

**Orange County Department of Education
Independent Study Master Agreement
Pacific Coast High School (PCHS)
2025-2026 SCHOOL YEAR**

FOR OFFICE USE ONLY

DISTRICT OF RESIDENCE:	START DATE:	END DATE:
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STUDENT AND PARENT/GUARDIAN/CAREGIVER CONTACT INFORMATION

STUDENT NAME:		AGE:	DOB:
STUDENT EMAIL ADDRESS:	STUDENT PHONE:		GRADE (as of July 1st):
ADDRESS:			
PARENT/GUARDIAN/CAREGIVER 1:		PARENT/GUARDIAN/CAREGIVER PHONE 1:	
PARENT/GUARDIAN/CAREGIVER 2:		PARENT/GUARDIAN/CAREGIVER PHONE 2:	
PARENT/GUARDIAN/CAREGIVER 1 EMAIL ADDRESS:		PARENT/GUARDIAN/CAREGIVER 2 EMAIL ADDRESS:	
IS THE STUDENT A PROSPECTIVE NCAA STUDENT-ATHLETE? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, it is the student's responsibility to ensure that their selected courses meet NCAA eligibility requirements. Not all independent study courses may be NCAA-approved. Students should consult the NCAA Eligibility Center and their academic counselor to verify course approval and maintain compliance with NCAA regulations.	

This Independent Study Master Agreement (Agreement) outlines the terms and conditions for participation in the independent study program at Pacific Coast High School (PCHS). The Agreement includes supplemental documents (e.g., course contracts, pacing guides, assignment records, and syllabi) and subsidiary agreements (e.g., Course Registration Forms) as referenced herein. Student and parent/guardian/caregiver understand and agree to the following:

A. CONDITIONS OF THE INDEPENDENT STUDY AGREEMENT

1. Independent study is an optional educational alternative in which no student may be required to participate.
2. If a student is referred or assigned to independent study pursuant to Education Code section 48915 (expulsion) or Education Code section 48917 (suspended expulsion), instruction may be provided through independent study only if the student is offered the alternative of classroom instruction.
3. An individual with exceptional needs, as defined in Section 56026, may participate in independent study, if the pupil's individualized education program specifically provides for that participation.
4. No independent study agreement is valid for any period longer than one school year.
5. A student whose family requests a return to in-person instruction shall be transitioned expeditiously and in no case later than five instructional days from the date of the request.
6. Student may not be concurrently enrolled as a full-time student in any other public school, including a public charter school.
7. Student agrees to follow all policies and guidelines of the school and the Orange County Department of Education. Policies and guidelines can be found on the school website and separate school section of this Independent Study Agreement.
8. The independent study program will provide content aligned to grade-level standards substantially equivalent to in-person instruction. High school students participating in independent study shall have access to all courses offered by OCDE for graduation and approved by the University of California or the California State University as creditable under the A–G admissions criteria.

9. Student agrees to attend and participate in synchronous instruction and/or live interaction opportunities as required.

B. ASSIGNMENTS

1. **Frequency of Assignments:** Student agrees to complete assigned independent asynchronous work at least weekly unless otherwise directed by the teacher. Assignment details located in subsidiary documents for each program include lesson plans, course agreements, or syllabus
2. **Submission of Assignments:** Assignments may be submitted in-person, via e-mail, OCDE designated online platform unless otherwise directed by the teacher, US mail, or other means pre-approved by the teacher.
3. **Maximum Length of Time:** Assignments must be completed and submitted within a maximum period of one month from the date the work is assigned. (Academic grade penalties may incur.) Under specific circumstances, with prior notification, the County Superintendent or their appointee (often the supervising teacher) may allow for a longer period of time, up to the agreement's termination date.

C. ACADEMIC PROGRESS

1. **Reporting Academic Progress:** Academic progress may be reported via the student's assignment records, OCDE-designated platforms, and/or during required and designated check-ins with the teacher.
2. **Communication with Parent/Guardian/Caregiver:** Parents may participate in the check-in meetings between the student and teacher. Parents, students, and teachers may communicate via email and telephone calls during school hours.

D. OBJECTIVES AND SUPPLEMENTAL DOCUMENTS

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

E. METHODS OF EVALUATION:

1. Evaluation indicators include assignment completion, demonstration of skill, written test/report, student log, presentation, slide show, oral test/report and/or other methods identified in the course contract/syllabus.
2. The evaluation may also consider the student's engagement with course material, including attendance, timely submission of work, consistent communication with the instructor, and adherence to deadlines and pacing schedules as outlined in the course contract/syllabus.

