



**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: 8/23/2021 – 1/14/2022

Trimester 3: 1/20/2022 – 6/7/2022

PLEASE PRINT CLEARLY

Student's - Last, First & Middle Name:	Grade:
District of Residence:	Date of Birth:

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

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

Student Name:	Grade:
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- 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.

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 accepted and have the same policy and force and effect as handwritten signatures.

_____ Student Signature	_____ Date
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_____ Parent Signature (if other than parent, circle one) emancipated minor, caregiver/guardian/other	_____ Date
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_____ Faculty Advisor Signature	_____ Date
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_____ Other Signature	_____ Title	_____ Date
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_____ Other Signature	_____ Title	_____ Date
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_____ Other Signature	_____ Title	_____ Date
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_____ Other Signature	_____ Title	_____ Date
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_____ Other Signature	_____ Title	_____ Date
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_____ Other Signature	_____ Title	_____ Date
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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 <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	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 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 2021-2022 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 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 2021-2022 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
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: _____
Month	Day	Year
Place of Birth: _____		
City	State	Country
AU: _____	Site: _____	Teacher: _____
AREA 5 Pacific Coast High School		
If born outside the USA:		
• Date student first entered the USA		
Month	Day	Year
• Date student first entered a school in the USA		
Month	Day	Year
• Is this the first time the student entered in a California public school <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes: _____		
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.



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

ORANGE COUNTY DEPARTMENT OF EDUCATION (OCDE)

Student Acceptable Use Agreement

Students are authorized to use the District's computer and online services when they and their parent/guardian acknowledge that they have read and understand the following Acceptable Use Agreement:

Parents/Guardian Responsibilities:

OCDE's internet system is designed for educational purposes. Students shall use the system responsibly and primarily for educational purposes.

The use of the OCDE's system is a privilege, not a right, and inappropriate use shall result in a cancellation of those privileges. The OCDE may place reasonable restrictions on the material pupils' post or access through the system, and may revoke access to resources if they violate this policy or law. Violations of this policy also may be addressed through the OCDE's discipline guidelines and/or referral to law enforcement.

Students are encouraged to use the OCDE's internet system for assignments, curriculum, research, collaboration and other classroom activities.

Students' work should be original; and any copyrighted material may not be placed on the system without the author's permission. Users may download copyrighted material for their own use only under "fair use" provisions of copyright law.

See <http://www.loc.gov/teachers/copyrightmystery/#>

If students accidentally access inappropriate information they should immediately notify a teacher or school administrator.

Safety and Privacy:

It is important for pupils to protect personal identification information about themselves and others, which includes the full name, together with other information that would allow an individual to locate them, including home address, school address, phone number, social security number, or other individually identifiable information.

Students shall not disclose, use or disseminate personal identification information about themselves or others when using electronic mail, chat rooms, or other forms of direct electronic communication. Students are also cautioned not to disclose such information by other means to individuals located through the Internet without the permission of their parents/guardians.

The student in whose name an online services account is issued is responsible for its proper use at all times. Users shall keep personal account numbers, home addresses and telephone numbers private. They shall use the system only under their own account number.

Pupils should not expect privacy in the contents of their personal files on the OCDE's computers or Internet based services, or in the records of their online activity. All pupils' use of the OCDE's computers and Internet based services will be supervised and monitored. The District's monitoring of Internet usage can reveal all activities engaged in using OCDE Internet system.

If there is reasonable suspicion that a pupil has violated District policy or this Agreement or if maintenance and monitoring of OCDE's computers or Internet system leads to discovery of a violation of OCDE policy or this Agreement, the discipline guidelines, or the law, an individual search

will be conducted. The investigation will be reasonable and related to the suspected violation. Parents have the right to request to see the contents of any investigation.

