

CHEP Returning Student Enrollment Forms and Required Documents

**Please complete these forms and return them to your CHEP teacher.
These forms may be printed and filled out by hand, or downloaded and saved to your computer.**

CHEP Form	Required Signatures
<i>Student Registration</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>Military Parent/Guardian Affiliation Form</i>	Parent/Guardian
<i>Image Reproduction/Media Release</i>	Parent/Guardian
<i>Required Health and Immunization Forms</i> <i>(students entering grades, K, 1, and 7</i> <i>check your requirements)</i>	Parent/Guardian
<i>Community School Referral Form</i> <i>(to be completed by referring district)</i>	Parent/Guardian Student Authorized signature from referring district

REQUIRED DOCUMENTS

Check with your CHEP teacher to see if your student needs a new District Referral form each year.

IMMUNIZATION RECORDS:

EVERY STUDENT MUST HAVE CURRENT IMMUNIZATIONS BEFORE THEY CAN ENROLL (even Returning Students!) – Please review the Required Health and Immunization Forms above and read through the information carefully to see if your student requires any boosters or immunizations prior to re-enrollment.



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

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

20__ - 20__ Student Registration Form

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 If yes, when? _____

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.

RESIDENCE:

Where is your child/family currently living? (Federally mandated by ESSA)

Select one:

In a single family permanent residence (house, apartment, condo, mobile home)

In a motel/hotel (09)

Doubled-up (sharing housing w/other families/individuals due to economic hardship or loss)

Unsheltered (car/campsite) (12)

In a shelter or transitional housing program (10)

Other (14) Please specify: _____

• 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 Entering District of 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:	Birth Date:
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.



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

MILITARY PARENT/GUARDIAN AFFILIATION FORM

As part of the new accountability requirements under the Every Student Succeeds Act (ESSA), the U.S. Department of Education is requiring school districts to identify students who are armed forces family members. These students will be part of a new accountability subgroup. The ACCESS program will submit this data to the California Department of Education (CDE) via the California Longitudinal Pupil Achievement Data System. As this is a new demographic data collection requirement, ACCESS is asking all parents/guardians to indicate below the family's military status.

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

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

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

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

More information regarding this data collection can be found on the ED's website:
<http://www2.ed.gov/policy/elsec/leg/essa/essafaqstransition62916.pdf>

Student's Name: _____

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

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

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

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



Orange County Department of Education
Image Reproduction/Media Release Form

OFFICE USE ONLY
YES
NO

(Minor)

I, _____, hereby (give) (do not give)
(permission: 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.

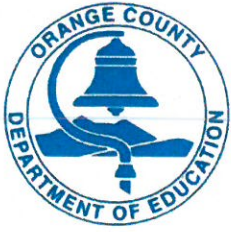
Signature of 6th - 8th grader Date

(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



**ORANGE COUNTY
DEPARTMENT
OF EDUCATION**

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92628-9050

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AL MIJARES, Ph.D.
County Superintendent
of Schools

**ORANGE COUNTY
BOARD OF EDUCATION**

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REBECCA "BECKIE" GOMEZ

LINDA LINDHOLM

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,


Laura Strachan

Assistant Superintendent, Alternative Education

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 2018-19**

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 “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 2018-19

Effective July 1, 2018, through June 30, 2019, 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.

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	\$ 15,782	\$ 1,316	\$ 658	\$ 607	\$ 304	\$ 22,459	\$ 1,872	\$ 936	\$ 864	\$ 432
2	\$ 21,398	\$ 1,784	\$ 892	\$ 823	\$ 412	\$ 30,451	\$ 2,538	\$ 1,269	\$ 1,172	\$ 586
3	\$ 27,014	\$ 2,252	\$ 1,126	\$ 1,039	\$ 520	\$ 38,443	\$ 3,204	\$ 1,602	\$ 1,479	\$ 740
4	\$ 32,630	\$ 2,720	\$ 1,360	\$ 1,255	\$ 628	\$ 46,435	\$ 3,870	\$ 1,935	\$ 1,786	\$ 893
5	\$ 38,246	\$ 3,188	\$ 1,594	\$ 1,471	\$ 736	\$ 54,427	\$ 4,536	\$ 2,268	\$ 2,094	\$ 1,047
6	\$ 43,862	\$ 3,656	\$ 1,828	\$ 1,687	\$ 844	\$ 62,419	\$ 5,202	\$ 2,601	\$ 2,401	\$ 1,201
7	\$ 49,478	\$ 4,124	\$ 2,062	\$ 1,903	\$ 952	\$ 70,411	\$ 5,868	\$ 2,934	\$ 2,709	\$ 1,355
8	\$ 55,094	\$ 4,592	\$ 2,296	\$ 2,119	\$ 1,060	\$ 78,403	\$ 6,534	\$ 3,267	\$ 3,016	\$ 1,508
For each additional family member, add:										
	\$ 5,616	\$ 468	\$ 234	\$ 216	\$ 108	\$ 7,992	\$ 666	\$ 333	\$ 308	\$ 154

- 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.

