



ORANGE COUNTY DEPARTMENT OF EDUCATION
PACIFIC COAST HIGH SCHOOL
MASTER AGREEMENT
2024-2025

FOR OFFICE USE ONLY Dates: **Trimester 2: 8/19/24 – 1/10/2025**
Trimester 3: 1/15/2025 – 6/3/2025

Trimester 1:	Trimester 2:	Trimester 3:	Year Total:
Student Start Date:		Early Withdraw Date (if applicable):	

STUDENT AND PARENT/GUARDIAN/CAREGIVER CONTACT INFORMATION

STUDENT NAME:	AGE:	DOB:
STUDENT EMAIL ADDRESS	STUDENT PHONE	GRADE
ADDRESS:		
PARENT/GUARDIAN/CAREGIVER 1:	PARENT/GUARDIAN/CAREGIVER PHONE 1: () PARENT/GUARDIAN/CAREGIVER 1 EMAIL ADDRESS	
PARENT/GUARDIAN/CAREGIVER 2:	PARENT/GUARDIAN/CAREGIVER PHONE 2: () PARENT/GUARDIAN/CAREGIVER 2 EMAIL ADDRESS:	

Student and parent/guardian/caregiver understand and agree to the following:

A. CONDITIONS OF THE INDEPENDENT STUDY AGREEMENT

1. Independent study is an optional alternative instructional strategy by which enrolled students may achieve the level of educational rigor and content aligned to grade level standards substantially equivalent to in-person instruction.
2. High school students participating in independent study shall have access to all courses offered for graduation and approved by the University of California or the California State University as creditable under the A–G admissions criteria.
3. No student may be required to participate in independent study. A classroom option is continuously available should student choose to no longer participate in independent study. If a student is referred or assigned to independent study pursuant to Education Code section 48915 (expulsion) or Education Code section 48917 (suspended expulsion), independent student may be provided only if the student is offered the alternative of classroom instruction.
4. Continued enrollment in independent study will be based on the determination of appropriate placement and satisfactory educational progress.
5. Student may not be concurrently enrolled as a full-time student in any other public school, including a public charter school.

Student Name:	
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6. An individual with exceptional needs, as defined in Section 56026, may participate in independent study, if the pupil's individualized education program specifically provides for that participation.
7. No independent study agreement is valid for any period longer than one school year.
8. Student agrees to follow all policies and guidelines of Pacific Coast High School and the Orange County Department of Education.
9. Student agrees to attend and participate in synchronous instruction and/or live interaction opportunities as required.

B. ASSIGNMENTS

1. Frequency of Assignments: Student agrees to complete assigned independent asynchronous work at least weekly unless otherwise directed by the teacher or course syllabus.
2. Submission of Assignments: Assignments may be submitted as directed in course syllabus, to include possibly, in-person, via e-mail, OCDE designated online platform unless otherwise directed by the teacher, US mail, or other means pre-approved by the teacher.
3. Maximum Length of Time: Assignments must be completed and submitted within a maximum period of one month from the date the work is assigned. Under specific circumstances, the County Superintendent or their appointee may allow for a longer period of time, up to the agreement's termination date.

C. OBJECTIVES AND METHODS OF STUDY

1. Each course includes an assignment record and/or syllabus (collectively referred to as, "Supplemental Documents") 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. The syllabi and subsidiary documents include course descriptions, course standards/objectives, participation requirements, study methods, and other information necessary for student success in the course.
2. The objectives and methods of study for each course are on the website links below and are incorporated by reference as Supplemental Documents to this Independent Study Master Agreement. These can be reviewed on the Pacific Coast High School website (<http://pchs.k12.ca.us/>) under the "Forms" tab or following this direct link: <http://pchs.k12.ca.us/forms/>.

D. SATISFACTORY EDUCATIONAL PROGRESS

1. When a student fails to make satisfactory educational progress or fails to complete four consecutive independent study assignments during the agreed assignment period, an evaluation will be conducted to determine whether it is in the student's best interest to remain on independent study.
2. Satisfactory educational progress will be measured by: (1) the student's achievement and engagement in the independent study program, (2) completion of assignments, assessments, or other indicators that evidence the student is working on assignments, (3) learning concepts as determined by the supervising teacher, and (4) progress towards successful completion of the course of study as determined by the supervising teacher.
3. Satisfactory educational progress will be monitored by faculty advisors and course teachers. A written evaluation as to whether the student is making satisfactory educational progress will determine if the student should remain in independent study or return to a regular school program. The evaluation record will be considered a mandatory interim pupil record and must be maintained for a period of three years from the date of the evaluation.

High school credits assigned are approximately 60 credits a year. The student will be expected to complete 60 or more credits in graduation requirement courses to continue making satisfactory progress. See Course Registration Form.

E. EVALUATION AND ACADEMIC PROGRESS

1. Method of Evaluation: Evaluation indicators include assignment completion, demonstration of skill, written test/report, student log, presentation, slide show, oral test/report and/or other methods identified in the course contract. Late penalties may occur for work submitted after the due date.
2. Reporting Academic Progress: Academic progress may be reported via the student's assignment records, OCDE designated platforms, and/or during weekly check-ins with the teacher.
3. Communication with Parent/Guardian/Caregiver: Parents may participate in the check-in meetings between the student and teacher. Parents and teachers may communicate via email and telephone calls during school hours.

