

CHEP New Student Enrollment Forms and Required Documents

Listed below are all of the forms included in this packet.

These are the forms that you will need to have completed at your enrollment appointment. These forms may be filled out by hand, or download them to your computer and you can fill them out and save them.

CHEP Form	Required Signatures
<i>Student Application</i>	None
<i>Emergency Information</i>	Parent/Guardian
<i>Independent Study Agreement</i> 2 page document	Parent/Guardian Student CHEP Teacher Other (Tutor)
<i>Internet Acceptable Use Policy</i> 2 page document	Parent/Guardian Student
<i>Student Demographics</i>	Parent/Guardian
<i>Home Language Survey</i>	Parent/Guardian
<i>CAIR (California Immunization Registry) Information Letter and Consent Form</i>	Parent/Guardian
<i>LCFF (Local Control Funding Formula</i>	Parent/Guardian
<i>School Safety Plan Rules & Regulations Agreement and Instructions</i>	Parent/Guardian Student
<i>Image Reproduction/Media Release</i>	Parent/Guardian
Required Age and Health Information Packet (includes information and forms)	Parent/Guardian Some require doctor signature
<i>2015 – 2016 Attendance Calendar</i>	none

REQUIRED DOCUMENTS

- **CHEP/PCHS Referral Form** (Before taking this form to your District of Residence: parents, fill out the top section and sign and date in bottom section where designated.)
- **Official Transcript** (7th and 8th grade only)
- **Immunization Records** (all new students) **EVERY STUDENT MUST HAVE CURRENT IMMUNIZATIONS BEFORE THEY CAN ENROLL – PLEASE GO TO THE *Required Age and Health Information Packet* included at the end of this packet and read through it carefully. As changes are announced following the new laws, we will be updating the website and informing our parents.**

In addition to the forms above, please be sure you have read through the *Parent Handbook* available on the navigation bar on the left of the home page.

When the 2015-16 *Parent's Rights and Responsibilities* become available, your CHEP teacher will let you know.



**ORANGE COUNTY DEPARTMENT OF EDUCATION
COMMUNITY HOME EDUCATION PROGRAM (CHEP)**

20__ - 20__ New Student Application Form

Office Use Only	
Teacher #/Initials	TC
E Date	Summer Only

Please print clearly:

Student's Last Name _____ First Name _____ Middle Initial _____
M Enrolling in _____
F Grade: _____ Date of Birth (mm/dd/yyyy) _____ Parent/Guardian/Caregiver (circle one) Name _____

Primary Phone Number _____ Alternate Phone Number _____ Email _____

Street Address _____

City _____ State CA Zip Code _____ County _____

City and State of Birth _____ Country of Birth _____ District of Residence _____

Emergency Contact Person _____ Relationship _____ (_____) Phone Number _____

Has student ever been enrolled in CHEP? Yes No

PREVIOUS SCHOOL(S) ATTENDED (including private schools):

DISTRICT (Begin with most recent)	SCHOOL NAME	CITY/STATE	DATES ATTENDED (Month/Year)

Use back of form if needed.

Does student have an active IEP (Current Special Education Services)? Yes No

Have you revoked consent to Special Education and related services? Yes No

Does student have a current 504 plan? Yes No

If you answered "Yes" to IEP question, please check below:

RSP Speech/Language Aut. SDC Other: _____



ORANGE COUNTY DEPARTMENT OF EDUCATION
Community Home Education Program
EMERGENCY FORM

(Office Use Only)

Tchr (1 initial & 1 full name) & Site

E. Date

Image Release?

Y N

Yearbook?

Y N

P.I. _____

T Center:

Student _____
Last Name First Name Birth date Grade District of
Entering Residence

Home Phone _____ Cell Phone(s) _____
Mother Father

Father: _____ Mother: _____
Name Business Phone & Ext. Name Business Phone & Ext.

Home Address: _____
Street City State Zip

Email address: _____ Language spoken in home _____

My child may be released to either of the following persons in the event of emergency or illness:

1. _____ 2. _____
Name Phone Number Name Phone Number

Is there anyone this student legally cannot be released to? _____

I give permission for the Community Home Education Program to call the doctor listed below, or if he/she is not available, or no doctor is listed, I authorize any doctor called to initiate necessary medical treatment for emergency care at my expense.

Doctor's name Phone Number

List special instructions or information (allergies, medications, disabilities, emergency procedures, etc.) for your child.

