



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

Annual Days of Apportionment

Trimester 1 Total _____

Trimester 1 (July –August) 2022-2023 School Year

Student Name*: _____ / _____ / _____ / _____

***as it appears on student transcript** *Print Last Name* *First Name* *Middle Initial* *Birth Date*

District of Residence/Attendance: _____ **Grade (as of September 2022):** _____

This agreement will be in effect Start Date: **7 / 1 / 22** End Date: **8 / 10 / 22**

Primary Contact Information:

Student email address _____ @ _____ **(please print clearly)**

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

Student cell phone number: _____ Parent cell phone number: _____

Please note: Course titles below **CANNOT** be changed or substituted. To take a full year course, enroll in the "A" and "B" portion (A=Fall Semester, B=Spring Semester). Student may enroll in a **MAXIMUM of 10 credits**. **A student may only be enrolled in one public high school during 7/1/22 – 8/10/22.** *Italicized courses are college prep.*

MATH (All a-g/UC Approved)

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

SOCIAL SCIENCE (All a-g/UC Approved)

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

ENGLISH (All a-g/UC Approved)

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

ELECTIVES (NOT a-g Approved)

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

Be aware that any student with a current IEP understands that direct IEP services are not available during the summer session. Accommodations are met within the program delivery model. August 10, 2022 at 3:00 p.m. will be that last opportunity for assignment submission.

Parent Initial

- July/August enrollment will be accepted **beginning March 21, 2022.**
- **Student must have access to a computer, the Internet and plan to work daily 7/ 1 /22 – 8/ 10/22.**
- **Signatures can be scanned or copied , Script Style font signatures will be accepted.**
- Enrollment **will not** be accepted after **May 20, 2022.**
- Courses may fill and close prior to **May 20, 2022.**
- All courses must be completed by **August 10, 2022 - 3:00pm.**
- If a student needs to change a 1st trimester course(s), the student must complete an **ADD/DROP** form found on the PCHS website (see address above). The **Add/Drop** form may be faxed, mailed, or delivered to PCHS no later than **June 17, 2022.**

This agreement will be in effect during the **2022-2023** school year. Course objectives will be consistent with the guidelines established in the PACIFIC COAST HIGH SCHOOL (PCHS) Course Catalog for high school independent study. A course syllabus will be provided for every course. Each course syllabus includes: course objectives, study methods, resources supplied, manner and frequency of assignments, method of evaluation guidelines, and teacher contact information specific to each course. Students will be provided with teacher support services, curriculum, and related instructional material. PCHS does not provide anything of value that is not provided for all students enrolled in similar public schools. Students with an active IEP (Individualized Educational Plan) may not enroll with PCHS unless their IEP specifically provides for enrollment in independent study.

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

Manner, Time, and Frequency of Appointments

Each course syllabus will outline the weekly assignment and contact expectations. As a condition of continued enrollment, students are required to have weekly contact/assignments with their teachers on or before the assignment due dates. More frequent contact may be required as necessary to support student success. Refer to PCHS Trimester 1 calendar for Trimester 1 hours. The manner of submitting work or contact: one to one, small group, drop off, classroom, presentation, phone with instructor, e-mail, online, U. S. Mail, fax, or other pre-approved means as required in course syllabi.

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

Methods of Evaluation: Assignment completion, demonstration of skill, written test/report, student log, and/or _____.

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

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

Student and Parent:

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

Parent's agreement

- I grant permission for the named student to enroll in independent study, an optional alternative educational program offered by the Orange County Department of Education: PACIFIC COAST HIGH SCHOOL.
- I agree to work closely with the teacher(s) on implementation and evaluation of the assignments for my student. I may also utilize a tutor to help with this role. If a tutor is utilized, the tutor must also sign this agreement.
- The parent/or tutor agrees to provide assistance and support, and is required to check for completion and quality of assigned work on a regular basis and to check the student's progress and current grade status online as described in the course syllabus.
- Any work turned in or postmarked after due dates will be marked late.
- I understand that I have the right to review my student's progress in the program and disenroll at any time.
- All materials are the property of the Orange County Department of Education and must be returned to PCHS upon termination. Parents agree to pay for any lost, damaged, or unreturned materials.
- I understand that I am responsible for checking my student's progress and current grade status online as described in the course syllabus.
- Parents and students agree to support the rules and regulations of PCHS.