F. ACADEMIC RESOURCES AND OTHER SUPPORTS

1. Available Resources: Students may be provided academic and support services from certificated teachers, mental health service providers, school counselors, school nurses, tutors, and/or other school staff. In addition to personalized support, students may also receive curriculum and related instructional materials, such as textbooks, workbooks, access to online platforms and digital resources, access to libraries or e-libraries and other educational software.
2. Technology and Internet: Students may be provided with the connectivity and devices adequate to participate in the educational program and complete assigned work.
3. Academic and Other Supports: Students who are not performing at grade level, or need support in other areas, such as English learners, individuals with exceptional needs in order to be consistent with an individualized education program (IEP) or Section 504 plan, pupils in foster care or experiencing homelessness, and pupils requiring mental health supports have access to multi-tiers of intervention, including targeted and differentiated instruction, individualized or small group academic support and virtual intervention programs.

STUDENT'S AGREE

- 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).
- 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.
- Modest dress code will be enforced. No clothing that reveals undergarments, or any kind with alcohol, tobacco, or inappropriate messages will be allowed. Student will be warned and sent home.
- Student and Caregiver will attend a 'Student Intervention Team' (SIT) meeting if pupil fails to generate attendance for more than 10% of required minimum instructional time over four continuous weeks of the school calendar or is non-participatory in synchronous instructional offerings for more than 50% of the scheduled times of synchronous instruction in a school month as applicable by grade span, or are in violation of the Independent Study Master Agreement. The Tiered intervention will include; the verification of current contact info, the verbiage in Master Agreement, review needs including health and social service support, the learning plan impact on academics and well being, possible revocation of work permit, possible termination of the agreement and recommendation to return to district.
- I understand participation in all state mandated testing is expected. (SBAC, Physical Fitness Test, ELPAC)

PARENT'S AGREE

- Student Assignments: The parent/or tutor agrees to provide assistance and support, and is required to check completion and quality of assigned work on a regular basis.
- 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 agree to support the rules and guidelines established for student safety, success and student behavior while enrolled in PCHS.

Student Name:	
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- Students are to be picked up and dropped off within 15 minutes of their on-campus class, seminar, lab, or tutorial.
- 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.
- Student must participate in all State testing as a condition of enrollment (SBAC, Fitness, ELPAC)

YES	NO	<i>CHECK IF 'YES' OR 'NO' FOR EACH STATEMENT</i>
		Does the student have an active IEP? (Spec Ed Plan)
		Does the student have a 504 Plan?
		Is the student a potential NCAA Athlete?
		Does the student have adequate access to the internet?
		Does the student have adequate access to technology devices?

G. SIGNATURES

This Agreement is entered into voluntarily by all parties and signifies their commitment to the terms and conditions herein, including the Subsidiary Documents, incorporated above.

Name (Printed)	Signature	Date
Student _____		
Parent/Guardian/Caregiver _____		
Supervising Certificated Teacher _____		
Special Education Certificated Employee (if applicable) _____		



PCHS - Fall (Trimester 2) 2024 - Requested Courses

See [Available](#) or [Suggested Courses](#)



Student Name: _____ Grade: _____

Student Email: _____ Faculty Advisor: _____

Course Title	Credits	✓ Repeat Course	Course Type	Length of Course
(English-please fill in)			<input type="checkbox"/> Online <input type="checkbox"/> Hybrid *Time:	Full trimester
(Math-please fill in)			<input type="checkbox"/> Online <input type="checkbox"/> Hybrid *Time:	Full trimester
(Science-must have 10 Phys. & 10 Life to graduate)			<input type="checkbox"/> Online <input type="checkbox"/> Hybrid *Time:	Full trimester
(World Language or Fine Arts-please fill in)			<input type="checkbox"/> Online <input type="checkbox"/> Hybrid *Time:	<input type="checkbox"/> Full trimester <input type="checkbox"/> Quarter 1 or <input type="checkbox"/> Quarter 2
(Additional Elective-please fill in)			<input type="checkbox"/> Online <input type="checkbox"/> Hybrid *Time:	<input type="checkbox"/> Full trimester <input type="checkbox"/> Quarter 1 or <input type="checkbox"/> Quarter 2
(Additional Elective-please fill in)			<input type="checkbox"/> Online <input type="checkbox"/> Hybrid *Time:	<input type="checkbox"/> Full trimester <input type="checkbox"/> Quarter 1 or <input type="checkbox"/> Quarter 2
(Additional Elective-please fill in)			<input type="checkbox"/> Online <input type="checkbox"/> Hybrid *Time:	<input type="checkbox"/> Full trimester <input type="checkbox"/> Quarter 1 or <input type="checkbox"/> Quarter 2

Total credits: _____

*Complete if applicable

Student is preparing to enroll in: Community College OR 4-year College after H.S. graduation

NOTE: Parents – by submitting this document you acknowledge the following:

- **Courses are filled on a first come, first served basis.**
- PCHS students must be enrolled in at least 20 credits of PCHS courses, per semester, to attend PCHS.
- Students may add electives to the required courses above - refer to the Fall schedule.
- Students and Parents are responsible to list any repeated classes due to failure or low grades.
- Students and Parents are responsible to monitor errors, omissions or changes to the student’s schedule to ensure all graduation requirements are met.
- Parents and Students are responsible to plan ahead for the student’s future and/or college preparations, including, meeting the [requirements for entrance to the University of California Colleges and California State Colleges](#). Students applying to a four-year college directly after high school graduation should use the [Graduation Checklist](#).
- Please [contact](#) the student’s Faculty Advisor for assistance.

