High School, 714-245-6500. **Please INITIAL below before each document title.**

- 1) **PARENT AND STUDENT ROLES & RESPONSIBILITIES**
- 2) **SCHOOL SAFETY PLAN RULES AND REGULATIONS AGREEMENT**
- 3) **INTERNET ACCEPTABLE USE POLICY**
- 4) **ACKNOWLEDGEMENT OF PARENT OR GUARDIAN OF ANNUAL RIGHTS NOTIFICATION**
- 5) **INDIVIDUALIZED LEARNING PLAN**
- 6) **TEXT ACCEPTABLE USE POLICY**

Goals while attending PCHS: Complete 1st trimester course(s).

**Please INITIAL below before each document title AND provide the required information:**

7) **STUDENT ACCEPTABLE USE AGREEMENT (Link)**

**Mark one:**

I hereby give my permission for my child to use OCDE technology and access the Internet in accordance with the Student Acceptable Use Agreement. My child has access to the Internet  at home  other location.

**OR**

At this time I do not accept this agreement, nor do I give permission for my child to access the Internet.

8) **IMAGE REPRODUCTION/MEDIA RELEASE FORM:**

After reading the above document: I hereby  give  do not give permission. **(check one)**

9) **HOME LANGUAGE SURVEY:**

What language did your son/daughter learn when s/he first began to talk? \_\_\_\_\_  
 What language does your son/daughter most frequently use at home? \_\_\_\_\_  
 What language do you use most frequently when speaking to your son/daughter? \_\_\_\_\_  
 What language is most frequently spoken by the adults at home? \_\_\_\_\_

10) **EMERGENCY INFORMATION:**

**Name of Contact** \_\_\_\_\_ **Phone #** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Name of Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone # \_\_\_\_\_ City: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy and/or Medi-Cal # \_\_\_\_\_

Conditions which might lead to health problems (allergies, seizures, asthma etc):

\_\_\_\_\_

List any restrictions or medications taken:

**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 above 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 of 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.

The signatures below indicate understanding and acceptance of information listed above.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Orange County Department of Education  
 Division of Alternative Education  
 Alternative, Community, and Correctional Education Schools and Services  
**STUDENT REGISTRATION FORM**

**Please Print Clearly**

|  |  |   |  |  |  |          |
|--|--|---|--|--|--|----------|
| Legal Name: Last   |  |   | First  | Middle                                   | Home Language Correspondence:<br><input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other* _____<br><small>(refer to back of form)</small> |          |
| Prior ACCESS student: <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes, has your name changed from a prior enrollment: <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes, indicate name used in the prior enrollment: _____                                       |  |   |  |  |  |          |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female<br><input type="checkbox"/> Nonbinary  | Birth Date:  | Grade:  | Lives With: Mother <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Father <input type="checkbox"/> Yes <input type="checkbox"/> No | Parent Ed Level (Refer to back of form): |  |          |
| Name of Mother: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caregiver   |  |   |  |  |  |          |
| Name of Father: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caregiver   |  |   |  |  |  |          |
| Primary Contact Number:<br>( )   |  | Father's Work Phone:<br>( )                                 |  | Ext:                                     | Mother's Work Phone:<br>( )  |          |
| Mailing Address  |  |   | Apt  | City                                     |  | Zip Code |
| Residence Address (If different than above)  |  |   | Apt  | City                                     |  | Zip Code |
| Father's Cell Phone: ( )   |  | Mother's Cell Phone: ( )                                    |  | Student's Cell Phone: ( )                |  |          |
| Father's Email Address:  |  | Mother's Email Address:                                     |  | Student's Email Address:                 |  |          |
| <b>Residence</b> – where is your child/family currently living? (federally mandated by NCLB) – <b>Please check appropriate box:</b>  |  |   |  |  |  |          |
| <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) (200)   |  | <input type="checkbox"/> In a motel/hotel (110)             |  |  |  |          |
| <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (120)   |  | <input type="checkbox"/> Unsheltered (car/campsite) (130)   |  |  |  |          |
| <input type="checkbox"/> In a shelter or transitional housing program (100)  |  | <input type="checkbox"/> Other (300) (please specify) _____ |  |  |  |          |
| <b>WHAT IS YOUR CHILD'S ETHNICITY?</b> <i>Mark the ethnicity with which the student most closely identifies (Please check one):</i>  |  |   |  |  |  |          |
| <input type="checkbox"/> Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)  |  |   |  |  |  |          |
| <input type="checkbox"/> Not Hispanic or Latino  |  |   |  |  |  |          |
| <b>WHAT IS YOUR CHILD'S RACE?</b> (Select up to five racial categories, refer to back of form)<br><i>The previous question is about ethnicity, not race. No matter what ethnicity you selected above, please continue to answer the following by indicating what you consider your race to be.</i> |  |   |  |  |  |          |
| Selection: One: _____ Two: _____ Three: _____ Four: _____ Five: _____  |  |   |  |  |  |          |
| Place of Birth: City: _____ State: _____ Country: _____  |  |   |  |  |  |          |
| Migrant Ed: <input type="checkbox"/> No<br><input type="checkbox"/> Yes, ID:   | If not born in the U.S., what month/year did your child... Enter the U.S? _____<br>... 1st enrolled in a U.S. school? _____ ... 1st enrolled in a California school? _____ |   |  |  |  |          |

