



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

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

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

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

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

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

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

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

**Parent's agreement**

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

**Student's agreement**

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

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

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



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

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

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

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

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

**Method of Study**

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

**Methods of Evaluation:**

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

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

**PCHS Policies**

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

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

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

DATE \_\_\_\_\_

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

DATE \_\_\_\_\_

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

TUTOR \_\_\_\_\_

DATE \_\_\_\_\_

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

DATE \_\_\_\_\_

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



WILLIAM M. HABERMEHL  
County Superintendent of Schools

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

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

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

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

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

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

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

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

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

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

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

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

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

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	
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:					
Sex: <input type="checkbox"/> -Male <input type="checkbox"/> -Female	Birth Date:	Grade:	If 9 <sup>th</sup> grade or greater, initial 9 <sup>th</sup> grade entry year:		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					
Home Phone: ( )	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:	
<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) <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> <b>Selection: One:_____ Two:_____ Three:_____ Four:_____ Five:_____</b>					
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 U.S.?		1st enrolled in a U.S. school?	1st enrolled in a California school?	

**FOR OFFICE USE ONLY**

Enrolled By:		Social Worker/ Probation Officer:			
Referrer: <input type="checkbox"/> -Social Services <input type="checkbox"/> -Probation <input type="checkbox"/> -District 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:		PAR/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:			
CELDT-Language Proficiency as indicated on Referral:				<b>ACCESS Form109:1/26/2010</b>	

ACKNOWLEDGMENT OF PARENT OR GUARDIAN OF ANNUAL RIGHTS NOTIFICATION

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

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

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

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

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

PLEASE COMPLETE THE FOLLOWING IF APPLICABLE:

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

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

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

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

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

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

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

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

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



WILLIAM M. HABERMEHL  
County Superintendent of Schools

*Orange County Department of Education*

**Image Reproduction/Media Release Form**

**(Minor)**

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

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

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

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

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

**(Parent/Guardian)**

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

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

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

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

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



Orange County Department of Education

# Pacific Coast High School

## Individualized Learning Plan

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

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

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

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

## Criteria For Success – PCHS ESLRs

### Expected School Wide Learning Results

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

## Goals While Attending PCHS

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

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

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

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

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

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

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

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

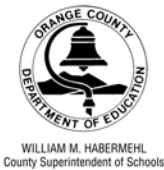
## Transition Plan After PCHS

Please check as many as apply

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

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

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



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

**HOME LANGUAGE SURVEY**

Name of Student: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Month Day Year

Place of Birth: \_\_\_\_\_  
City State Country

School Site: \_\_\_\_\_

Foreign Born:

- Date student first entered the USA \_\_\_\_\_  
Month Day Year
- Date student first entered a school in the USA \_\_\_\_\_  
Month Day Year
- Date student first entered a California school \_\_\_\_\_  
Month Day Year

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

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

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

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

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





ORANGE COUNTY DEPARTMENT OF EDUCATION  
PACIFIC COAST HIGH SCHOOL  
**PARENT AND STUDENT ROLES & RESPONSIBILITIES**

**PARENTS WILL: Please initial after reading (\_\_\_\_\_)**

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

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

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

**STUDENT WILL: Please initial after reading (\_\_\_\_\_)**

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



WILLIAM M. HABERMEHL  
County Superintendent of Schools

## Pacific Coast High School (PCHS)

### SCHOOL SAFETY PLAN RULES AND REGULATIONS AGREEMENT

Pacific Coast High School is committed to providing you with a safe and secure school environment where you will receive support in achieving your educational goals. To ensure that this opportunity is available to everyone, the following agreement must be honored. Signing this agreement means you understand the rules and agree to abide by them and that you agree to encourage your child(ren) to abide by them.

