



**ORANGE COUNTY DEPARTMENT OF EDUCATION
PACIFIC COAST HIGH SCHOOL
MASTER AGREEMENT**

FOR OFFICE USE ONLY

Trimester 1:	Trimester 2:	Trimester 3:	Year Total:
Student Start Date:			

Dates:

Trimester 2: 8/22/2022 – 1/13/2023

Trimester 3: 1/19/2023 – 6/7/2023

PLEASE PRINT CLEARLY

Student Name: <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;">Last NameFirst NameMiddle Name</div>	Grade:
District of Residence:	Date of Birth:

This agreement will be in effect during the **2022-2023** school year. This agreement covers Tri 2 and 3, the fall and spring semesters. Students will be provided with teacher support services, curriculum, and related instructional material. Students will be provided with technology and Wi-Fi devices needed to complete assignments. Student supports will be provided thru support staff (clinicians, school counselor, school nurse, program/course changes, tutors, or other LEA staff) as determined by program evaluation process, and for English learners, individuals with exceptional needs in order to be consistent with the pupil's individualized education program or plan pursuant to Section 504 of the federal Rehabilitation Act of 1973 (29 U.S.C. Sec. 794), pupils in foster care or experiencing homelessness, and pupils requiring mental health supports. 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, other student support/Instructor and student registration forms.

- Student/parent understands that this enrollment is for a period of one school year, fall and spring semester.
- Student/parent understands continued enrollment will be based on the determination of appropriate placement and satisfactory education progress.
- 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. If a student requests to be returned to in-person instruction, we will support their return to their district classroom within 5 days.
- 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. Satisfactory educational progress will be monitored by faculty advisors and course teachers. (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

Student Name:	Grade:
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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 dis-enroll at any time. I will be returned to classroom instruction at my district of residence within 5 days.
- 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. (SBAC)

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.
- 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. (SBAC, Physical Fitness Test)

YES	NO	CHECK IF 'YES' OR 'NO' FOR EACH STATEMENT
		Does the student have an active IEP? (Spec Ed Plan)
		Does the student have a 504 Plan?
		Is the student a potential NCAA Athlete?

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 live contact/assignments with their teachers/staff 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. **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, OBJECTIVES

Every course syllabus outlines the study expectations for the course. A course syllabus will be provided for every course. The syllabus will include course objectives and expectations, study methods, due dates, resources supplied, grading policy, manner and frequency of assignments, teacher contact information, academic support, and other information necessary for student success in the course. Course objectives will be consistent with the guidelines established in the PACIFIC COAST HIGH SCHOOL (PCHS) Course Catalog for high school independent study.

METHODS OF EVALUATION

Including, but not limited to: 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. Student level of satisfactory academic progress will be reported within their online course gradebook, teacher gradebooks, communication with course teacher via course communication, email or phone, and report cards.

PCHS POLICIES AND STUDENT SUPPORT

- Student Assignments: The parent/or tutor agrees to provide assistance and support, and is required to check for

Student Name:	Grade:
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completion and quality of assigned work on a regular basis.

- Any work turned in after 3:00 p.m. on due dates will be marked late.
- Students are to be picked up and dropped off within 15 minutes of their on-campus class, seminar, lab, or tutorial.
- Modest dress code will be enforced. No clothing of any kind with alcohol, tobacco, or inappropriate messages will be allowed.
- All students in grades 9-12 are required to take all (SBAC, Physical Fitness) state designated tests.
- Parents and students agree to support the rules and regulations of PCHS.
- I understand PCHS will contact me by phone, email, text, letter; I understand I can submit a letter if I do not want a specific form of communication.
- Parent/Teacher/Student conferences can be requested at any time.
- Student and Parent must attend a mandatory orientation meeting prior to enrollment.
- If it is determined the student is not making progress, the teacher may evaluate the student for continued enrollment, begin a tiered re-engagement process, or hold a parent/pupil/educator conference (SST/SIT) to determine support or actionable next steps.