F. AVAILABLE RESOURCES AND TECHNOLOGY

1. Students may be provided academic and support services from certificated teachers, mental health service providers, school counselors, school nurses, tutors, and/or other school staff. In addition to personalized support, students may also receive curriculum and related instructional materials, such as textbooks, workbooks, access to online platforms and digital resources, access to libraries or e-libraries and other educational software.
2. **Technology and Internet:** Student may be provided with the connectivity and devices adequate to participate in the educational program and complete assigned work.
3. All provided materials are the property of the Orange County Department of Education and must be returned upon termination. Parents agree to pay for any lost, damaged, or unreturned materials.

STUDENT HAS ADEQUATE ACCESS TO THE INTERNET: <input type="checkbox"/> YES <input type="checkbox"/> NO STUDENT REQUESTS ACCESS TO THE INTERNET: <input type="checkbox"/> YES, TEACHER CHECK-OUT FORM DATE: _____ <input type="checkbox"/> NO	STUDENT HAS ADEQUATE TECHNOLOGY DEVICE(S): <input type="checkbox"/> YES <input type="checkbox"/> NO STUDENT REQUESTS TECHNOLOGY DEVICE(S): <input type="checkbox"/> YES, TEACHER CHECK-OUT FORM DATE: _____ <input type="checkbox"/> NO
STUDENT ACCEPTABLE USE AGREEMENT (MARK BELOW): <input type="checkbox"/> I HEREBY GIVE MY PERMISSION FOR MY CHILD TO USE OCDE TECHNOLOGY AND ACCESS THE INTERNET IN ACCORDANCE WITH THE ABOVE. <input type="checkbox"/> AT THIS TIME I DO NOT ACCEPT THIS AGREEMENT, NOR DO I GIVE PERMISSION FOR MY CHILD TO ACCESS THE INTERNET.	

G. SATISFACTORY EDUCATIONAL PROGRESS

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

H. ACADEMIC AND OTHER SUPPORTS:

1. Students who are not performing at grade level, or need support in other areas, such as English learners, individuals with exceptional needs in order to be consistent with an individualized education program (IEP) or Section 504 plan, pupils in foster care or experiencing homelessness, and pupils requiring mental health supports have access to multi-tiers of intervention, including targeted and differentiated instruction, individualized or small group academic support and virtual intervention programs.

I. TIERED RE-ENGAGEMENT

1. The independent study program shall implement tiered re-engagement strategies for students who fail to generate attendance for more than 10 percent of the required minimum instructional time over four continuous weeks, do not participate in more than 50 percent of scheduled synchronous instruction in a school month (as applicable by grade span), or are in violation of the written agreement. These strategies shall include proactive interventions to support student engagement and academic progress.
2. Tiered Reengagement strategies shall include, but not limited to, the following procedures: (1) verification of current contact information for each enrolled student; (2) notification to parents or guardians within one school day of recorded nonattendance or lack of participation; (3) outreach from the school to assess student needs, including referrals to health and social services as necessary; and (4) a standard for requiring a pupil-parent-educator conference to review the independent study agreement and reconsider the program's impact on the student's achievement and well-being.

J. PACIFIC COAST HIGH SCHOOL RULES AND RESPONSIBILITIES

1. A modest dress code is required. Clothing that reveals undergarments, excessive uncovered skin, or displays alcohol, tobacco, or inappropriate messages is not allowed. Students will be warned and may be sent home.
2. Students agree to uphold the rules and guidelines established for student safety, success, and behavior while enrolled at PCHS.

3. Participation in all state-mandated testing (SBAC, Physical Fitness Test, ELPAC) is required.
4. Students are to be picked up and dropped off within 15 minutes of their on-campus class, seminar, lab, or tutorial.
5. Parent/Teacher/Student conferences can be requested at any time.
6. Student and Parent must attend a mandatory orientation meeting prior to enrollment.
7. If it is determined the student is not making progress, the teacher may hold a parent/pupil/educator conference (SST/SIT) to determine support or actionable next steps.
8. Students are responsible for the information and materials presented during any absences.
9. Parent agrees to provide assistance and support, and is required to check the completion and quality of assigned work on a regular basis.