Special Information

Signature below indicates permission for emergency release and/or emergency medical treatment as noted above:

Signature of Parent/ Guardian/ Caregiver (circle one) Date

SCHOOL ACTIVITY/FIELD TRIP WAIVER

The following is from the California Education Code, Section 35330, regarding field trip activities:

All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of state field trips or excursions shall sign a statement waiving such claims.

I hereby acknowledge that I have read and understand the above and agree to waive any and all claims against the County Superintendent of Schools, County Board of Education and any of the officers, agents or employees of the County Superintendent or Board of Education.

I further understand and agree that any time my child listed above attends any off-site activities offered by the Community Home Education Program, including park days and field trips, that I am responsible for him/her and will remain at the event to exercise such responsibility or that I will designate in writing an adult who will remain with, and exercise such responsibility for my child and I will provide such written notice to the Community Home Education teacher in charge of that event, at the beginning of that event.

Signature of Parent/ Guardian/ Caregiver (circle one) Date



ORANGE COUNTY DEPARTMENT OF EDUCATION
Community Home Education Program
INDEPENDENT STUDY AGREEMENT
20____ - 20____

MASTER AGREEMENT INCLUDES:

- 1) Independent Study Agreement
- 2) Intermediate Assignments & Goals
- 3) Monthly Assignments & Goals Verification

Please print clearly:

CHEP Central

CHEP North

CHEP West

Student Name:		Grade
Address:	City and Zip Code:	
District of Residence	Home Phone #:	2nd Phone #:

FOR OFFICE USE ONLY

Enrollment Date	Ending Date	Early Withdrawal date (if applicable)
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- This agreement is to enable the student to successfully reach the objectives and complete the assignments identified in the *Intermediate Assignments & Goals* and the *Monthly Assignments & Goals Verification* Forms that will be part of this agreement. With the support of the parent, guardian, or caregiver the student will submit assignments on or before the due date.
- According to the Orange County Department of Education's policy for independent study in grades K - 8 no more than one monthly attendance period may elapse between the date an assignment is made by the teacher and the date it is due. Temporary changes to the attendance period may be made to incorporate monthly attendance periods that are two weeks or less in duration. Changes related to the attendance period will be documented in the comments section of the *Monthly Assignments & Goals Verification* of the Master Agreement by the CHEP Supervising Teacher.
- Independent study is an optional educational alternative that students voluntarily select, including expelled students (Education Code Section 48915) and/or students whose expulsion has been suspended (Education Code Section 48917).
- All students enrolling in Community Home Education Program have the option of classroom instruction in the County Community Schools or their home district. Enrollment is continuously voluntary.
- Parents/students will be provided with teacher support services, curriculum guides, textbooks, workbooks, and related instructional materials. All curriculum and methods of study are consistent with established OCDE guidelines and California State Content Standards. Parents are not provided with anything of value that is not provided for other students enrolled in similar public schools.

Objectives:

- The major objective for the duration of this agreement is to enable the student to keep current with grade level studies for the period covered by this agreement. Course objectives are found in the teachers' editions provided by CHEP.

Frequency and Time of Appointments:

- Parents/students are responsible for one appointment by the end of the week following the monthly attendance period and for quarterly conferences with the CHEP teacher at the office indicated above as a condition for continued enrollment. The date and time of the meeting will be stated on the monthly *Intermediate Monthly Assignments and Goals* (lesson plan). More frequent contacts may be arranged as necessary. It is recommended that parent/student and teacher interaction will occur on at least a weekly basis, whether on-site, by phone, or by e-mail.

Manner of Reporting/Meeting:

- The manner of submitting work will be one-on-one, small group, classroom, email, U.S. mail, fax, or other means pre-approved by the CHEP supervising teacher.

Methods of Study and Resources:

- Methods of Study and Resources for each attendance period will be listed on the *Intermediate Monthly Assignments & Goals* (lesson plan).

Methods of Evaluation:

- The Methods of Evaluation used to determine if the student met the academic objectives for each attendance period are varied and may include presentations, written or oral reports, written or oral tests, interviews, projects, demonstrations of skill, technology based presentations, completed assignments, portfolios, and teacher observation. The assignment specific methods of evaluation will be noted on the *Monthly Assignments and Goals Verification*.
- The student will complete the studies listed below during the semester or term of the agreement as they are outlined in the Community Home Education Program's curriculum and *Master Assignments'* pacing guide.