YES	NO	CHECK IF 'YES' OR 'NO' FOR EACH STATEMENT
		Student has adequate access to internet
		Does the student have adequate technology

****If NO, these will be offered to the student with a student/parent agreement***

I have read all pages of this agreement and hereby agree to all the conditions set forth within, including those in the subsidiary forms. Electronic signatures are accepted and have the same policy, force, and effect as handwritten signatures.

Student Signature

Date

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

Date

Faculty Advisor

Date

Other Signature

Title

Date

Other Signature

Title

Date

See subsidiary form OTHER STUDENT SUPPORT/INSTRUCTOR for other teacher signatures and dates

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: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other* _____ (refer to back of form)	
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 If yes, indicate name used in the prior enrollment: _____				
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	Birth Date: _____	Grade: _____	Lives With: Mother <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____ ()		Father's Work Phone: _____ Ext: _____ ()		Mother's Work Phone: _____ Ext: _____ ()
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: _____
Residence – where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box: <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) _____				
WHAT IS YOUR CHILD'S ETHNICITY? Mark the ethnicity with which the student most closely identifies (Please check one): <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				
WHAT IS YOUR CHILD'S RACE? (Select up to five racial categories, refer to back of form) <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 If not born in the U.S., what month/year did your child... Enter the U.S? _____ <input type="checkbox"/> Yes, ID: ... 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 (Begin with most recent)	DISTRICT	CITY/STATE	DATES ATTENDED (Month/Year)

**PARENT OR GUARDIAN ACKNOWLEDGMENT OF RECEIPT
OF ANNUAL RIGHTS AND RESPONSIBILITIES NOTIFICATION**

Detach, sign, and return this page to your child's school.

By signing below I indicate I have read the attached Notice. My signature does not mean I have consented to my child's participation in any particular program or activity.

Student's Name: _____

School: _____ Pacific Coast High 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:

CONTINUING MEDICATION

Student's Name: _____

Student is on a continuing medication program: (Please check one) YES _____ NO _____

If **YES**, by signing below you have my permission to contact student's physician:

Physician's Name _____ Telephone: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Signature of Parent or Guardian: _____ Date: _____

RELEASE OF DIRECTORY INFORMATION

If you do not wish directory information released (page 3), please sign where indicated below and ensure receipt of this form by the school office within the next 30 days. Note: by signing below 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 _____
(Student'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

Image Reproduction/Media Release Form

(Minor)

I, _____, hereby ☐ give ☐ do not give permission, without restriction, to
(Print minor's Last name, First name, Middle)
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 **2022-2023** school year at Pacific Coast High School 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 Last name, First Name, Middle)
, 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 **2022-2023** school year at Pacific Coast High School 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)

Pacific Coast High School

Individualized Learning Plan

Student Name _____ DOB _____ Grade: _____
Last Name First Name

Goals While Attending PCHS

Academic Success – Graduation Date Goal

- ☐ Have a GPA of 2.5 or better
- ☐ Complete all assignments
- ☐ Complete the necessary courses each semester to lead to graduation
- ☐ Have strong Math & Writing Skills

College & Career Readiness

- ☐ Take a community college course
- ☐ Meet with the college counselor to make a plan
- ☐ Complete a career assessment
- ☐ Apply for a job
- ☐ Attend a college fair or tour a college campus

Life Skill Goals & Personal Growth

- ☐ Time Management
- ☐ Money Management
- ☐ Communication Skills
- ☐ Self Directed/Engaged Learning

School & Community Involvement

- ☐ Participate in a school club or activity
- ☐ Complete community service/Volunteer

Transition Plan - 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
_____ Travel
_____ Other _____

Student Signature _____ Date: _____

Teacher Signature _____ Date: _____



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

PERMISSION FOR COUNSELING AND RELATED SERVICES

In an effort to maximize a student's success in the academic setting, counseling and a variety of other opportunities and programs are made available to students enrolled in the Alternative, Community, and Correctional Education Schools and Services (ACCESS). This form grants permission for these services at no cost to you.