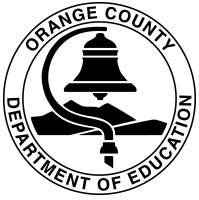
K. INDEPENDENT STUDY COURSES AND CREDITS

1. The number of course credits to be earned upon successful completion of this Agreement will be determined by the number of courses the student registers for and is approved to take in the corresponding school year. Students are expected to complete 60 credits per year in graduation-required courses.
2. The Course Registration form, available on the school website and at [LINK], must be approved by the school and signed by all required parties. Once approved, fully executed Course Registration forms will be incorporated into this Agreement as Subsidiary Agreements.

L. SIGNATURES

1. For independent study programs exceeding 15 school days, the written agreement must be signed before the program begins by the student, their parent or guardian (if under 18), the supervising certificated employee, and, if applicable, the certificated special education teacher.
2. This Agreement is entered into voluntarily by all parties and signifies their commitment to the terms and conditions herein, including the Supplemental Documents and Subsidiary Agreements, incorporated above.

Name (Printed)	Signature	Date
Student _____		
Parent/Guardian/Caregiver _____		
Supervising Certificated Teacher _____		
DOES THE STUDENT HAVE A CURRENT (check all applicable): <input type="checkbox"/> 504 <input type="checkbox"/> IEP Special Education Certificated Employee (if IEP checked) _____		



Pacific Coast High School
Fall (Trimester 2) 2025 Requested Courses
See [Available](#) or Suggested [CP/NCP](#) Courses



Student Name: _____ Grade: _____ Faculty Advisor: _____

Course Title	Credits	✓ Repeat Course	Course Type	Length of Course
(English-please fill in)			<input type="checkbox"/> Online <input type="checkbox"/> Hybrid *Time:	Full trimester
(Math-must have 20 credits to graduate)			<input type="checkbox"/> Online <input type="checkbox"/> Hybrid *Time:	Full trimester
(Science-must have 10 Phys. & 10 Life to graduate)			<input type="checkbox"/> Online <input type="checkbox"/> Hybrid *Time:	Full trimester
(World Language or Fine Arts-must have 10 to grad.)			<input type="checkbox"/> Online <input type="checkbox"/> Hybrid *Time:	<input type="checkbox"/> Full trimester <input type="checkbox"/> Quarter 1 or <input type="checkbox"/> Quarter 2
(Additional Elective-please fill in)			<input type="checkbox"/> Online <input type="checkbox"/> Hybrid *Time:	<input type="checkbox"/> Full trimester <input type="checkbox"/> Quarter 1 or <input type="checkbox"/> Quarter 2
(Additional Elective-please fill in)			<input type="checkbox"/> Online <input type="checkbox"/> Hybrid *Time:	<input type="checkbox"/> Full trimester <input type="checkbox"/> Quarter 1 or <input type="checkbox"/> Quarter 2
(Additional Elective-please fill in)			<input type="checkbox"/> Online <input type="checkbox"/> Hybrid *Time:	<input type="checkbox"/> Full trimester <input type="checkbox"/> Quarter 1 or <input type="checkbox"/> Quarter 2

Total credits: _____

*Complete if applicable

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

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

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Teacher Signature: _____

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: _____

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

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

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

Student's Name: _____

School: Pacific Coast High School Grade: _____

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

Signature of Parent or Guardian: _____ Date: _____

PLEASE COMPLETE THE FOLLOWING IF APPLICABLE:

CONTINUING MEDICATION

Student's Name: _____

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

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

Physician's Name _____ Telephone: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Signature of Parent or Guardian: _____ Date: _____

RELEASE OF DIRECTORY INFORMATION

If you do not wish directory information released (page 3), please sign where indicated below and ensure receipt of this form by the school office within the next 30 days. Note: by signing below this will prohibit the district from providing the student's name and other information to the news media, interested schools, parent-teacher associations, interested employers, and similar parties.

Do **NOT** release directory information regarding _____
(Student's Name)

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

Signature of Parent or Guardian: _____



Orange County Department of Education

Image Reproduction/Media Release Form

(Minor)

I, _____, hereby ☐ give ☐ do not give permission, without restriction, to
(Print minor's Last name, First name, Middle)
Orange County Department of Education to use my name, voice, and/or likeness, including but not limited to, any and all photographs, videotapes, sound recordings, and/or other audio-visual electronic materials taken during the **2025-2026** school year at Pacific Coast High School by, or on behalf of, Orange County
(print: name of school or project site)
Department of Education for staff development, instruction, or any legitimate purposes. I understand and agree that Orange County Department of Education is the exclusive owner of all rights, title and interest, including copyright, in such photographs, videotapes, and/or other audio-visual electronic materials.