Required Age and Health Information

8 cW a YbHjcb FYei jfYX Zcf Gh XYblq 9bfc ``]b[']b'7 U]Zcfb]UDi V`]WGW cc`g

- **DfccZcZ5[YFYei jfYX'lc'GHfhGW cc`.'**
 - Proof of age is **fYei jfYX** 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 current school year and beyond. **JYf]ZVUjcb`cZ h Yjf V]fh XU** 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
- **a a i b]nUjcb FYei jfYa Yblq.'**
 - *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://www.ochealthinfo.com/phs/about/family/iz>

GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY

GRADES TK/K-12



Requirements by Age and Grade Before Entering:

Vaccine	4-6 Years Old Elementary School at Transitional-Kindergarten/ Kindergarten and Above	7-17 Years Old Elementary or Secondary School	7th Grade*
Polio (OPV or IPV)	4 doses (3 doses OK if one was given on or after 4th birthday)	4 doses (3 doses OK if one was given on or after 2nd birthday)	
Diphtheria, Tetanus, and Pertussis	5 doses of DTaP, DTP, or DT (4 doses OK if one was given on or after 4th birthday)	4 doses of DTaP, DTP, DT, Tdap, or Td (3 doses OK if last dose was given on or after 2nd birthday. At least one dose must be Tdap or DTaP/DTP given on or after 7th birthday for all 7th-12th graders.)	1 dose of Tdap (Or DTP/DTaP given on or after the 7th birthday.)
Measles, Mumps, and Rubella (MMR or MMR-V)	2 doses (Both given on or after 1st birthday. Only one dose of mumps and rubella vaccines are required if given separately.)	1 dose (Dose given on or after 1st birthday. Mumps vaccine is not required if given separately.)	2 doses of MMR or any measles-containing vaccine (Both doses given on or after 1st birthday.)
Hepatitis B (Hep B or HBV)	3 doses		
Varicella (chickenpox, VAR, MMR-V, or VZV)	1 dose	1 dose for ages 7-12 years. 2 doses for ages 13-17 years.	

*New admissions to 7th grade should also meet the requirements for ages 7-17 years.

INSTRUCTIONS:

California schools are required to check immunization records for all new student admissions at TK/Kindergarten **through** 12th grade and all students advancing to 7th grade before entry.

1. Notify parents of required immunizations and collect immunization records.
2. Copy the date of each vaccine from the child's immunization record to the California School Immunization Record (Blue Card, CDPH-286) and/or supplemental Tdap sticker [PM 286 S (01/11)] or enter into an approved electronic system that prints a Blue Card.
3. Compare number of doses on the Blue Card to the requirements above.
4. Determine whether child can be admitted.

Continued on next page.



ADMIT A CHILD UNCONDITIONALLY WHO:

- Has all immunizations required for their age or grade, or
- Entered Transitional Kindergarten with
 - a valid personal beliefs exemption (PBE) for missing shot(s) that was signed within 6 months prior to entry and filed before January 1, 2016 and
 - immunization records with dates for all required shots not exempted, or
- Is entering 1st-6th grade or 8th-12th grade and submits a valid PBE **filed at a prior California school** for missing shot(s) and immunization records with dates for all required shots not exempted. **The PBE must have been filed before January 1, 2016 and is only valid for the current grade span (TK/K through 6th or 7th through 12th grade).** For complete details, visit ShotsforSchool.org, or
- Submits a licensed physician's written statement of a permanent **medical exemption** for missing shot(s) and immunization records with dates for all required shots not exempted.

The immunization requirements do not prohibit pupils from accessing special education and related services required by their individualized education programs.

A CHILD WHO IS MISSING REQUIRED SHOTS MAY BE ADMITTED CONDITIONALLY IF HE/SHE:

- Is missing a dose(s) in a series, but the next dose is not due yet. This means the child has received at least one dose in a series and the deadline for the next dose has **not** passed, according to the table below.
- Has a temporary medical exemption to certain vaccine(s) and has submitted immunization records for vaccines not exempted. The statement must indicate which immunization(s) must be postponed and when the child can be immunized.