Individual and group counseling services may be available by a licensed Marriage and Family Therapist (MFT) or a Licensed Clinical Social Worker (LCSW). Masters level professionals and graduate student interns, under the supervision of licensed personnel, may also provide counseling for the students. Information discussed in counseling sessions will remain confidential except those issues mandated by law to report, for example, incidents of child and elder abuse as well as thoughts and plans of suicide and homicide.

I do ☐ I do not ☐ give permission for my child/myself to receive individual and/or group counseling services.

Parent/Guardian Signature

Date

Other opportunities and programs may include counseling for family planning, HIV/AIDS and sexually transmitted disease awareness and prevention, life skills, self esteem, and sex education.

As a parent/guardian, you have the right to review sex education and other educational materials to be presented to you/your child.

I do ☐ I do not ☐ give permission for my child/myself to participate in courses which include sex education.

Parent/Guardian Signature

Date

It is the policy of the Orange County Department of Education to work closely with individuals, parents, and families to address student needs. It has been our experience that working together provides the best avenue for positive growth and change. Occasionally, you/your child may be requested to complete opinion surveys on a variety of topics.

I do ☐ I do not ☐ give permission for my child/myself to participate in opinion surveys.

Parent/Guardian Signature

Date

Student Signature – I have read and understand all of the above.

Date



RELEASE OF STUDENT DIRECTORY INFORMATION TO POST-SECONDARY
RECRUITERS
EXEMPTION FROM DISCLOSURE FORM

Dear Parent/Legal Guardian/Students 18 or older:

Under the federal Elementary and Secondary Education Act (*ESEA*), as amended by the *Every Student Succeeds Act (ESSA)*, requires public high schools to provide post-secondary recruiters, upon request, with the names, addresses and telephone numbers of enrolled high school students. Post-secondary recruiters include: schools, colleges, universities, the armed services, prospective employers. The student's contact information will appear on the requested lists unless parent, legal guardian, or student who is 18 or older has advised the school they do not want their student's information disclosed without their prior written consent.

If you choose to have your student's directory information removed from any or all of the post-secondary recruiters lists please check the appropriate box or boxes below. This signed form must be returned to in order for the request to be activated.

- ☐ DO NOT release student contact information to Military Recruiters.
- ☐ DO NOT release student contact information to College/University Recruiters.
- ☐ DO NOT release student contact information to prospective employers.

If you have any questions please contact the ACCESS program Attendance and Records Center at (714) 547-9972.

Student Name: _____ DOB: _____

Parent/Guardian Name: _____

Parent/Guardian/Student 18 or older Signature: _____

Telephone #: _____ Cell: _____ Email: _____

Teacher Name: _____

Office use only: Date received: _____ Entered in SIS by: _____



**ORANGE COUNTY
DEPARTMENT
OF EDUCATION**

200 KALMUS DRIVE
P.O. BOX 9050
COSTA MESA, CA
92628-9050

(714) 966-4000

FAX (714) 432-1916

www.ocde.us

AL MIJARES, Ph.D.
County Superintendent
of Schools

**ORANGE COUNTY
BOARD OF EDUCATION**

MARI BARKE

REBECCA "BECKIE" GOMEZ

TIM SHAW

LISA SPARKS, Ph.D.

KEN L. WILLIAMS, D.O.

Dear Parent/Guardian:

With the beginning of the 2013-2014 school year, the state of California has implemented a new method of funding school districts and county offices of education called the Local Control Funding Formula (LCFF). The California Legislature approved the new funding method on June 14, 2013, and Governor Brown signed the bill on July 1, 2013.

The LCFF represents a historic shift in how California funds public schools and will replace the old formula for public school funding that was established under Governor Ronald Reagan in the 1970's. The LCFF presents an equally historic opportunity for local education agencies to improve student outcomes, close achievement gaps, and increase the level of communication between schools and the communities they serve.