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

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

(signature of minor)

(date)

(Parent/Guardian)

I, _____, the parent/guardian of _____
(print: parent's first name, middle initial, last name) (print: minor's Last name, First Name, Middle)
, hereby ☐ give ☐ do not give permission, without restriction, to Orange County Department of Education to use my name, voice, and/or likeness, including but not limited to, any and all photographs, videotapes, sound recordings, and/or other audio-visual electronic materials taken during the **2025-2026** 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)



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



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.



FOR SCHOOL USE ONLY
ACCESS Area #: <u>5 - PCHS</u>
Permanent ID: _____
SHQ is CONFIDENTIAL. Do not place in cumulative file.

STUDENT HOUSING QUESTIONNAIRE

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

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

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

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

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

Additional Information (please check all that apply):

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

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

Signature: _____ Date: _____
☐ Parent/guardian ☐ Student ☐ Teacher ☐ School Counselor ☐ McKinney-Vento Liaison or designee

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

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

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

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

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

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

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 25-26

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: PCHS

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 2025-26

Effective July 1, 2025, through June 30, 2026, 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	\$20,345	\$1,696	\$848	\$783	\$392	\$28,953	\$2,413	\$1,207	\$1,114	\$557
2	\$27,495	\$2,292	\$1,146	\$1,058	\$529	\$39,128	\$3,261	\$1,631	\$1,505	\$753
3	\$34,645	\$2,888	\$1,444	\$1,333	\$667	\$49,303	\$4,109	\$2,055	\$1,897	\$949
4	\$41,795	\$3,483	\$1,742	\$1,608	\$804	\$59,478	\$4,957	\$2,479	\$2,288	\$1,144
5	\$48,945	\$4,079	\$2,040	\$1,883	\$942	\$69,653	\$5,805	\$2,903	\$2,679	\$1,340
6	\$56,095	\$4,675	\$2,338	\$2,158	\$1,079	\$79,828	\$6,653	\$3,327	\$3,071	\$1,536
7	\$63,245	\$5,271	\$2,636	\$2,433	\$1,217	\$90,003	\$7,501	\$3,751	\$3,462	\$1,731
8	\$70,395	\$5,867	\$2,934	\$2,708	\$1,354	\$100,178	\$8,349	\$4,175	\$3,853	\$1,927
For each additional family member, add:										
	\$7,150	\$596	\$298	\$275	\$138	\$10,175	\$848	\$424	\$392	\$196

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



Division of Alternative Education

EMERGENCY DATA AND TREATMENT AUTHORIZATION

PARENT OR LEGAL GUARDIAN TO COMPLETE ALL ITEMS, SIGN, AND RETURN FORM TO SCHOOL

NAME OF PUPIL (LAST NAME, FIRST NAME, MIDDLE NAME)		MALE BINARY <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	
PARENT/GUARDIAN/CAREGIVER 1			HRS: _____	E: _____	
PARENT/GUARDIAN/CAREGIVER 2			(____) _____ HRS: _____	E: _____	
OTHER (SPECIFY RELATIONSHIP)			HRS: _____	E: _____	
If above person(s) cannot be reached, and child becomes ill or injured at school, list three alternative persons to act for parents. (They MUST have a telephone, be able to arrange for transportation, be known to child, and willing and able to act for parent(s) or legal guardian.)					
NAME		ADDRESS		TELEPHONE NUMBER	RELATIONSHIP
1.					
2.					
3.					
SOCIAL SERVICE AGENCY (NAME, ADDRESS, TELEPHONE NUMBER) IF APPLICABLE					
LIST CONDITIONS WHICH MIGHT LEAD TO SEIZURES, ASTHMA, LIST OTHER HEALTH PROBLEMS (CARDIAC, DIABETES, ETC) ALLERGIES (BEE STING, PENCILLIN, ETC)					
NAME OF PHYSICIAN		OFFICE LOCATION			TELEPHONE NUMBER
NAME OF DENTIST		OFFICE LOCATION			TELEPHONE NUMBER
Responsible Party					
Insurance Company				Policy and or Medi-Cal #	
<input type="checkbox"/> My child wears the following type(s) of emergency identification: <input type="checkbox"/> None <input type="checkbox"/> Bracelet <input type="checkbox"/> Necklace <input type="checkbox"/> Other (specify) _____					
LIST ANY RESTRICTIONS and MEDICATIONS TAKEN:					
SIGNATURE OF PARENT, LEGAL GUARDIAN, OR CAREGIVER				DATE SIGNED	

AUTHORIZATION FOR EMERGENCY TREATMENT OF A MINOR

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

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

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

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

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

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