**FOR OFFICE USE ONLY**

|  |  |                    |   |  |                  |         |
|--|--|--------------------|---|--|------------------|---------|
| Enrolled By:   |  | Probation Officer: |   |  |                  |         |
| Referrer: <input type="checkbox"/> Probation <input type="checkbox"/> District: District name: _____ |  |                    |   |  |                  |         |
| Referrer's Name: _____ Title: _____  |  |                    |   |  |                  |         |
| Referral Code:   |  | Referral Date:     |   | Referral Reason:   |                  |         |
| Enrollment type: <input type="checkbox"/> Re-enroll <input type="checkbox"/> New                     |  | Start Date:        |   | Program type: <input type="checkbox"/> Day <input type="checkbox"/> CL |                  | PermID: |
| Teacher Name/Number:   |  |                    | AU/Site:  |  |                  |         |
| Home Lang as indicated by question #2 on the Home Language Survey:                                   |  |                    | Primary Lang as indicated by question #1 on the Home Language Survey: |  |                  |         |
| ELPAC/CELDT-Language Proficiency as indicated on Referral:   |  |                    |   |  | Form109:02/13/20 |         |

**Parent Education Level Codes:**

Select the code that best describes the education level of the most educated parent

| Code | Description                     | Code | Description                        |
|------|---------------------------------|------|------------------------------------|
| 14   | Not High School Graduate        | 11   | College Graduate                   |
| 13   | High School Graduate            | 10   | Graduate School/Post Grad Training |
| 12   | Some College/Associate's degree | 15   | Declined To state/unknown          |

**Race Codes:**

Select the code with which the student most closely identifies with.

| Code | Description  | Code | Description | Code | Description   |
|------|--|------|-------------|------|---|
| 100  | American Indian or Alaskan Native (Persons having origins in any of the original people of North, Central or South America ) | 302  | Guamanian   | 399  | Other Pacific Islander  |
|      |  | 301  | Hawaiian    | 303  | Samoan  |
|      |  | 208  | Hmong       | 304  | Tahitian  |
| 205  | Asian Indian   | 202  | Japanese    | 204  | Vietnamese  |
| 600  | Black or African American  | 203  | Korean      | 700  | White (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |
| 207  | Cambodian  | 206  | Laotian     |      |   |
| 201  | Chinese  | 299  | Other Asian |      |   |
| 400  | Filipino/Filipino American   |      |             |      |   |

\*Home Language Correspondence: If other language indicated is not available for correspondence, written correspondence will be in English.

**PREVIOUS SCHOOL(S) ATTENDED: (For purpose of requesting transcripts and/or folders only)**

| SCHOOL NAME<br>(Begin with most recent) | DISTRICT | CITY/STATE | DATES ATTENDED<br>(Month/Year) |
|---|----------|------------|--------------------------------|
|   |          |            |                                |
|   |          |            |                                |
|   |          |            |                                |
|   |          |            |                                |
|   |          |            |                                |
|   |          |            |                                |
|   |          |            |                                |



COMMUNITY SCHOOL REFERRAL

Student's Name: Last First Middle A.K.A. CALPADS SSID #:
D.O.B. Grade: Hm. Phone: Cell Phone:
Last School Attended: Last District Attended:
Parent Guardian Caregiver Name: Private/Charter: Yes No
Address: City: Zip

Please attach following items: Attendance Record, Immunization Certificate, Current Transcript, Proof of withdrawal from last school of attendance, Copy of IEP and/or other reports (if applicable), ELPAC/CELDT results, AB 216, 167, 1806, 2306 paperwork (if applicable)
Please provide the following information: Special Education Yes No (If Yes), SAI DIS. S/L DIS/PSY, DIS/HEALTH DIS/Counseling, District Sp. Ed. History-Exited, Transition to ACCESS, IEP Date, Enrolled in U.S. Schools less than 3 Cumulative Years, ELPAC/CELDT-Language Proficiency English Only (EO) Unknown, Initially Fluent English Proficient (IFEP), Initial Identification Date Tested, Redesignated Fluent English Proficient (RFEP), Redesignated by District/Date, English Learner (EL), ELPAC/CELDT Proficiency Level, 1st year enrolled in school in U.S., Year enrolled in California Public School

REASON FOR REFERRAL: Disruptive Behavior Teen Parent Inability to function appropriately in school Parent Request, Substance Abuse Special Education Needs Expulsion Mandatory Non-Mandatory Runaway, Medical Social Services, Truancy (4 Dates:), Other (Describe):

ATTEMPTED INTERVENTIONS: Educational Counseling SARB, Schedule Modifications Suspension days, Parent Conferences Other
PREVIOUS EDUCATIONAL ALTERNATIVES: Continuation High School Work Experience, Adult Education ESL/LEP Bilingual, R.O.P. Other

Comments: N/A for Pacific Coast High School

RECOMMENDATION: ADMIN UNIT: Area #1 Area #2 Area #3 CHEP/PCHS Sunburst

Table with 2 columns: Please check box if applicable: (For Office Use Only) and Section 1981 (c). Rows include Section 1981 (a) District Expulsion, Section 1981 (b) SARB, and Section 1981 (d) Parental Request/District Approval.

REFERRAL - REVIEW & CERTIFICATION

Referring District/School Pacific Coast High School, Print CWA/Designee Name and Title Machele Kilgore, Principal, Signature, Date
OCDE Representative, Print Name and Title, Signature, Date
Probation Representative, Print Name and Title, Signature, Date
Certified pursuant to Orange County Juvenile Court Order Filed December 21, 2001
Juvenile Court Representative
Parent Guardian Caregiver, Date
Student Signature, Date