The LCFF is a weighted student formula that recognizes that low-income students, English learners, and foster youth need extra support. To provide this extra support, the new funding formula will make available additional funds to county offices and school districts for these students.

The Orange County Department of Education (OCDE), Division of Alternative Education (ACCESS), already collects information and data on students classified as English Language Learners and those students who are identified as Foster Youth. ACCESS has not collected information regarding students who are from low-income families. In order for ACCESS to receive this additional funding to provide extra support, we are required to identify any families who qualify as a low-income family.

In an effort to identify low-income students for accountability and funding purposes only, the ACCESS program is requesting all families to complete the enclosed "LOW-INCOME ACCOUNTABILITY AND FUNDING ELIGIBILITY FORM" for each student enrolled in ACCESS. Please read the form carefully, complete it, and return with the other enrollment documents you have been given to fill out.

You will see an eligibility scale on the back of the form related to household income. The form itself does not ask for a specific income amount. It asks which income range you are in. If your income does not fit in any of the ranges on the eligibility scale then simply check, "Student does not meet the criteria as outlined above." You are not being asked to reveal your specific household income. Family size and household income will remain strictly confidential and will not be shared for any purpose. Your privacy is extremely important to us.

If you do not fit in one of the eligibility ranges now, but in the future there are reductions in your household income such as the loss of a job, your family size increases, you become eligible for Food Stamps, CalWORKS, Kin-GAP, or FDPIR benefits; you may submit another form at that time.

Cordially,

Dr. Jeff Hittenberger, Chief Academic Officer

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

**LOCAL CONTROL FUNDING FORMULA
LOW-INCOME ACCOUNTABILITY AND FUNDING ELIGIBILITY 22-23**

In an effort to identify low-income students based on the Local Control Funding Formula (LCFF) for accountability and funding purposes only, please complete this form for each student enrolled.

Name of Student: _____ Date of Birth: _____

Parent/Guardian/Caregiver Name: _____

School/Administrative Unit: Pacific Coast High School / AREA 5

Please check the one that apply to the above student:

☐ Household member receives one of the following benefits. Please check one:
☐ CalFresh – Case # _____ ☐ Kin-GAP – Case # _____
☐ CalWORKS – Case # _____ ☐ FDPIR – Case # _____

☐ Foster Care Child or Child placed in out-of-home care (is under the legal responsibility of a foster care agency or court).

☐ Child is: ☐ Homeless*¹ ☐ Runaway*² ☐ Migrant *³

☐ Meets the FRPM income eligibility based on the “FRPM Income Eligibility Scales” (see back of form):
☐ FM Eligibility Scale ☐ RM Eligibility Scale

☐ Student does not meet the criteria as outlined above.

I certify (promise) that all of the above information is true and correct and that all income was included when determining income eligibility. I understand that this information is given in connection with the receipt of state funds and school officials may verify the information at any time, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and federal laws.

Print name of adult household member completing this form: _____

Signature of adult household member completing this form: _____

Date Signed: _____

Street Address, Apt#, etc. City State Zip

Home Phone Number Cell Phone Number Email Address

*School official use: Verification completed by school ¹Homeless Liaison, ²local educational liaison, ³local Migrant Education Program (MEP) coordinator or Homeless Liaison. _____ Yes, student qualifies under the status definition _____ No, student does not qualify,

FRPM Income Eligibility Scales for 2022-23

Effective July 1, 2022, through June 30, 2023, participants from households with incomes at or below the following levels qualify under the supplemental/concentration grant funding.

Note:

The income calculations are based on annual figures and the following formulas: Monthly = annual income divided by 12; Twice Per Month = annual income divided by 24; Every Two Weeks = annual income divided by 26; and Weekly = annual income divided by 52. All dollar amounts are rounded up to the next whole dollar.