Subjects/Courses Enrolled:		FOR OFFICE USE ONLY	
Subjects/Courses	Credit/Course Value	Subjects/Courses	Credit/Course Value
Reading/Literature	Credits Needed _____	Science	Credits Needed _____
English/Language Arts	Credits Needed _____	Physical Education	Credits Needed _____
Mathematics	Credits Needed _____		Credits Needed _____
Social Studies	Credits Needed _____		Credits Needed _____

Community Home Education Program Independent Study Agreement (page 2)

Student _____ / _____
Print name Grade

Student's Agreement

- Independent Study is a form of education that I have chosen.
- I must follow the rules and standards in the Community Home Education Program *School Rules* and the *Rules and Regulations Agreement*.
- If I do not complete four or more days of assignments in one attendance month, my incomplete work will result in review of my placement in Community Home Education Program and I may not be allowed to continue in Independent Study.
- I agree to attempt to complete one day of instruction per school day for my grade level for the length of time covered by this agreement.

Parent/Guardian/Caregiver's Agreement

I understand that the major objective of Independent Study is to provide a voluntary educational alternative for my student. I agree to the above conditions listed under "Student." I also understand that:

- Learning objectives are consistent with and evaluated in the same manner that they would be if he or she were enrolled in a traditional school program.
- If my child has an individualized education program (IEP), the IEP must specifically provide for his or her enrollment in Independent Study.
- Unless otherwise indicated, the supervising teacher who signs this agreement will meet with my student and me on a regular basis as specified on page 1 to direct the child's study and measure progress toward the objectives in this agreement. It is my responsibility to promptly reschedule any appointment missed because of any emergency.
- An evaluation of continued enrollment will be made if 3 scheduled appointments with the CHEP teacher are broken.
- I am responsible for providing direct daily instruction in English and for supervising my child while he or she is completing the assigned work and for ensuring the submission of all completed assignments necessary for evaluation.
- I am liable for the cost of replacement or repair for damaged or destroyed books and other school property checked out to my student.
- It is my responsibility to provide any needed transportation for my student's scheduled meetings and any other travel covered by this agreement.
- All students in grades TK - 8 are required to take the State mandated test(s) each year.
- Continued enrollment in CHEP will be based on the above plus student progress toward goals and mutual agreement between the parent, student, and teacher that OCCS: CHEP is an appropriate and successful placement for the student.

AGREEMENT:

I have read and understand the terms of this agreement and hereby agree to all the provisions set forth within.

Student Signature

Date

Parent/Guardian/Caregiver Signature

Date

Supervising Teacher Signature

Date

Other Signature

Date

Other Signature

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 of 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 materials. On a global network it is impossible to control all materials and an industrious user may discover 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 the rules and regulations discussed with each user during Internet training sessions.

To gain access to the 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 to 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 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 transmit, 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. Users must respect all copyright laws that protect software owners, artists, and writers. Plagiarism will not be tolerated.
8. Security on any computer system is a 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 folders, work, or files without written 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, or 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 own 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.



(Office Use Only)

CHEP Teacher _____
CHEP Site _____

ORANGE COUNTY DEPARTMENT OF EDUCATION
COMMUNITY HOME EDUCATION PROGRAM (CHEP)
STUDENT DEMOGRAPHIC DATA

Student's Last Name First Name Gender Birth Date Grade / Year

Race/ Ethnicity

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) ☐ Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

- | | | |
|---|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native(100)
(Persons having origins in any of the original people of North, Central or South America) | <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> Tahitian (304) |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Other Pacific Islander (399) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Hmong (208) | <input type="checkbox"/> Filipino/Filipino American (400) |
| <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> African American or Black (600) |
| <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |
| <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Guamanian (302) | |
| | <input type="checkbox"/> Samoan (303) | |

Residence

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) | <input type="checkbox"/> In a motel/hotel (09) |
| <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11) | <input type="checkbox"/> Unsheltered (car/campsite) (12) |
| <input type="checkbox"/> In a shelter or transitional housing program (10) | <input type="checkbox"/> Other (14) (please specify) _____ |

Parent Education Level

Check the response that describes the education level of the most educated parent.

