

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

This form **MUST** be saved to your device before completing.

* **Print forms single-sided for school processing use.** *

STUDENT REGISTRATION FORM

Please Print Clearly

Legal Name: Last			First	Middle	Home Language Correspondence: __ English __ Spanish __ Other* _____ (refer to back of form)	
Prior ACCESS student: __ No __ Yes, if yes, has your name changed from a prior enrollment: __ No __ Yes If yes, indicate name used in the prior enrollment:						
Gender: __ Male __ Female __ Nonbinary		Birth Date:	Grade:	Lives With: Mother __ Yes __ No Father __ Yes __ No		Parent Ed Level (Refer to back of form):
Name of Mother: __ Parent __ Guardian __ Caregiver						
Name of Father: __ Parent __ Guardian __ Caregiver						
Primary Contact Number: ()		Father's Work Phone: ()		Ext:	Mother's Work Phone: Ext: ()	
Mailing Address			Apt	City		Zip Code
Residence Address (If different than above)			Apt	City		Zip Code
Father's Cell Phone: ()		Mother's Cell Phone: ()		Student's Cell Phone: ()		
Father's Email Address:		Mother's Email Address:		Student's Email Address:		
Residence – where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box: <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) (200) <input type="checkbox"/> In a motel/hotel (110) <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (120) <input type="checkbox"/> Unsheltered (car/campsite) (130) <input type="checkbox"/> In a shelter or transitional housing program (100) <input type="checkbox"/> Other (300) (please specify) _____						
WHAT IS YOUR CHILD'S ETHNICITY? <i>Mark the ethnicity with which the student most closely identifies (Please check one):</i> <input type="checkbox"/> Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) <input type="checkbox"/> Not Hispanic or Latino						
WHAT IS YOUR CHILD'S RACE? (Select up to five racial categories, refer to back of form) <i>The previous question is about ethnicity, not race. No matter what ethnicity you selected above, please continue to answer the following by indicating what you consider your race to be.</i> Selection: One:_____ Two:_____ Three:_____ Four:_____ Five:_____						
Place of Birth: City:_____ State:_____ Country:_____						
Migrant Ed: __ No __ Yes, ID:	If not born in the U.S., what month/year did your child... Enter the U.S? _____ ... 1st enrolled in a U.S. school? _____ ... 1st enrolled in a California school? _____					

FOR OFFICE USE ONLY

Enrolled By:			Probation Officer:			
Referrer: __ Probation __ District: District name: _____						
Referrer's Name: _____ Title: _____						
Referral Code:		Referral Date:			Referral Reason:	
Enrollment type: __ Re-enroll __ New		Start Date:		Program type: __ Day __ CL		PermID:
Teacher Name/Number:				AU/Site:		
Home Lang as indicated by question #2 on the Home Language Survey:				Primary Lang as indicated by question #1 on the Home Language Survey:		
ELPAC/CELDT-Language Proficiency as indicated on Referral:					Form109:02/13/20	

Parent Education Level Codes:

Select the code that best describes the education level of the most educated parent

Code	Description	Code	Description
14	Not High School Graduate	11	College Graduate
13	High School Graduate	10	Graduate School/Post Grad Training
12	Some College/Associate's degree	15	Declined To state/unknown

Race Codes:

Select the code with which the student most closely identifies with.

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

*Home Language Correspondence: If other language indicated is not available for correspondence, written correspondence will be in English.

PREVIOUS SCHOOL(S) ATTENDED: (For purpose of requesting transcripts and/or folders only)

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



Division of Alternative Education EMERGENCY DATA AND TREATMENT AUTHORIZATION

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

NAME OF PUPIL (LAST NAME, FIRST NAME, MIDDLE NAME)		MALE <input type="checkbox"/>	TELEPHONE #	STUDENT CELL PHONE#
		FEMALE <input type="checkbox"/>	()	()
COMPLETE ADDRESS (STREET, CITY, ZIP)			STUDENT EMAIL ADDRESS	FOSTER HOME YES <input type="checkbox"/> NO <input type="checkbox"/>
DISTRICT OF RESIDENCE	LANGUAGE SPOKEN AT HOME	BIRTH DATE	AGE	BIRTHPLACE
PARENT(S) LEGAL GUARDIAN RESPONSIBLE FOR PUPIL	BUSINESS ADDRESS OR HOME ADDRESS IF OTHER THAN ABOVE		BUSINESS PHONE #/ BUSINESS HOURS	CELL PHONE #/ EMAIL ADDRESS
FATHER	-----		() HRS: -----	() E: -----
MOTHER	-----		() HRS: -----	() E: -----
OTHER (SPECIFY RELATIONSHIP)	-----		() HRS: -----	() E: -----

If above person(s) cannot be reached, and child becomes ill or injured at school, list three alternative persons to act for parents. (They MUST have a telephone, be able to arrange for transportation, be known to child, and willing and able to act for parent(s) or legal guardian.