Income from **all members of the household** must be included in the calculation.

Income to include, but not limited to: Gross earnings from work (amount earned before taxes and other deductions), Pensions, Retirement, Social Security, Supplemental Security Income (SSI), VA benefits, Welfare Benefits, Child Support, Alimony payments, Disability Benefits, Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, cash withdrawn from savings, interest and dividends, income from estates, trusts, and investments, net royalties and annuities, net rental income and any other income, including temporary income.

Do not include income from CalFresh, CalWorks, Kin-GAP, FDPIR, WIC, Federal education benefits, and foster payments received by your family from the placing agency, Military Privatized Housing Initiative or combat pay.

Please circle the household size and household income range.

PLEASE INITIAL		FM ELIGIBILITY SCALE					RM ELIGIBILITY SCALE				
HOUSEHOLD SIZE	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK	
1	\$17,667	\$1,473	\$737	\$680	\$340	\$25,142	\$2,096	\$1,048	\$967	\$484	
2	\$23,803	\$1,984	\$992	\$916	\$458	\$33,874	\$2,823	\$1,412	\$1,303	\$652	
3	\$29,939	\$2,495	\$1,248	\$1,152	\$576	\$42,606	\$3,551	\$1,776	\$1,639	\$820	
4	\$36,075	\$3,007	\$1,504	\$1,388	\$694	\$51,338	\$4,279	\$2,140	\$1,975	\$988	
5	\$42,211	\$3,518	\$1,759	\$1,624	\$812	\$60,070	\$5,006	\$2,503	\$2,311	\$1,156	
6	\$48,347	\$4,029	\$2,015	\$1,860	\$930	\$68,802	\$5,734	\$2,867	\$2,647	\$1,324	
7	\$54,483	\$4,541	\$2,271	\$2,096	\$1,048	\$77,534	\$6,462	\$3,321	\$2,983	\$1,492	
8	\$60,619	\$5,052	\$2,526	\$2,332	\$1,166	\$86,266	\$7,189	\$3,595	\$3,318	\$1,659	
For each additional family member, add:											
	\$6,136	\$512	\$256	\$236	\$118	\$8,732	\$728	\$364	\$336	\$168	

- Household is synonymous with family and means a group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit sharing housing and all significant income and expenses. This scale does not apply to households that receive Supplemental Nutrition Assistance Program (SNAP) benefits—known as CalFresh in California, Food Distribution Program on Indian Reservations (FDPIR) benefits, or children who are recipients of Temporary Assistance for Needy Families—known as CalWORKs in California. Those children are automatically eligible for free meal benefits.
- In the Adult Care Component of the Child and Adult Care Food Program, a household includes the adult participant and, if residing with the participant, the spouse as well as any persons who are economically dependent on the adult participant. This scale does not apply to members of SNAP households, or recipients of Supplemental Security Income, Medicaid (Known as Medi-Cal in California), or FDPIR benefits. Those participants are automatically eligible for free meals.



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 # ()	STUDENT CELL PHONE# ()
COMPLETE ADDRESS (STREET, CITY, ZIP)			STUDENT EMAIL ADDRESS	FOSTER HOME YES <input type="checkbox"/> NO <input type="checkbox"/>
DISTRICT OF RESIDENCE	LANGUAGE SPOKEN AT HOME	BIRTH DATE	AGE	BIRTHPLACE
PARENT(S) LEGAL GUARDIAN RESPONSIBLE FOR PUPIL	BUSINESS ADDRESS OR HOME ADDRESS IF OTHER THAN ABOVE		BUSINESS PHONE #/ BUSINESS HOURS	CELL PHONE #/ EMAIL ADDRESS
FATHER	-----		() HRS: -----	() E: -----
MOTHER	-----		() HRS: -----	() E: -----
OTHER (SPECIFY RELATIONSHIP)	---		() HRS: -----	() E: -----
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 RESTRICTIONS 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 95.8 of the Civil Code of California.

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