- | | | |
|---|---|---|
| <input type="checkbox"/> Not a high school graduate | <input type="checkbox"/> Some college | <input type="checkbox"/> Graduate school/post graduate training |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> College graduate | <input type="checkbox"/> Respectfully decline to state |

Signature of Parent or Guardian

Date

Original: CHEP Enrollment Technician



Orange County Department of Education
Division of Alternative Education
Community Home Education Program

(Office Use Only)

Teacher: _____

HOME LANGUAGE SURVEY
(New Enrollees Only)

Name of Student: _____
Last First Middle

Date of Birth: _____ Age: _____ Grade: _____
Month Day Year

Place of Birth: _____
City State Country

CHEP Site: ☐ Central ☐ North ☐ West

Most recent California Public School Attended: _____ District: _____

Foreign Born:

- Date student first entered the USA _____
Month Day Year
- Date student first entered a school in the USA _____
Month Day Year
- Date student first entered a California public school _____
Month Day Year

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested. Please answer the following questions and return this form to your child's 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 your son/daughter? _____
4. What language is most often spoken by the adults at home? _____

Signature of Parent

Date

August 17, 2012



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>.

**ORANGE COUNTY
DEPARTMENT
OF EDUCATION**

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KEN L. WILLIAMS, D.O.

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,

Nina Boyd
Associate Superintendent
Alternative Education Division

NB:lr
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)

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

Parent's Full Name (Please Print)

Circle: Mother

Father

Guardian

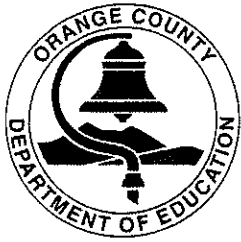
Child sex (circle):

M

F

Address (optional)

Phone Number (optional)



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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,

Nina Boyd
Associate Superintendent, Alternative Education

NB:

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 2015-16**

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: _____

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 current "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 2015-16

Effective July 1, 2015, through June 30, 2016, 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.

HOUSEHOLD SIZE	FM ELIGIBILITY SCALE					RM ELIGIBILITY SCALE				
	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK
1	\$15,301	\$1,276	\$ 638	\$ 589	\$ 295	\$21,775	\$1,815	\$ 908	\$ 838	\$ 419
2	20,709	1,726	863	797	399	29,471	2,456	1,228	1,134	567
3	26,117	2,177	1,089	1,005	503	37,167	3,098	1,549	1,430	715
4	31,525	2,628	1,314	1,213	607	44,863	3,739	1,870	1,726	863
5	36,933	3,078	1,539	1,421	711	52,559	4,380	2,190	2,022	1,011
6	42,341	3,529	1,765	1,629	815	60,255	5,022	2,511	2,318	1,159
7	47,749	3,980	1,990	1,837	919	67,951	5,663	2,832	2,614	1,307
8	53,157	4,430	2,215	2,045	1,023	75,647	6,304	3,152	2,910	1,455
For each additional family member, add:										
	\$ 5,408	\$ 451	\$ 226	\$ 208	\$ 104	\$ 7,696	\$ 642	\$ 321	\$ 296	\$ 148

- 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 CalFresh (formerly Food Stamps), Kinship Guardianship Assistance Payment (Kin-Gap), Food Distribution Program on Indian Reservations (FDPIR) benefits, or children who are recipients of California Work Opportunity and Responsibility to Kids Program (CalWORKs). Those children automatically qualify.
- 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 CalFresh (formerly Food Stamps) households, or recipients of Supplemental Security Income, Medicaid/Medi-Cal, or FDPIR benefits. Those participants automatically qualify.



ORANGE COUNTY DEPARTMENT OF EDUCATION **Alternative, Community, and Correctional Education**

Schools and Services (ACCESS) *Community Home Education Program*

CHEP Parents:

The Community Home Education Program, under the Orange County Department of Education (OCDE), cooperates with and takes part in the “Safe Schools” policies of the OCDE. These policies were established by law for all California public schools under SB 1087 in September 1998. Part of this “Safe Schools” plan means that, to ensure a school environment safe for all students and their families, we must not allow dangerous people, behaviors, objects, or substances on our campuses.

The following page is CHEP’s *School Safety Plan: Rules and Regulations Agreement* for your signature. It does not represent any hazardous situation which we experience now - instead it represents what we do not tolerate at CHEP. Most of the rules and regulations listed will probably never apply to your son/daughter if you are our homeschooling parent. Nevertheless, we must state these rules and regulations as a precaution against future possibilities.