NAME	ADDRESS	TELEPHONE NUMBER	RELATIONSHIP
1.	-----	()	
2.	-----	()	
3.	-----	()	

SOCIAL SERVICE AGENCY (NAME, ADDRESS, TELEPHONE NUMBER) IF APPLICABLE

LIST CONDITIONS WHICH MIGHT LEAD TO SEIZURES, ASTHMA, LIST OTHER HEALTH PROBLEMS (CARDIAC, DIABETES, ETC) ALLERGIES (BEE STING, PENCILLIN, ETC)

NAME OF PHYSICIAN	OFFICE LOCATION	TELEPHONE NUMBER ()
NAME OF DENTIST	OFFICE LOCATION	TELEPHONE NUMBER ()

Responsible Party _____

Insurance Company _____ Policy and or Medi-Cal # _____

My child wears the following type(s) of emergency identification: None Bracelet Necklace Other (specify) _____

LIST ANY RESTICTIONS and MEDICATIONS TAKEN:

SIGNATURE OF PARENT, LEGAL GUARDIAN, OR CAREGIVER _____ DATE SIGNED _____

AUTHORIZATION FOR EMERGENCY TREATMENT OF A MINOR

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

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

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

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

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

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



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

MILITARY PARENT/GUARDIAN AFFILIATION FORM

School Year _____ - _____

As part of the accountability requirements under the Every Student Succeeds Act (ESSA), the U.S. Department of Education is requiring school districts to identify students who are dependents of full-time active duty members of the Armed Forces.

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.

- 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.
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.

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

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

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

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

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

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

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



Alternative, Community, and Correctional Education Schools and Services

SPECIAL EDUCATION VERIFICATION SURVEY

Student Name _____

Place of Birth: _____ Date of Birth: _____ Age: _____

School Site: _____ Grade: _____

Section A: Search for Special Education History (To be completed by Enrollment Technician)

If referral form or institution records indicate Special Education, go to section B; if not, ask the following questions:

- Were you ever in special education classes, received tutoring, or extra help in math or reading?
- Have you ever had help with listening, speaking, or expressing yourself?
- Except in elementary school, did you ever attend one class all day long?
- Have you been given any tests, one-to-one with a special teacher?
- Did your parents ever sign papers for you to get additional help in school?

Select One

- Yes No
- Yes No
- Yes No
- Yes No
- Yes No

Section B: Documentation of Search

If **special education history** is indicated during any part of the search process, route form to Special Education Teacher for completion of Section C.

Signature of Enrollment Technician

Date

Section C: Verification of Special Education History as Indicated Through Search

(To be completed by Special Education Teacher)

Contact last District of Attendance. Are special education records available? Yes No

- If no records are available, interview student, parent and/or other to obtain history, and contact last school of attendance or other district(s) who can verify special education history.

Specifically request copies of the following and note information below.

- Date of last IEP: _____
- Date of last Psycho-Educational Study or Multidisciplinary Report: _____
- Date of last Speech/language Report, if applicable: _____
- Other DIS services (such as speech/language/counseling, adaptive PE, etc.) on IEP: _____

Name of Person Contacted

School/District

Sign and date here, then place this form in the student's folder.

Teacher Signature

Date



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

PERMISSION FOR COUNSELING AND RELATED SERVICES

In an effort to maximize a student’s success in the academic setting, counseling and a variety of other opportunities and programs are made available to students enrolled in the Alternative, Community, and Correctional Education Schools and Services (ACCESS). This form grants permission for these services at no cost to you.

Individual and group counseling services may be available by a licensed Marriage and Family Therapist (MFT) or a Licensed Clinical Social Worker (LCSW). Masters level professionals and graduate student interns, under the supervision of licensed personnel, may also provide counseling for the students.