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* _____ <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 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 Education Level <small>(refer to back)</small> Parent/Guardian 1: Parent/Guardian 2:	
Name of 1: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caregiver						
Name of 2: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caregiver						
Primary Contact Number: () ()		Father's Work Phone: () ()		Ext:	Mother's Work Phone: () ()	
Mailing Address			Apt	City		Zip Code
Residence Address (If different than above)			Apt	City		Zip Code
P/G/C 1 Cell Phone: () ()		P/G/C 2 Cell Phone: () ()		Student's Cell Phone: () ()		
FP/G/C 1 Email Address:		P/G/C 2 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 <input type="checkbox"/> Yes, ID:	If not born in the U.S., what month/year did your child... Enter the U.S.? _____ ... 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	DATE ATTENDED DATE --- (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 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 2024-2025 school year at Pacific Coast High School by, or on behalf of, Orange County 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 _____, 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 2024-2025 school year at Pacific Coast High School by, or on behalf of, Orange County 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, _____ 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 _____ Last Name First Name _____ DOB _____ Grade: _____

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: _____



FOR SCHOOL USE ONLY
 ACCESS Area #: _____
 Permanent ID: _____
SHQ is CONFIDENTIAL. Do not place in cumulative file.

STUDENT HOUSING QUESTIONNAIRE

First name: _____ Last name: _____
 Date of birth: _____ Age 18+
 Parent/guardian name(s): _____
 Current address: _____ Phone: _____
 Email: _____ Student phone: _____
 Effective date (date of enrollment or housing status change): _____

The information provided below will help the McKinney-Vento Liaison determine what services you and/or your child may be eligible to receive. This could include additional educational services through Title I, Part A and/or the federal McKinney-Vento Assistance Act. The information provided on this form will be kept confidential and only shared with appropriate school district and site staff.

Presently, are you or your family living in any of these situations? (please select current nighttime residence):

- Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or Federal Emergency Management Agency (FEMA) trailer
- Sharing housing with other(s) due to loss of housing, economic hardship, natural disaster, lack of adequate housing, or similar reason (doubled-up)
- Living in a car, park, campground, abandoned building, or other inadequate accommodations (for example, lack of water, electricity, or heat)
- Temporarily living in a motel or hotel due to loss of housing, economic hardship, natural disaster, or similar reason
- Living in a single-home residence that is permanent

Are there children in the family under the age of 5? YES NO Names and ages: _____

Additional Information (please check all that apply):

- Migrant (child/youth or parent is migratory agricultural worker AND qualifies for McKinney-Vento)
- Emerging Bilingual (English Language Learner)
- Child/youth with disabilities (Special Education)
- Foster Youth
- Unaccompanied Youth (under the age of 18 and living apart from parent(s) or guardian(s))

The undersigned certifies that the information provided is correct and accurate.

Signature: _____ Date: _____

Parent/guardian Student Teacher School Counselor McKinney-Vento Liaison or designee

You or your child or children may have the right to:

- Immediate enrollment in the school they last attended (school of origin) or the local school where you are currently staying, even if you do not have all the documents normally required at the time of enrollment
- Continue to attend their school of origin, if requested by you and it is in the best interest of the student
- Receive transportation to and from their school of origin, the same special programs and services, if needed, as provided to all other children, including free meals and Title I
- Receive the full protections and services provided under all federal and state laws, as it relates to homeless children, youth, and their families

If you have any questions about these rights, please contact one of the ACCESS McKinney-Vento Liaisons:

Wendy Rogan at (714) 836-1563 or wrogan@ocde.us / Mickey DeLaCruz at (714) 245-6429 or mdelacruz@ocde.us

For additional information and resources, please visit the ACCESS McKinney-Vento webpage at

<https://ocde.us/ACCESS/Pages/ACCESS-McKinney-Vento-Educational-Services.aspx>



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"/>	TELEPHONE #	STUDENT CELL PHONE#
		FEMALE <input type="checkbox"/>	()	()
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
PARENT/GUARDIAN/CAREGIVER <i>1</i>	-----		() HRS: -----	() E: -----
PARENT/GUARDIAN/CAREGIVER <i>2</i>	-----		() 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 #		
<input type="checkbox"/> My child wears the following type(s) of emergency identification: <input type="checkbox"/> None <input type="checkbox"/> Bracelet <input type="checkbox"/> Necklace <input type="checkbox"/> 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 25.8 of the Civil Code of California.

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