SCHOOLS NEED TO FOLLOW UP AFTER ADMISSION IF:

- Child was admitted conditionally. Notify parents of the deadline for missing doses. Review records every 30 days until all required doses are received.
- Awaiting records for transfers from within California or another state. School may allow up to 30 school days before exclusion.

When Missing Doses Can Be Given:

Vaccine	Age (Years)	Missing Dose	Earliest Date After Previous Dose	Deadline After Previous Dose
Polio		2nd	6 weeks	10 weeks
		3rd	6 weeks	12 months
	4-6	4th	If the 3rd dose was given before the 4th birthday, one more dose is required before admission.	
	7-17	4th	If the 3rd dose was given before the 2nd birthday, one more dose is required before admission.	
DTaP, DTP, or DT	Under 7	2nd or 3rd	4 weeks	8 weeks
		4th	6 months	12 months
		5th	If the 4th dose was given before the 4th birthday, one more dose is required before admission.	
DTaP, DTP, DT, Tdap, or Td	7 & Older	2nd	4 weeks	8 weeks
		3rd	6 months	12 months
		4th	If the 3rd dose was given before the 2nd birthday, one more dose is required before admission.	
MMR		2nd	1 month	3 months
Hep B	4-6	2nd	1 month	2 months
		3rd	2 months after 2nd dose and at least 4 months after 1st dose	
Varicella	13-17	2nd	4 weeks	3 months

DO NOT ADMIT A CHILD WHO:

Does not fit one of the previous categories. Refer parents to their physician with a written notice indicating which doses are needed.

Maintain a list of unimmunized children (exempted or admitted conditionally), so they can be excluded quickly if an outbreak occurs.

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	City	ZIP code	SCHOOL	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street						

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	/ /
TB Risk Assessment and Test, if indicated	/ /
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)					
DiAP/DTP/DTT/d (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
H1B MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)

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)*

RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

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.

Oral Health Assessment Form

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

Section 1: Child's Information (Filled out by 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 Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

IMPORTANT NOTE: Consider each box separately. Mark each box.

Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
_____ <i>Licensed Dental Professional Signature</i>		_____ <i>CA License Number</i>	_____ <i>Date</i>

Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- I am unable to find a dental office that will take my child's dental insurance plan.
 My child's dental insurance plan is:
 Medi-Cal/Denti-Cal Healthy Families Healthy Kids Other _____ None
 - I cannot afford a dental check-up for my child.
 - I do not want my child to receive a dental check-up.
- Optional: other reasons my child could not get a dental check-up: _____

If asking to be excused from this requirement: ► _____
Signature of parent or guardian
Date

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Return this form to the school *no later than May 31* of your child's first school year.
Original to be kept in child's school record.



COMMUNITY SCHOOL REFERRAL

Student's Name: Last First Middle A.K.A. CALPADS SSID #:

D.O.B. Grade: Hm. Phone: Cell Phone:

Last School Attended: Last District Attended:

Parent Guardian Caregiver Name: Private/Charter: Yes No

Address: City: Zip

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

- Please provide the following information: Special Education Yes No (If Yes), SAI, DIS. S/L, DIS/PSY, DIS/HEALTH, DIS/Counseling, District Sp. Ed. History-Exited, Transition to ACCESS, IEP Date

- ELPAC/CELDT-Language Proficiency: English Only (EO), Unknown, Initially Fluent English Proficient (IFEP), Redesignated Fluent English Proficient (RFEP), English Learner (EL), ELPAC/CELDT Proficiency Level, 1st year enrolled in school in U.S., Year enrolled in California Public School

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

REASON FOR REFERRAL

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

ATTEMPTED INTERVENTIONS

- Educational Counseling, SARB, Schedule Modifications, Suspension days, Parent Conferences, Other

PREVIOUS EDUCATIONAL ALTERNATIVES

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

Comments:

RECOMMENDATION:

ADMIN UNIT: CHEP/PCHS, Garden Grove, Harbor Learning Center, North, South East, Sunburst

- Please check box if applicable: (For Office Use Only) Section 1981 (a) District Expulsion, Section 1981 (b) SARB, Section 1981 (d) Parental Request/District Approval

- Section 1981 (c) (1) Probation status 601, 602, 654, 725, 726, 727, 790 (2) On probation or parole and not in attendance in any school (3) Expelled: Section 48915 (a) or (c)

REFERRAL - REVIEW & CERTIFICATION

Referring District/School Print CWA/Designee Name and Title Signature Date

OCDE Representative Print Name and Title Signature Date

Probation Representative Print Name and Title Signature Date

Certified pursuant to Orange County Juvenile Court Order Filed December 21, 2001

Juvenile Court Representative

Parent Guardian Caregiver Date

Student Signature Date