Since we are a school with very diverse ages and maturity levels of students, we must differentiate the ages of students we require to sign this form. We strongly believe in establishing and encouraging our partnership with you, the parent, in educating your child. Please feel free to discuss this form with your CHEP teacher. Here are the guidelines for use of this form:

- ▶ 6th - 8th grade CHEP students: All parents must sign - we strongly recommend 6th - 8th grade students sign.
- ▶ K - 5th grade CHEP students: All parents must sign - we strongly recommend that the student *not* sign unless they have been involved in or exposed to activities described in the rules.



ORANGE COUNTY DEPARTMENT OF EDUCATION
Community Home Education Program

SCHOOL SAFETY PLAN
RULES AND REGULATIONS AGREEMENT

The Community Home Education Program 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 as the parent, 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 an OCCS 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, cell phones. (E.C. 48901.5) (Cell phones given to students by parents for the purpose of parent-child contact is acceptable but must be turned off during class or tutorial 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 in Community Home Education Program is not permitted unless prior arrangements have been made between administrators of the school district and the Community Home Education Program. I also understand that my friends, other than those enrolled in CHEP, are not allowed on CHEP's campus at any time. (Friends and family members accompanying a homeschooling 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 the Community Home Education Program has a "zero tolerance" policy which may result in severe disciplinary action for even a first offense, and that CHEP 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 Community Home Education Program Rules and Regulations.

Parent/Guardian/Caregiver Signature (circle one)

Date



Orange County Department of Education

Image Reproduction/Media Release Form

(Minor)

OFFICE USE ONLY

_____ **YES**

_____ **NO**

I, _____, hereby **(give)** **(do not give)**
(print: minor's first name, middle initial, last name) (circle one)

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 current school year at Community Home Education Program by, or on behalf of, Orange County Department of Education for staff development, instruction, or any legitimate purposes. I understand and agree that Orange County Department of Education is the exclusive owner of all rights, title and interest, including copyright, in such photographs, videotapes, and/or other audio-visual electronic materials.

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

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

Signature of 6th - 8th grader

Date

(Parent/Guardian)

I, _____, the parent/guardian of
(print: parent's first name, middle initial, last name)

_____, hereby **(give)** **(do not give)**
(print: minor's first name, middle initial, last name) (circle one)

permission, without restriction, to Orange County Department of Education, to use my child's 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 current school year at Community Home Education Program by, or on behalf of, Orange County Department of Education for staff development, instruction, or any legitimate purposes. I understand and agree that Orange County Department of Education is the exclusive owner of all rights, title and interest, including copyright, in such photographs, videotapes, and/or other audio-visual electronic materials.

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

Parent/Guardian Signature

Date

Required Age and Health Information

Documentation Required for Students Enrolling in California Public Schools

- **Proof of Age Required to Start School:**

- Proof of age is **required** for students entering a California public school for the first time.
- For students beginning this year, state law requires that a child must be 5 years old on or before September 1 for the 2014-2015 school year and beyond. **Verification of their birthday** must be furnished in the form of a certified copy of a birth record, a statement by the Department of Public Health certifying date of birth, a baptismal certificate, a passport, or an affidavit of the parent or guardian

- **Immunization Requirements:**

- *Guide to Immunizations Required for School Entry* (attached)

IMPORTANT!! **ALL** incoming 7th and 8th graders will be required to show proof of a Tdap booster shot before starting school.

- **Health Examination for School Entry:**

- This required examination may be completed up to 18 months prior to entry into **first grade**. Every effort should be made to have the exam completed by **kindergarten entry** along with the required immunization records. Doctors' offices and clinics are supplied with the appropriate form or you may download the form to take to the doctor.
- *Health Examination for School Entry* (attached)

- **Oral Health Exam:**

- *Oral Health Assessment Form* (attached)

For information about Orange County Health clinics, please go to the following website:

<http://ochealthinfo.com/civicax/filebank/blobdload.aspx?BlobID=13549> (attached)

Grades K-12



INSTRUCTIONS

Use this guide as a quick reference to help you determine whether children seeking admission to your school meet California's school immunization requirements. For the actual laws, see Health and Safety Code, Division 105, Part 2, Chapter 1, Sections 120325-120380; California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Sections 6000-6075. If you have any questions, call the Immunization Coordinator at your local health department.

IMMUNIZATION REQUIREMENTS

To enter into public and private elementary and secondary schools (grades kindergarten through 12), children under age 18 years must have immunizations.