Unauthorized and Inappropriate Use:

Use of the OCDE's Internet facilitates student collaboration, communication and learning. In use of OCDE computers, Internet and systems, users shall not:

- Engage in discrimination, harassment, intimidation, bullying, hate violence, or threats. This includes but is not limited to conduct based on the actual or perceived characteristics of the target, such as sex, sexual orientation, race, religion, or disability. All of these behaviors are prohibited by state law and district policy.
- Read other users' electronic mail or files.
- Attempt to interfere with other users' ability to send or receive electronic mail or files, or attempt to delete, copy, modify or forge other users' mail or files.
- Intentionally upload, download or create computer viruses and/or maliciously attempt to harm or destroy OCDE equipment or materials or manipulate the data of any other user, including so-called "hacking."
- Access, post, submit, publish or display harmful matter or material that is obscene, disruptive or sexually explicit. Harmful matter includes matter, taken as a whole, which to the average person, applying contemporary statewide standards, appeals to the prurient interest and is matter which depicts or describes in a patently offensive way sexual conduct and which lacks serious literary, artistic, political or scientific value for minors. (Penal Code 313) Use the system to encourage the use of drugs, alcohol or tobacco, or encourage or engage in any activity prohibited by law or Board policy, including but not limited to stealing or cheating.

Pupils will not make deliberate attempts to avoid the district network or filtering by any means, such as setting up a personal network or using a cellular provider. Any mobile device must utilize the district network for connectivity or access.

Applications Policy:

To provide the best possible educational use of the OCDE Internet, students may be provided access to various educational services including but not limited to Discovery Streaming, Haiku Learning, and Google Apps for EDU among others. These services allow students to access educational content, collaborate on assignments, communicate with teachers, and extend learning opportunities beyond the traditional school day.

If OCDE decides to operate a registered Google EDU domain, pupils will be monitored when using Google Apps and Tools. This registered Google EDU domain allows pupils to create only:

- Calendars of school assignments and activities.
- Documents for individual or shared online word processing, presentations or spreadsheets.

The free tools powered by Google EDU may be provided within the OCDE Google EDU domain enabling students to log in at school or home, from nearly any computer, tablet or SMART phone. These services assist students with staying organized, prevent lost homework, and allow pupils to collaborate on learning. When using these services students work in a safe environment because uninvited guests are not allowed to access assignments. In order to access the assignment, a person must be invited and added to the site as a "shared collaborator."

An OCDE administrator regulates pupil services depending on the guidelines in this Agreement. A pupil will not receive a Google EDU account without authorized permission from parent/guardian. This Agreement extends to all pupils for the duration of their enrollment at any of OCDE's schools. When using these services students will adhere to the OCDE Responsible Use Agreement.

Student Acknowledgement

Student Name: _____ Date of Birth: _____

I have read and understand OCDE policies related to my use of District technology/Internet access, a copy of which can be found in the enrollment packet (Internet Acceptable Use Policy) and integrated into this document. I understand that the consequences for violating the Policy or this Agreement include, but are not limited to: suspension and/or revocation of Internet access, school suspension and/or expulsion, or possible legal action. I have read and agree to abide by these rules and regulations for responsible use of electronic information resources.

Student Signature _____ Date _____

Agreement and Parent Permission Form

I have read and understand OCDE policies related to my child's use of District technology/Internet access, a copy of which can be found in the enrollment packet (Internet Acceptable Use Policy) and integrated into this document. As the parent or guardian of this child, I have read and understand these rules and regulations for responsible use of electronic information resources and understand that use of the Internet is designed for educational purposes. I understand that it is impossible for OCDE to restrict access to all controversial materials, and I will not hold the OCDE, its trustees, officers, employees or agents responsible for materials acquired on the network. I hold OCDE, its trustees, officers, employees and agents harmless from any damages, awards, or claims of liability resulting from my child's access to the Internet, the failure of any technology protection measures, violations of copyright restrictions, user mistakes or negligence, or any costs incurred by my child. Access to the Internet is a privilege, not a right. My child is expected to use good judgment and follow the above-listed rules of use. Should there be breach of the rules, my child may lose all access to the OCDE network and/or may be subjected to discipline, including suspension and expulsion. I agree to defend and indemnify OCDE, its trustees, officers employees, and agents for any damages caused by my child's intentional misuse of technology/Internet access.