Student's agreement

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

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

Parent Signature _____ **Date** _____

Student Signature _____ **Date** _____

Pacific Coast High School Signature _____ **Date** _____

Other _____ **Date** _____

Pacific Coast High School
Acknowledgement and Confirmation of Subsidiary Agreements
Trimester 1 (July-August) 2022-2023 School Year

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

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

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

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

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

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

Mark one:

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

OR

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

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

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

☐ 9) **HOME LANGUAGE SURVEY:**

What language did your son/daughter learn when s/he first began to talk? _____

What language does your son/daughter most frequently use at home? _____

What language do you use most frequently when speaking to your son/daughter? _____

What language is most frequently spoken by the adults at home? _____

☐ 10) **EMERGENCY INFORMATION:**

Name of Contact _____ Phone # _____ Relationship _____

Name of Contact _____ Phone # _____ Relationship _____

Name of Physician _____ Phone # _____ City: _____

Insurance Company _____ Policy and/or Medi-Cal # _____

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

List any restrictions or medications taken:

Authorization for Emergency treatment of a minor

In Case of sudden illness or injury to your son/daughter, every effort will be made by school officials to contact you, your family physician or the person named by you above to be called in an emergency. If it is impossible to reach you, your signature above will assure emergency treatment by authorized medical and/or hospital personnel. I (We) the undersigned parent(s)/legal guardian of the above named minor, do hereby authorize the Orange County Department of Education and its employees as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital no matter where such service is rendered. The agent for the undersigned and its employees are released of any civil of financial liabilities for the aforementioned diagnosis, treatment, hospital care, or any other acts performed that reasonable and necessary for the welfare of the minor. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective unless revoked in writing and delivered to said agent.

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

Parent Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

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

PLEASE USE BLUE OR BLACK INK WHEN HANDWRITING (PRINT CLEARLY)

S1S - STUDENT CONTACT/REGISTRATION INFORMATION				
_____ Student Last Name	_____ Student First Name	_____ Student Email Address (NO SCHOOL emails) Important - Print Clearly	_____ Student Gender	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Nonbinary
_____ Home Street Address		_____ City	_____ Zip Code	_____ Primary Phone Number
_____ Student's Cell #	_____ Mother's Cell #	_____ Mother's Other Phone #	_____ Father's Cell #	_____ Father's Other Phone #
_____ Parent/Guardian Name(s)		_____ Mother's Email Address	_____ Father's Email Address	

OFFICE USE ONLY

Enrolled By:	Referred By/Title:	
Referral Code:	Referral Date:	Start Date:
Teacher Name & Number:	Area/Site:	Perm ID #:

COMMUNITY SCHOOL REFERRAL - S1S

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 _____

<p>Please attach following items:</p> <p>Attendance Record</p> <p>Immunization Certificate</p> <p>Current Transcript</p> <p>Proof of withdrawal from last school of attendance</p> <p>Copy of IEP and/or other reports (if applicable)</p> <p>ELPAC/CELDT results</p> <p>Yes No Section 504 Plan</p> <p> If yes, please attach</p> <p>Yes No Individual Health Plan</p> <p> If yes, please attach</p> <p>AB 216, 167, 1806, 2306 paperwork (if applicable)</p>	<p>Please provide the following information:</p> <p>Special Education Yes — No (If Yes)</p> <p>SAI DIS. S/L DIS/PSY</p> <p>DIS/HEALTH DIS/Counseling</p> <p>District Sp. Ed. History-Exited</p> <p>Transition to ACCESS</p> <p>IEP Date _____</p>	<p>ELPAC/CELDT-Language Proficiency</p> <p>English Only (EO) Unknown</p> <p>Initially Fluent English Proficient (IFEP)</p> <p>Initial Identification Date Tested _____</p> <p>Redesignated Fluent English Proficient (RFEP)</p> <p>Redesignated by District/Date _____</p> <p>English Learner (EL)</p> <p>ELPAC/CELDT Proficiency Level _____</p> <p>1st year enrolled in school in U.S. _____</p> <p>Year enrolled in California Public School _____</p> <p>Enrolled in U.S. Schools less than 3 Cumulative Years</p>
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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):	SIS 2022		

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 (c)	
Section 1981 (a) District Expulsion				(1) Probation status	601 602 654
Section 1981 (b) SARB					725 726 727 790
Section 1981 (d) Parental Request/District Approval				(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
<i>Certified pursuant to Orange County Juvenile Court Order Filed December 21, 2001</i>			
Juvenile Court Representative			
Parent Guardian Caregiver			Date
Student Signature			Date

PCHS Satisfactory Educational Progress

- Daily interaction and review of assignment details, application of assignment requirements and feedback, assignment completion, and frequent review of grades on assignments all contribute to adequate or satisfactory educational progress in the course.
- Academic support will be provided by student request of the course teacher and a detailed syllabus with support resources including contact information and course guidelines
- Live interaction, email response, course grades, and feedback, are all available throughout the duration of the course.
- If a student does not have access to WIFI or a laptop, one will be arranged when requested.
- Lack of academic progress for more than 60% of the school week or 10% of instructional time over a four week period may result in a tiered re-engagement plan to notify parents, offer student support, and re-evaluation of student placement