VACCINE	REQUIRED DOSES
Polio	4 doses at any age, but... 3 doses meet requirement for ages 4–6 years if at least one was given on or after the 4th birthday ¹ ; 3 doses meet requirement for ages 7–17 years if at least one was given on or after the 2nd birthday. ¹
Diphtheria, Tetanus, and Pertussis	<p>Age 6 years and under: DTP, DTaP or any combination of DTP or DTaP with DT (diphtheria and tetanus) 5 doses at any age, but... 4 doses meet requirements for ages 4–6 years if at least one was on or after the 4th birthday.¹</p> <p>Age 7 years and older: Tdap, Td, or DTP, DTaP or any combination of these 4 doses at any age, but... 3 doses meet requirement for ages 7–17 years if at least one was on or after the 2nd birthday.¹ If last dose was given before the 2nd birthday, one more (Tdap) dose is required.</p>
Measles, Mumps, Rubella (MMR)	<p>Kindergarten: 2 doses² both on or after 1st birthday.¹</p> <p>7th grade: 2 doses² both on or after 1st birthday.¹</p> <p>Grades 1–6 and 8–12: 1 dose on or after 1st birthday.¹</p>
Hepatitis B³	Kindergarten: 3 doses at any age
Varicella	1 dose^{4, 6}
Tdap Booster (Tetanus, reduced diphtheria, and pertussis)	7th grade: 1 dose on or after 7th birthday. ^{5, 7}

- ¹ Receipt of a dose up to (and including) 4 days before the birthday will satisfy the school entry immunization requirement.
- ² Two doses of measles-containing vaccine required. One dose of mumps and rubella-containing vaccine required; mumps vaccine is not required for children 7 years of age and older.
- ³ Not required for 7th grade.
- ⁴ Physician-documented varicella (chickenpox) disease history or immunity meets the varicella requirement.
- ⁵ Tdap, DTaP, or DTP given on or after 7th birthday will meet the requirement. Td does not meet the requirement.
- ⁶ 2 dose varicella requirement for ages 13-17 years applies to transfer students who were not admitted to a California school before July 1, 2001.
- ⁷ 8th-12th grade students transferring from outside of California must meet the requirement.

EXEMPTIONS

The law allows parents/guardians to choose an exemption from immunization requirements based on their personal beliefs or medical conditions. For children with medical exemptions, the physician's written statement should be submitted. Schools should maintain an up-to-date list of pupils with exemptions, so they can be excluded quickly if an outbreak occurs.

NOT MEETING REQUIREMENTS

Refer pupils who do not meet these State requirements to their physician or local health department. Give families a written notice indicating which doses are lacking.

CONDITIONAL ADMISSIONS

Children who lack one or more required vaccine doses that are not currently due may be admitted on condition that they receive the remaining doses when due (Title 17, CCR Section 6035).

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street	City	ZIP code	SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER**HEALTH EXAMINATION**

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
Tuberculin Test (Mantoux/PPD)	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.

Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)

and

RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN**RESULTS AND RECOMMENDATIONS**

Fill out if patient or guardian has signed the release of health information.

- ☐ Examination shows no condition of concern to school program activities.
- ☐ Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

☐ Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian _____ Date _____

Name, address, and telephone number of health examiner _____

Signature of health examiner _____ Date _____

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

CHDP website: www.dhs.ca.gov/chdp

Oral Health Assessment/Waiver Request Form

California law, *Education Code* Section 49452.8, now requires that your child have an oral health assessment by May 31 in kindergarten or first grade, whichever is his or her first year of public school. The law specifies that the assessment must be performed by a licensed dentist or other licensed or registered dental health professional. Oral health assessments that have happened within the 12 months before your child enters school also meet this requirement. If you cannot take your child for this assessment, you may be excused from this requirement by filling out Section 3 of this form.

Section 1

To be completed by the parent or guardian

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Gender: Male Female
Parent/Guardian Name:	Child's race/ethnicity: White Black/African American Hispanic/Latino Asian American Indian Alaska Native Native Hawaiian/Pacific Islander Multi-racial Unknown		

Section 2

Oral Health Data Collection

To be completed by the dental professional conducting the assessment

Assessment Date:	<u>Visible caries and/or fillings present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Visible caries present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Treatment Urgency:</u> <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended <input type="checkbox"/> Urgent care needed
------------------	---	---	---

Dental professional's signature

Date

Return this form to the school by May 31

Original to be retained in child's school record.

Section 3
Waiver of Oral Health Assessment Requirement
To be completed by a parent or guardian requesting to be excused from this requirement

I request that my child be excused from the oral health assessment requirement for the following reason: (Please check the box that best describes the reason.)