Mark one:

☐ I hereby give my permission for my child to use OCDE technology and access the Internet in accordance with the above.

☐ My child has access to the internet
☐ At home ☐ Other location

OR

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

Parent Signature

Name (printed)

Date



Orange County Department of Education Internet Acceptable Use Policy

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

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

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

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

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

Orange County Department of Education Internet Use Agreement

Student Section

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

User's Signature _____ Date _____

Parent or Guardian Section

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

Parent's Signature _____ Date _____

Internet - Terms and Conditions

1. Students are responsible for good behavior on the school computer networks, just as they are in a classroom or a school hallway. General school rules for behavior and communications apply.
2. The network is provided for students to conduct research and communicate with others. Access to network services is given to students who agree to act in a considerate and responsible manner. Access is a privilege - not a right. That access entails responsibility. Inappropriate use will result in suspension or cancellation of Internet privileges. The system administrators may close an account at any time as required. The administration, faculty, and staff may request the system administrator to deny, revoke, or suspend specific user accounts.
3. Users are expected to abide by their generally accepted rules of network etiquette and conduct themselves in a responsible, ethical and polite manner while online.
4. Users are not permitted to use the computing resources for commercial purposes, product advertising, political lobbying, or political campaigning.
5. Users are not permitted to transit, receive, submit, or publish any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, offensive, or illegal material.
6. Physical or electronic tampering with computer resources is not permitted. Damaging computers, computer systems, or computer networks intentionally will result in cancellation of privileges.
7. User must respect all copyright laws that protect software owners, artists, and writers. Plagiarism will not be tolerated.
8. Security on any computer system is high priority, especially when the system involves many users. If a security problem is identified in the school's computers, network, or Internet connection, a system administrator must be notified. Using someone else's password or trespassing in 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 phone charges, line costs, usage fees, nor for any damages a user may suffer. This includes loss of data resulting from delays, nondeliveries, or service interruptions caused by its negligence or your errors or omissions. Use of any information obtained via the Internet is at your own risk. The Department specifically denies any responsibility for the accuracy or quality of information obtained through its services.
10. All communication and information accessible via the computer resources shall be regarded as private property. However, people who operate the system may review files and messages to maintain system integrity and insure that users are using the system responsibly. Messages relating to or in support of illegal activities may be reported to the authorities.

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



Orange County Department of Education
Pacific Coast High School
14262 Franklin Ave. #100
Tustin, CA 92780
714.245.6495

Graduation Requirements for Pacific Coast High School

Pacific Coast High School is a public high school and is required by the state of California to adhere to specific graduation requirements. These requirements are above and beyond the courses and the units required to graduate from Pacific Coast High School. Please take this time to review all that will be required, and all that will be offered, to support each student to a successful graduation.

Every student must take all graduation requirement courses. Please refer to the 'Graduation Check' sheet that lists required classes and electives for each student. The faculty advisor will help arrange classes and complete graduation checks upon request. We encourage each family to track their student's classes carefully.

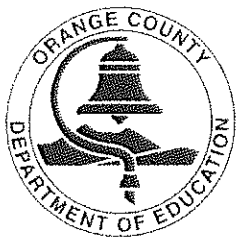
UC Approved A-G Courses must be taken by any student who expects to apply to a state university. Parents and students are expected to monitor courses and work with their Faculty Advisor to make sure student is taking all required courses.

All students must pass Algebra 1. We have several different options for student to pass this course. The faculty advisor and/or math teacher can discuss which options are best for a student. We also support classes on campus to help students better understand and pass the Algebra 1 course. Refer to the class schedule and the newsletter for Algebra 1 support classes and make every effort to attend.