1. I will not deface or damage school property or school materials. Furthermore, I understand that parents will be held financially responsible for any damage to property real or personal, as stated in the Education Code Section 48904.
2. I understand that graffiti and tagging of any kind will not be tolerated. I will not have in my possession while on the PCHS site any spray paint, markers, etching devices or other graffiti paraphernalia, for the purpose of tagging. (Art materials for normal uses in art classes are acceptable.) I understand that the court can enforce the following consequences: 20 days or 100 hours of community service in a Graffiti Abatement Program; \$250 fine plus penalty assessment and restitution; suspension or delay of one year of the issuance of youth driver's license, and 180 days in custody. (Penal Code 640.5)
3. I will not wear any clothing or attire that indicates gang affiliation (E.C. 35183)
4. I will not engage in any violent behavior such as physical or verbal abuse or any behaviors intended to intimidate other students (E.C. 48900)
5. I will not possess or use any illegal substances such as drugs or alcohol, or engage in the sale of such illegal substances. (E.C. 48900)
6. I will not bring the following items to school: weapons, knives, chains, pagers, cell phones. (E.C. 48901.5) (Pagers and cell phones given to students by parents for the purpose of parent-child contact are acceptable but must be turned off during class or tutoring situations.)
7. I will not smoke or use any product containing tobacco while on campus or while attending school sponsored activities. (E.C. 48901)
8. I will enter and exit from the designated entrance and wait for all rides inside the building or at the designated entrance. I will not loiter on the school campus, in the parking lot, or in the immediate area. (Penal Code 601)
9. I will not leave the campus without permission of either my teacher or my parent except when picked up by my parent or another designated adult after a class, workshop, or tutoring session. I understand that leaving campus without permission will result in the notification to my parent.  
(5 Cal.Reg.Sec. 303)
10. I understand that my presence on any other school campus while enrolled at Pacific Coast High School is not permitted unless prior arrangements have been made between the administrators of the school district and PCHS. I also understand that my friends, other than those enrolled at PCHS, are not allowed on the school's campus at any time. (Friends and family members accompanying a parent are acceptable in either case.)
11. I understand that I must attend school regularly and make acceptable progress in order to have a work permit signed.
12. I understand that Pacific Coast High School has a "zero tolerance" policy which may result in severe disciplinary action for even a first offense, and that PCHS will strictly enforce all rules and regulations. If I violate any of the above rules and regulations, administrative review could result in immediate disciplinary action.

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

\_\_\_\_\_  
Date

As a parent interested in my son's/daughter's education well being, I agree to support all of the above Pacific Coast High School Rules and Regulations.

\_\_\_\_\_  
Parent/emancipated minor/other Signature

\_\_\_\_\_  
Date



WILLIAM M. HABERMEHL  
County Superintendent of Schools

# Orange County Department of Education Internet Acceptable Use Policy

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

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

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

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

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

## Orange County Department of Education Internet Use Agreement

### Student Section

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

User's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Parent or Guardian Section

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

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Internet - Terms and Conditions

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

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



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

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

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

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

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

NAME OF PHYSICIAN	OFFICE LOCATION	TELEPHONE NUMBER ( )
NAME OF DENTIST	OFFICE LOCATION	TELEPHONE NUMBER ( )

Responsible Party

Insurance Company	Policy and or Medi-Cal #
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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
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### 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).

ORANGE COUNTY DEPARTMENT OF EDUCATION



Community Home Education Program
2910 Redhill Ave. Suite 200
Costa Mesa, CA 92626
Phone (714) 327-1000 Fax (714) 327-1030

OR

Pacific Coast High School
14262 Franklin Ave. Suite 100
Tustin, CA 92780
Phone (714) 245-6500 Fax (714) 508-0215

CHEP/PCHS Verification Form

Student Name Last First Middle A.K.A.

D.O.B. Grade:

Parent/Guardian/Caregiver Name

Address City Zip

Home Ph. Wk. Ph. Cell Ph.

District of Residence

Districts, please provide the following information:

Statewide Student Identifier Number (SSID#):

CELDT- Language Proficiency:

Special Education: Yes No

District Special Education History-Exit Date:

Section 504: Yes No

Other

English Only (EO)

Identified Fully English Proficient, (IFEP) Initial Identification/ Date Tested

Redesignated Fully English Proficient, (RFEP) Redesignated by District/ Date

Limited English Proficient (EL, LEP)

1st year enrolled in school in U.S.

Year enrolled in CA Public School

Referral Status: Education Code Section 1981(b) Parent Request/District Approval

REFERRAL - REVIEW & CERTIFICATION

CWA/Student Services (Print- Name/Title) Signature Date

Parent Signature Date Student Signature Date

CHEP/PCHS Representative (Print- Name/Title) Signature Date