I am unable to find a dental office that will take my child's insurance plan.

My child is covered by the following insurance plan:

Medi-Cal/Denti-Cal Healthy Families Healthy Kids None

Other _____

I cannot afford an oral health assessment for my child.

I do not wish my child to receive an oral health assessment.

Optional: other reasons my child could not get an oral health assessment:

California law requires schools to maintain the privacy of students' health information. Your child's identity will not be associated with any report produced as a result of this requirement. If you have any questions about this requirement, please contact your school office.

Signature of parent or guardian

Date

Return this form to the school by May 31

Original to be retained in child's school record.



Orange County
Health Care Agency
Condado De Orange
Agencia Del Cuidado De Salud

Health Referral Line
 Monday-Friday 8 am- 5pm
Línea De Referencia De Salud
 Lunes a Viernes 8 a.m. a 5 p.m.
1-800-564-8448

For information on free or low cost medical services call the following clinics.
 Para información sobre servicios médicos gratuitos / bajo costo llame a estas clínicas.
Services may change without notice / Información sujeta a cambios

Name & Street address Nombre y Dirección	City Ciudad	Phone Teléfono	Children / Niños	Adults / Adultos	Dental / Dental	Mental Health / Salud Mental	Evening/ Sat. / Tardes o Sab.
ALTAMED Medical Group Clinics in/Clinicas en: Anaheim, Garden Grove, Huntington Bch, Orange, Santa Ana		877.462.2582	✓	✓			✓
Central City Community Health 2237 West Ball Rd.	Anaheim	714.490.2750	✓	✓		✓	✓
Puente a la Salud Mobile Clinic Clinics in/Clinicas en: Anaheim, Orange, Santa Ana		714.744.8801		✓	✓		
UCI Family Health Centers Clinics in/Clinicas en: Anaheim, Orange, Santa Ana		714.456.7002	✓	✓			
SOS Organization / Share Our Selves 1550 Superior Ave.	Costa Mesa	949.270.2100		✓	✓	✓	
CHOC	Costa Mesa	714.289.4851	✓				
North Orange County Regional Health Center 901 W Orangethorpe Ave.	Fullerton	714.441.0411	✓	✓			✓
Sierra Health Center 1010 S. Brookhurst Rd.	Fullerton	714.870.0550	✓				✓
Sierra Health Center 501 S. Brookhurst Rd.	Fullerton	714.870.0717		✓			
St. Jude Medical 731 S. Highland Ave.	Fullerton	714.446.5100	✓	✓			✓
CHOC	Garden Grove	714.532.7900	✓				
Nhan Hoa Health Care Clinic 7761 Garden Grove Bl	Garden Grove	714.898.8888	✓	✓	✓		✓
VNCOC Asian Health Center 9862 Chapman Ave. Ste B	Garden Grove	714.418.2040	✓	✓	✓	✓	✓
Friends of Family Health Center 501 S. Idaho #190	La Habra	562.690.0400	✓	✓	✓	✓	✓
The Gary Center (<i>Dental & Mental Health only</i>) 341 S. Hillcrest St.	La Habra	562.691.3263	✓	✓	✓	✓	
Laguna Beach Community Clinic 362 Third St.	Laguna Beach	949.494.0761	✓	✓	✓	✓	✓
CHOC	Orange	714.532.8361	✓				✓
La Amistad Medical Clinic 353 S. Main St.	Orange	714.771.8006	✓	✓	✓		
Lestonnac Free Clinic 1215 E. Chapman Ave.	Orange	714.633.4600	✓	✓			✓
Camino Health Center 30300 Camino Capistrano	San Juan Capistrano	949.240.2272	✓	✓	✓		✓
CHOC Clinic at Boys & Girls Club	Santa Ana	714.289.4840	✓				
CHOC Clínica Para Niños	Santa Ana	714.289.4800	✓			✓	
Orange County Health Care Agency 1725 W. 17 th Street	Santa Ana	800.914.4887	✓	✓	✓		✓
Serve the People Community Health Clinic 1206 E. 17 th Street	Santa Ana	714.352.1405	✓	✓			✓
Hurt Family Health center One Hope Dr.	Tustin	714.247.0300	✓	✓		✓	