My signature below indicates that I am aware of the graduation requirements and the support offered by PCHS to complete the above requirements. I realize that my student will not graduate if any part of the requirements listed above has not been successfully completed by graduation.

Student Name (Please Print)

Parent Signature



July 9, 2020

**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 or Caregiver:

OCDE/ACCESS aims to provide our students with opportunities to obtain the most comprehensive services to ensure the health and well-being of our students and our community. To this goal, we are pleased to inform you that we are participating in the California Immunization Registry (CAIR), a secure computerized immunization system. See <http://cairweb.org>.

CAIR has many benefits, including:

- Helping to ensure that your child doesn't miss any shots or get too many shots
- Making it simple for the school to provide up-to-date replacement yellow cards when parents need them
- Allowing our offices to easily see whether your child has had all of the necessary shots to enroll in school
- Giving our school the ability to keep track of patients' shot history electronically

We are excited about using CAIR and bringing the benefits of CAIR to you. In the past, you may have provided the school with immunization records for your child. These records are protected by the federal Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g. The school may disclose these records to CAIR and include them in the CAIR database only if you voluntarily consent to the disclosure in writing. We have enclosed a Parental Consent form to authorize this disclosure. Please complete the bottom portion of the consent form indicating whether you would like to participate in the CAIR program.

If you have questions about CAIR, please call our office at 714-245-6608. If you have further questions about CAIR after speaking with our office, please contact a CAIR staff member at **1-800-578-7889**.

Sincerely,

Dr. Jeff Hittenberger, Chief Academic Officer
Enclosure



Consent to Share Your Child's School Immunization Information with the California Immunization Registry (CAIR)

Immunizations prevent serious communicable diseases. Keeping track of these records can be hard, especially if your child has changed health care providers over the years. The California Immunization Registry (CAIR) is a secure and confidential computer system that authorized health care providers use to keep track of, and update children's immunization records. This consent will allow your child's immunization record to be seen by authorized CAIR users to keep track of your child's immunization and update the record, even if you change health care providers. CAIR is under the California Department of Public Health. When you enroll your child with CAIR, all immunizations your child has already received; as well as all future immunizations he/she will receive become part of the CAIR database, until you specifically request in writing that the record can no longer be viewed. In order to be sure that CAIR contains accurate and complete immunization records, OCDE/ACCESS requests your consent to provide CAIR the immunization records for your child, which you have previously provided during your child's enrollment.

How does CAIR help you?

- Parents can get a copy of their child's current immunization record by computer using their confidential account number, or from their health care provider or school nurse,
- Keeps your child on schedule for recommended immunizations, without receiving more than they need,
- Helps child care or school officials confirm that your child has the required immunizations to start or school,
- Helps your health care provider send you reminders when your child needs to get immunizations.

By marking "yes" below, you are authorizing the OCDE ACCESS Schools to disclose the following information regarding your child to be included in the CAIR database:

- Your child's name, sex, birth date, and birthplace, and parents' or guardians' names,
- Details about your child's immunizations, such as vaccine type and date given,
- Limited non-medical information, and non-educational information which may include the Statewide Student Identification Number (SSID) to correctly identify your child,
- All information entered into CAIR is treated the same as private medical information, and is safe! Under California law, only authorized providers like your school nurse, health care provider, health plan, or public health department may see your address and phone number. Misuse of the Registry can be punished by law.

Parent and Guardian Rights

It is your legal right to:

- Choose not to consent to the disclosure of your child's immunization records to CAIR,
- Change your mind later. If you do not want future immunization records you provide to the school to be shared with CAIR, you must inform the school in writing,
- Know who has looked at your child's CAIR record,
- Look at a copy of your child's immunization record in CAIR; ask your health care provider to correct any mistakes.

☐ Yes, I give my permission for the school to share my child's immunization record with CAIR and use my child's Statewide Student ID Number, and include it in the CAIR database.