Information discussed in counseling sessions will remain confidential except those issues mandated by law to report, for example, incidents of child and elder abuse as well as thoughts and plans of suicide and homicide.

I do I do not give permission for my child/myself to receive individual and/or group counseling services.

Parent _____

Parent/Guardian Signature

_____ Date

Other opportunities and programs may include counseling for family planning, HIV/AIDS and sexually transmitted disease awareness and prevention, life skills, self esteem, and sex education.

As a parent/guardian, you have the right to review sex education and other educational materials to be presented to you/your child.

I do I do not give permission for my child/myself to participate in courses which include sex education.

Parent _____

Parent/Guardian Signature

_____ Date

It is the policy of the Orange County Department of Education to work closely with individuals, parents, and families to address student needs. It has been our experience that working together provides the best avenue for positive growth and change. Occasionally, you/your child may be requested to complete opinion surveys on a variety of topics.

I do I do not give permission for my child/myself to participate in opinion surveys.

Parent _____

Parent/Guardian Signature

_____ Date

Student _____

Student Signature – I have read and understand all of the above.

_____ Date



RELEASE OF STUDENT DIRECTORY INFORMATION TO POST-SECONDARY RECRUITERS EXEMPTION FROM DISCLOSURE FORM

Dear Parent/Legal Guardian/Students 18 or older:

Under the federal Elementary and Secondary Education Act (ESEA), as amended by the Every Student Succeeds Act (ESSA), requires public high schools to provide post-secondary recruiters, upon request, with the names, addresses and telephone numbers of enrolled high school students. Post-secondary recruiters include: schools, colleges, universities, the armed services, prospective employers. The student’s contact information will appear on the requested lists unless parent, legal guardian, or student who is 18 or older has advised the school they do not want their student’s information disclosed without their prior written consent.

If you choose to have your student’s directory information removed from any or all of the post-secondary recruiters lists please check the appropriate box or boxes below. This signed form must be returned to in order for the request to be activated.

- DO NOT release student contact information to Military Recruiters.
DO NOT release student contact information to College/University Recruiters.
DO NOT release student contact information to prospective employers.

If you have any questions please contact the ACCESS program Attendance and Records Center at (714) 547-9972.

Student Name: _____ DOB: _____

Parent/Guardian Name: _____

Parent/Guardian/Student 18 or older Signature: _____

Telephone #: _____ Cell: _____ Email: _____

Teacher Name: _____

Office use only: Date received: _____ Entered in SIS by: _____

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

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

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

Student's Name: _____

School: _____ Grade: _____

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

✍ Signature of Parent or Guardian: _____ Date: _____

PLEASE COMPLETE THE FOLLOWING IF APPLICABLE:

CONTINUING MEDICATION

Student's Name: _____

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

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

Physician's Name _____ Telephone: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

✍ Signature of Parent or Guardian: _____ Date: _____

RELEASE OF DIRECTORY INFORMATION

If you do not wish directory information released (page 10), please sign where indicated below and ensure receipt of this form by the school office within the next 30 days. Note that by signing below this will prohibit the district from providing the student's name and other information to the news media, interested schools, parent-teacher associations, interested employers, and similar parties.

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

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

✍ Signature of Parent or Guardian: _____



Orange County Department of Education
INDEPENDENT STUDY MASTER AGREEMENT

Student Name:		Age:	Birth Date:	Grade:
Student Email (personal):		Student Cell #: ()		
Parent/Guardian/Caregiver:		Phone#: ()	Other Phone#:()	
Parent/Guardian/Caregiver Email:				
Address:		City:	Zip Code:	
Manner: <input type="checkbox"/> One-to-One <input type="checkbox"/> Other	Duration: _____ - _____ school year		Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Other _____	
Admin Area:	Site:	Start date:	End date:	Appointment: Day: _____ Time: _____

STUDENT: I AGREE TO:

- Be supervised by certificated staff and/or other approved resource personnel.
- Report to my teacher at the location, time and frequency specified above and the date as specified on the assignment record.
- Complete my assignments in accordance with Board Policy. Maximum length of time allowed for completion of an assignment is indicated on the assignment record and may not exceed one semester. Failure to complete four consecutive assignments during an agreed assignment period will result in an evaluation of my educational progress to determine if I should remain in independent study.
- Attend a student intervention team meeting if I fail to generate attendance for more than 10% of required minimum instructional time over four continuous weeks of the school calendar or not participatory in synchronous instructional offerings for more than 50% of the scheduled times of synchronous instruction in a school month as applicable by grade span, or are in violation of the Independent Study Master Agreement. A letter will be sent informing me and my parent/guardian/caregiver of this meeting regarding compliance to the master agreement. All LEA staff members who have signed the master agreement will participate. This intervention will include a verification of:
 1. My current contact information.
 2. The verbiage in the written agreement.
 3. My needs, including connection with health and social services as necessary.
 4. My Individualized Education Career Service Plan and its impact on your educational achievement and well-being.
 5. Revocation of any work permit issued until my school work is satisfactorily completed.
 6. Possible termination of the agreement and recommendation of an alternative program within five days.
- Obtain transportation to the school site. (Note: The lack of transportation is not an acceptable reason for failing to meet with my teacher and/or supervisor to submit my completed assignments.)
- Attend and participate in each state mandated test throughout the school year.

Proposed Course of Study:

Subsidiary contracts will be negotiated for each course specifying objectives, credit, resources, personnel and materials to be provided and criteria for evaluation. These will be part of this Master Agreement. Additional course contracts may be written upon receipt of the official transcript(s).

Does the student have adequate internet? ___Yes ___No* Does the student have adequate technology? ___Yes ___No*

*If no, it will be offered to student through a written agreement.

Course	Credit Needed	Course	Credit Needed

AGREEMENT: The Orange County Department of Education commits to provide the material and services listed under the "understandings" on page 2 of this agreement. We have read pages 1 and 2 of this agreement and hereby agree to all the conditions set forth within.

ACCESS schools are fully accredited by the Western Association of Schools and Colleges (WASC). The schools offer a large selection of UC/a-g approved courses. If the intent is to apply to a UC/CSU school please ask about a-g courses. The ACCESS County Community Schools (AREAs 1, 2, and 3) do not offer approved NCAA eligible coursework.

 Student Signature Date

 Supervising Teacher Signature Date

 Parent / Guardian / Caregiver Signature Date

 Special Education Teacher (if applicable) Date

STUDENT RESPONSIBILITIES, (Cont.):**I UNDERSTAND THE FOLLOWING:**

- Independent study is an optional education alternative that I have voluntarily selected. I will continuously have a classroom option available to me should I choose to no longer participate in Independent Study.
- By entering the Orange County Department of Education program, I have not waived any rights as a student.
- As an independent study student, I realized that I will have the resources of OCDE personnel, curriculum, equipment, textbooks, supplementary materials, community resources as listed on my course contract(s) and/or assignment record(s).
- I will be provided academic and other supports to address my needs if I am not performing at grade level, or need support in other areas such as English learners, individuals with exceptional needs in order to be consistent with an individualized education program or plan pursuant to Section 504 of the Federal Rehabilitation Act of 1973 (29 U.S.C. Sec. 794), pupils in foster care or experiencing homelessness, and pupils requiring mental health supports.
- If I have been referred to Orange County Department of Education pursuant to Education Code 48915 or 48917, an alternative classroom instruction has been offered and is available at all times.
- Permanent or temporary changes to the appointment day and/or time may be made to accommodate school holidays, teacher in-services days or the student's schedule for good and sufficient reasons. Changes related to the appointment day and/or time will be documented in the "Teacher's Record/Comments" section of the Assignment Record Form.
- I must follow all the discipline code and behavior guidelines of the Orange County Department of Education. Any violation of these guidelines or failure to meet OCDE requirements could result in dismissal from Orange County Department of Education.
- Visitation on any other school campus requires permission from that school.
- If I achieve only minimum study requirements, I will complete the equivalent of only one semester course a month, or a minimum of 25 credits a semester. A district high school program is 30 credits a semester.