2015-2016 PARENT CALENDAR

Community Home Education Program

Name: _____

Grade: _____

Month 1 **17 days**

		7/1	7/2	7/3 H
7/6	7/7	7/8	7/9	7/10
7/13	7/14	7/15	7/16	7/17
7/20 *	7/21	7/22	7/23	7/24

Month 2 **20 days**

7/27	7/28	7/29	7/30	7/31
8/3	8/4	8/5	8/6	8/7
8/10	8/11	8/12	8/13	8/14
8/17 *	8/18	8/19	8/20	8/21

Month 3 **19 days**

8/24	8/25	8/26	8/27	8/28
8/31	9/1	9/2	9/3	9/4
9/7 H	9/8	9/9	9/10	9/11
9/14 *	9/15	9/16	9/17	9/18

Month 4 **20 days**

9/21	9/22	9/23	9/24	9/25
9/28	9/29	9/30	10/1	10/2
10/5	10/6	10/7	10/8	10/9
←	←	Conferences	→	→
10/12 *	10/13	10/14	10/15	10/16 Q1
←	←	Conferences	→	→

Month 5 **19 days**

10/19	10/20	10/21	10/22	10/23
←	←	Conferences	→	→
10/26	10/27	10/28	10/29	10/30
11/2	11/3	11/4	11/5	11/6
11/9 *	11/10	11/11 H	11/12	11/13

Month 6 **18 days**

11/16	11/17	11/18	11/19	11/20
11/23	11/24	11/25	11/26 H	11/27 H
11/30	12/1	12/2	12/3	12/4
12/7 *	12/8	12/9	12/10	12/11

H = School Holiday

Month 7 **19 days**

12/14	12/15	12/16	12/17	12/18
←	←	Conferences	→	→
WINTER BREAK FROM 12/21 THRU 1/1				
1/4	1/5	1/6	1/7	1/8
←	←	Conferences	→	→
1/11	1/12	1/13	1/14	1/15
←	←	Conferences	→	→
1/18 H	1/19 *	1/20	1/21	1/22

Month 8 **18 days**

1/25	1/26	1/27	1/28	1/29
2/1	2/2	2/3	2/4	2/5
2/8 H	2/9	2/10	2/11	2/12
2/15 H	2/16 *	2/17	2/18	2/19

Month 9 **20 days**

2/22	2/23	2/24	2/25	2/26
2/29	3/1	3/2	3/3	3/4
←	←	Conferences	→	→
3/7	3/8	3/9	3/10	3/11
←	←	Conferences	→	→
3/14 *	3/15	3/16	3/17	3/18 Q3
←	←	Conferences	→	→

Month 10 **20 days**

3/21	3/22	3/23	3/24	3/25
3/28	3/29	3/30	3/31	4/1
4/4	4/5	4/6	4/7	4/8
4/11 *	4/12	4/13	4/14	4/15

Month 11 **15 days**

SPRING BREAK FROM 4/18 THRU 4/22				
4/25	4/26	4/27	4/28	4/29
5/2	5/3	5/4	5/5	5/6
5/9 *	5/10	5/11	5/12	5/13
←	←	Conferences	→	→

Month 12 **10 days**

5/16	5/17	5/18	5/19	5/20
←	←	Conferences	→	→
5/23 *	5/24	5/25	5/26	5/27
←	←	Conferences	→	→

CHEP 2015-16 Calendar Highlights

August:

8/17/15: Traditional School Year Starts

September:

9/7: Labor Day Holiday: School Closed

9/14: Central and West Picture Day

9/15: North Picture Day

October:

10/16: 1st Quarter Ends

10/26: North Picture Make-Up

November:

11/2: West Picture Make-Up Day

11/6: Central Picture Make-Up Day

11/10: Central and West Art Fair

11/11: Veterans' Day Holiday- School Closed

11/17: North's Art Fair

December:

Winter Concert: TBD

12/21-1/1: Winter Break- School Closed

January:

1/8: Semester 1 Ends

1/15: Martin Luther King Holiday-School Closed

February:

2/8: Lincoln's Birthday Holiday-School Closed

2/15: Washington's Birthday Holiday-School Closed

March:

3/15: EXPO

3/18: 3RD Quarter Ends

April:

4/5: 8th Grade Promotion Auditions

Spring Concert: TBD

4/18-4/22: Spring Break-School Closed

May:

5/27: 2nd Semester Ends-Last Day of School

5/30: Memorial Day-School Closed

June:

6/2: Promotion

*PE Testing (Grades 5 and 7) TBD (Feb/March)

*SBAC Testing (Grades 3-8) TBD (March/April)