☐ No, I do not give my permission for the school to share my child's immunization record with CAIR

Parent/Guardian Signature

Today's Date

Child's Full Name (please print)

Child's Birth Date (MM/DD/YYYY)

Parent's Full Name (Please Print)

Circle: Mother

Father

Guardian

Child sex (circle):

M

F

Address (optional)

Phone Number (optional)

If you have questions, you may talk with school personnel or call CAIR at 1-800-578-7889. California Department of Public Health 10/08



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

MILITARY PARENT/GUARDIAN AFFILIATION FORM

School Year 2021 - 2022

As part of the accountability requirements under the Every Student Succeeds Act (ESSA), the U.S. Department of Education is requiring school districts to identify students who are dependents of full-time active duty members of the Armed Forces. The purpose of collecting this information is to evaluate the specific educational needs and the effectiveness of the programs serving these students. The ACCESS program will submit this data to the California Department of Education (CDE) via the California Longitudinal Pupil Achievement Data System (CALPADS). As part of the requirement each Local Educational Agency (LEA) must reaffirm the status each year for returning students.

What is the definition of an "armed forces family member"?

A student is considered to be an Armed Forces Family Member if **at least one parent or legal guardian is an Armed Forces member on active duty, or serves on full-time National Guard duty**. The terms "armed forces," "active duty," and "full-time National Guard duty" as defined by Sections 101(a)(4), 101(d)(1), and 101(d)(5) of the United States Code are:

- 101(a) (4) – The term "armed forces" means the Army, Navy, Air Force, Marine Corps, and Coast Guard.
- 101(d) (1) – The term "active duty" means full-time duty in the active military service of the United States. Such term includes full-time training duty, annual training duty, and attendance, while in the active military service, at a school designated as a service school by law or by the Secretary of the military department concerned. Such term does not include full-time National Guard duty.
- 101 (d) (5) – The term "full-time National Guard duty" means training or other duty, other than inactive duty, performed by a member of the Army National Guard of the United States or the Air National Guard of the United States in the member's status as a member of the National Guard of a State or territory, the Commonwealth of Puerto Rico, or the District of Columbia under Section 316, 502, 503, 504, or 505 of Title 32 of the United States Code, for which the member is entitled to pay from the United States or for which the member has waived pay from the United States.

Where can I find out more information about this data submission?

More information regarding this data collection can be found on the ED's website:

<http://www2.ed.gov/policy/elsec/leg/essa/essafaqstransition62916.pdf>

Print Student's Name: _____ Date of Birth: _____

For the purpose of data collection, please mark all that apply:

- ☐ **No parent or guardian currently serving** as an active duty member of the U.S. Armed forces, reserves of the U.S. Armed Forces, or in the Washington National Guard.
- ☐ Yes a parent/guardian is a current member of the **active duty** U.S. Armed Forces. Start Date: _____
- ☐ Yes a parent/guardian is a current member of the **reserves** of the U.S. Armed Forces. Start Date: _____
- ☐ Yes a parent/guardian is a current **full-time** member of the **National Guard**. Start Date: _____
- ☐ Yes more than one parent or guardian is **currently either a member on active duty in the U.S. Armed Forces, reserves of the U.S. Armed Forces, or full-time National Guard**. Start Date: _____, Start Date: _____
- ☐ No Response/Refuse to State

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Note: If at any time throughout the school year the military status changes, please contact your child's school to report the change.