PARENT/GUARDIAN/CAREGIVER

I UNDERSTAND AND AGREE THAT THE MAJOR OBJECTIVE OF INDEPENDENT STUDY IS TO PROVIDE A VOLUNTARY EDUCATIONAL ALTERNATIVE FOR MY SON OR DAUGHTER, WITH THE CONTINUING OPTION OF CLASSROOM INSTRUCTION. I AGREE TO THE ABOVE CONDITIONS LISTED UNDER "STUDENT RESPONSIBILITIES." I ALSO UNDERSTAND AND AGREE THAT:

- Individual course objectives are consistent with and evaluation in the same manner that they would be if my son or daughter were enrolled in a district school program.
- I am liable for the cost of replacement or repair for willfully damages or destroyed books and other school property checked out by my son or daughter.
- Unless otherwise indicated, a teacher or supervisor will meet with my son or daughter on a regular basis to direct and measure progress. The time and location of meetings with the teacher will be determined by the teacher in consultation with my son or daughter
- I am expected to encourage my son or daughter to do more than the minimum study requirements and to be involved in appropriate educational activities such as: Regional Occupational Program; community volunteer work; or a direct project.
- I have the right to appeal any decision about my son's or daughter's placement, school program, or transfer according to the referring school district's procedures.

I UNDERSTAND MY RIGHTS AND RESPONSIBILITIES AS A PARENT/GUARDIAN UNDER THE FOLLOWING CALIFORNIA EDUCATION CODES [EC]:

- School attendance of your son/daughter is parental responsibility and failure to do so is an infraction of the Education Code. (EC 48290)
- Records are kept on each student and may be reviewed by parent(s), guardian, or student. Written requests may be made to remove disputed information. All student records are maintained for specific periods, only the "permanent record" is kept in perpetuity. (EC 49063, 49068 and 49073)
- No temporary disabled pupil may receive individual instruction through independent study. (EC 48206.3)
- Sexual harassment is illegal; it is a violation of State and Federal Law. (EC 48980 / Federal 212.6)
- Written permission of the parent or guardian is required for immunization of communicable diseases. (EC 48980)
- Administration of medication prescribed by a physician during school hours may be done by a nurse or teacher, under detailed instruction, upon written parental request. (EC 49451)
- A physical examination may not be given to a child whose parent has filed written objection for the then current school year. A pupil may be sent home if, for good reason, he or she is believed to be suffering from a recognized contagious or infectious disease. (EC 49451)
- If sex education courses are planned, you will be notified of your right to inspect and review pertinent written or audiovisual materials prior to the holding of the course. Written objection shall be honored for your child. (EC 51550. *This section does not apply to words or pictures in any science, hygiene, or health textbook.*)



Alternative, Community, and Correctional Education Schools and Services ACCESS Individual Learning Plan

Today's Date: _____

Student Name: (Last) _____ (First) _____ (DOB) _____

In order to be successful, I will . . .

Academic Success: (Please check two actions in this section.)

- Have a GPA of 2.5 or better
- Have a minimum attendance rate of 90%
- Improve my computer and technology skills
- Complete a minimum of 25 credits per semester

Reason for selections above: _____

College & Career Readiness: (Please check two actions in this section.)

- Complete one college or vocational tour
- Complete a career assessment
- Develop a resume
- Apply and be interviewed for a job
- Meet with my college counselor/mentor/career coach/transition specialist and create an action plan

Reason for selections above: _____

Life Skills & Personal Growth: (Please check at least one action in this section.)

- Practice positive behavior (no suspensions or discipline reports filed)
- Participate in one College Forum or one College Tour

Reason for selection above: _____

Community Involvement: (Please check at least one action in this section.)

- Complete 25 or more hours of community or volunteer service
- Complete a service learning project (see teacher for more information)
- Participate in one ACCESS-sponsored extracurricular activity
- Other: _____

Reason for selection above: _____

Transition Plan

In order to be successful after I leave the ACCESS program, I plan to . . .

- Re-enroll in my home high school
- Graduate ACCESS
- Enroll in community college
- Obtain and keep a job

By: _____ (date)

ILP to be completed every 6 months
Original: Student Folder
Copy: Student/Parent

Review Date: _____

Student Signature

Teacher Signature



September 1, 2022

Dear Parent, Guardian or Caregiver:

**ORANGE COUNTY
DEPARTMENT
OF EDUCATION**
200 KALMUS DRIVE
P.O. BOX 9050
COSTA MESA, CA
92628-9050

(714) 966-4000

FAX (714) 432-1916

www.ocde.us

AL MIJARES, Ph.D.
County Superintendent
of Schools

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

CAIR has many benefits, including:

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

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

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

Sincerely,

Vern Burton
Assistant Superintendent
Enclosure

**ORANGE COUNTY
BOARD OF EDUCATION**

MARI BARKE

TIM SHAW

LISA SPARKS, Ph.D.