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: _____



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 #		
<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 RESTICTIONS and MEDICATIONS TAKEN:				
SIGNATURE OF PARENT, LEGAL GUARDIAN, OR CAREGIVER		DATE SIGNED		

AUTHORIZATION FOR EMERGENCY TREATMENT OF A MINOR

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

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

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

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

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

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



Alternative Community, and Correctional Educational Schools and Services

COMMUNITY SCHOOL REFERRAL

Student's Name: _____ A.K.A. _____ CALPADS

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

Please attach following items:

Attendance Record
 Immunization Certificate
 Current Transcript
 Proof of withdrawal from last school of attendance
 Copy of IEP and/or other reports (if applicable)
 ELPAC/CELDT results
 Yes No Section 504 Plan
 If yes, please attach
 Yes No Individual Health Plan
 If yes, please attach
 AB 216, 167, 1806, 2306 paperwork (if applicable)

Please provide the following information:

Special Education Yes — No (If Yes)

SAI DIS. S/L DIS/PSY
 DIS/HEALTH DIS/Counseling
 District Sp. Ed. History-Exited
 Transition to ACCESS
 IEP Date _____

ELPAC/CELDT-Language Proficiency
 English Only (EO) Unknown
 Initially Fluent English Proficient (IFEP)
 Initial Identification Date Tested _____
 Redesignated Fluent English Proficient (RFEP)
 Redesignated by District/Date _____
 English Learner (EL)
 ELPAC/CELDT Proficiency Level _____
 1st year enrolled in school in U.S. _____
 Year enrolled in California Public School _____

Enrolled in U.S. Schools less than 3 Cumulative Years

REASON FOR REFERRAL

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

ATTEMPTED INTERVENTIONS

Educational Counseling SARB
 Schedule Modifications Suspension _____ days
 Parent Conferences Other _____

PREVIOUS EDUCATIONAL ALTERNATIVES

Continuation High School Work Experience
 Adult Education ESL/LEP Bilingual
 R.O.P. Other _____

Comments: N/A for Pacific Coast High School

RECOMMENDATION:

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

Please check box if applicable: (For Office Use Only)

Section 1981 (a) District Expulsion
 Section 1981 (b) SARB
 Section 1981 (d) Parental Request/District Approval

Section 1981 (c)

(1) Probation status 601 602 654
 725 726 727 790
 (2) On probation or parole and not in attendance in any school
 (3) Expelled: Section 48915 (a) or (c)

REFERRAL – REVIEW & CERTIFICATION

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

CC: Community School (White), OCDE REP (Yellow), District or Probation (Pink), Parent/Guardian/Caregiver (Goldenrod)

Form100:3/27/2020



**ORANGE COUNTY
DEPARTMENT
OF EDUCATION**

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COSTA MESA, CA
92628-9050

(714) 966-4000

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AL MIJARES, Ph.D.
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**ORANGE COUNTY
BOARD OF EDUCATION**

MARI BARKE

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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 2021-22**

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 2021-22

Effective July 1, 2021, through June 30, 2022, 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	\$16,744	\$1,396	\$698	\$638	\$322	\$23,828	\$1,986	\$993	\$917	\$459	
2	\$22,646	\$1,888	\$944	\$871	\$436	\$32,227	\$2,686	\$1,343	\$1,240	\$620	
3	\$28,548	\$2,379	\$1,190	\$1,098	\$549	\$40,626	\$3,386	\$1,693	\$1,563	\$782	
4	\$34,450	\$2,871	\$1,436	\$1,325	\$663	\$49,025	\$4,086	\$2,043	\$1,886	\$943	
5	\$40,352	\$3,363	\$1,682	\$1,552	\$776	\$57,424	\$4,786	\$2,393	\$2,209	\$1,105	
6	\$46,254	\$3,855	\$1,928	\$1,779	\$890	\$65,823	\$5,486	\$2,743	\$2,532	\$1,266	
7	\$52,156	\$4,347	\$2,174	\$2,006	\$1,003	\$74,222	\$6,186	\$3,093	\$2,855	\$1,428	
8	\$58,058	\$4,839	\$2,420	\$2,233	\$1,117	\$82,621	\$6,886	\$3,443	\$3,178	\$1,589	
For each additional family member, add:											
	\$5,902	\$492	\$246	\$227	\$114	\$8,399	\$700	\$350	\$324	\$162	

- 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.