JORGE VALDEZ Esq

KEN L. WILLIAMS, D.O.



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

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

How does CAIR help you?

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

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

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

Parent and Guardian Rights

It is your legal right to:

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

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

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

Parent/Guardian Signature

Today's Date

Child's Full Name (please print)

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

Parent's Full Name (Please Print)

Mother

Father

Guardian

Child sex

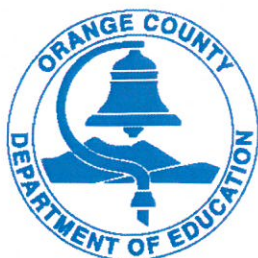
M

F

Address (optional)

Phone Number (optional)

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



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,


Vern Burton, Assistant Superintendent

**ORANGE COUNTY
DEPARTMENT
OF EDUCATION**

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COSTA MESA, CA
92628-9050

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AL MIJARES, Ph.D.
County Superintendent
of Schools

**ORANGE COUNTY
BOARD OF EDUCATION**

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KEN L. WILLIAMS, D.O.

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 23-24

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 2023-24

Effective July 1, 2023, through June 30, 2024, 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 CAIFresh, CalWorks, Kin-GAP, FDPIR, WIC, Federal education benefits, and foster payments received by your family from the placing agency, Military Privatized Housing Initiative or combat pay.

Please circle the household size and household income range.

PLEASE INITIAL										
	FM ELIGIBILITY SCALE					RM ELIGIBILITY SCALE				
HOUSEHOLD SIZE	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK
1	\$18,954	\$1,580	\$790	\$729	\$365	\$26,973	\$2,248	\$1,124	\$1,038	\$519
2	\$25,636	\$2,137	\$1,069	\$986	\$493	\$36,482	\$3,041	\$1,521	\$1,404	\$702
3	\$32,318	\$2,694	\$1,347	\$1,243	\$622	\$45,991	\$3,833	\$1,917	\$1,769	\$885
4	\$39,000	\$3,250	\$1,625	\$1,500	\$750	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068
5	\$45,682	\$3,807	\$1,904	\$1,757	\$879	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251
6	\$52,364	\$4,364	\$2,182	\$2,014	\$1,007	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434
7	\$59,046	\$4,921	\$2,461	\$2,271	\$1,136	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616
8	\$65,728	\$5,478	\$2,739	\$2,528	\$1,264	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799
For each additional family member, add:										
	\$6,682	\$557	\$279	\$257	\$129	\$9,509	\$793	\$397	\$366	\$183

- 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.



FOR SCHOOL USE ONLY
ACCESS Area #: _____
Permanent ID: _____
SHQ is CONFIDENTIAL. Do not place in cumulative file.

STUDENT HOUSING QUESTIONNAIRE

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

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

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

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

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

Additional Information (please check all that apply):

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

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

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

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

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

If you have any questions about these rights, please contact one of the ACCESS McKinney-Vento Liaisons:
Wendy Rogan at (714) 836-1563 or wrogan@ocde.us / Mickey DeLaCruz at (714) 245-6429 or mdelacruz@ocde.us
For additional information and resources, please visit the ACCESS McKinney-Vento webpage at <https://ocde.us/ACCESS/Pages/ACCESS-McKinney-Vento-Educational-Services.aspx>



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

Acknowledgement and Confirmation of Subsidiary Agreements

Student Name: _____ Date of Birth: _____

I have read in full all documents, available on the ACCESS Program website http://... listed below and agree to all stipulations set forth in these documents. A copy of these documents is available upon request from the ACCESS Attendance and Records Center (714) 547-9972.

Please initial or sign to the left of each document indicating you have read the document.

Initial or Signature Document

[Signature line] Rules and Regulations Agreement (Link)

[Signature line] Internet Acceptable Use Policy (Link)

[Signature line] Image Reproduction/Media Release Form (Link)

Student: I hereby ___ give ___ do not give permission
I, ___ would ___ would not be interested in being interviewed by members of the media.

Parent: I hereby ___ give ___ do not give permission
I, ___ do ___ do not give permission for my child to be interviewed by members of the media.

[Signature line] Family Compact (Link)

[Signature line] Student Acceptable Use Agreement (Link)

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

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

This form MUST be saved to your device before completing.

* Print forms single-sided for school processing use. *