

## CHEP Summer Only Enrollment Forms and Required Documents

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

These are the forms that you will need to have completed at your enrollment appointment.

These forms may be filled out by hand, or download them to your computer and you can fill them out and save them.

<b><i>CHEP Form</i></b>	<b><i>Required Signatures</i></b>
<p><i>CHEP/PCHS Referral From District of Residence</i> Before taking to District of Residence: parents, fill out top section, and sign and date in bottom section where designated (parent and student) Please check the highlighted boxes for CHEP enrollment.</p>	<p>Parent/Guardian Student District of Residence CHEP Representative</p>
<i>Student Registration</i>	None
<i>Emergency Information</i>	Parent/Guardian
<p><i>Independent Study Agreement</i> 2 page document</p>	<p>Parent/Guardian Student CHEP Teacher Other (Tutor)</p>
<p><i>Internet Acceptable Use Policy</i> 2 page document</p>	<p>Parent/Guardian Student</p>
<i>Student Demographics</i>	Parent/Guardian
<i>Home Language Survey</i>	Parent/Guardian
<i>Image Reproduction/Media Release</i>	Parent/Guardian
<i>2015 – 2016 Attendance Calendar</i>	none

### REQUIRED DOCUMENTS for Summer Only

**An Official Transcript** is required for all 7<sup>th</sup> and 8<sup>th</sup> grade students enrolling.



Alternative Community, and Correctional Educational Schools and Services

COMMUNITY SCHOOL REFERRAL

Student's Name: Last First Middle A.K.A. 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)
CAHSEE results
CELDT results
Section 504 Plan

- 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
Enrolled in US Schools less than 3 Cumulative Years

- CELDT-Language Proficiency
English Only, (EO) Unknown
Identified Fully English Proficient. (IFEP)
Initial Identification/Date Tested
Redesignated Fully English Proficient. (RFEP)
Redesignated by District/Date
Limited English Proficient. (EL. LEP)
1st year enrolled in school in U.S.
Year enrolled in California Public School

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: N/A for Community Home Education Program (CHEP)

RECOMMENDATION:

- ADMIN UNIT: North Anaheim Las Palmas South East Garden Grove
Santa Ana/Newport Mesa CHEP/PCHS Harbor Learning Center

- Please check box if applicable: (For Office Use Only)
Section 300. Welfare and Institutions Only
Section 1981 (a) District Expulsion
Section 1981 (b) SARB or Parental Request/District Approval
Section 1981 (d) Homeless

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

REFERRAL - REVIEW & CERTIFICATION

Table with 4 columns: Referring District/School, Print CWA/Designee Name and Title, Signature, Date. Rows include OCDE Representative, Probation Representative, and Juvenile Court Representative.

Parent Guardian Caregiver Date
Student Signature Date



**ORANGE COUNTY DEPARTMENT OF EDUCATION  
COMMUNITY HOME EDUCATION PROGRAM (CHEP)  
2015 - 2016 New Student Registration Form**

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

**Please print clearly:**

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

Primary Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State CA \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

City and State of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_ District of Residence \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Has student ever been enrolled in CHEP? Yes No

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

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

Use back of form if needed.

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

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

Does student have a current 504 plan? Yes No

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

RSP Speech/Language Aut. SDC Other: \_\_\_\_\_



ORANGE COUNTY DEPARTMENT OF EDUCATION  
*Community Home Education Program*  
**EMERGENCY FORM**

(Office Use Only)

Tchr (1 initial & 1 full name) & Site	E. Date	Image Release? Y N Yearbook? Y N P.I. _____
T Center:		

Student \_\_\_\_\_  
 Last Name First Name Birth date Grade 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\_\_\_\_

<b>MASTER AGREEMENT INCLUDES:</b> 1) Independent Study Agreement 2) Intermediate Assignments & Goals 3) Monthly Assignments & Goals Verification
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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 (specify 7 <sup>th</sup> /8 <sup>th</sup> course)	Credits Needed _____		Credits Needed _____
Social Studies	Credits Needed _____		Credits Needed _____

## Community Home Education Program Independent Study Agreement (page 2)

Student \_\_\_\_\_ / \_\_\_\_\_  
Print name Grade

### Student's Agreement

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

### Parent/Guardian/Caregiver's Agreement

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

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

### AGREEMENT:

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian/Caregiver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervising Teacher Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Signature

\_\_\_\_\_  
Date



# Orange County Department of Education Internet Acceptable Use Policy

Internet access is now available to Orange County Department of Education Alternative, Community, and Correctional Education Schools and Services . Our goal in providing this service is to promote educational excellence in the Orange County Department of Education by facilitating resource sharing, innovation, and communication.

The Internet is an “electronic highway” connecting millions of computers all over the world and millions of individual users. Access to the Internet will enable students to explore thousands of libraries, databases, and bulletin boards while exchanging messages with users throughout the globe. In addition, the system is used to increase Orange County Department of Education communication, enhance productivity, and assist OCDE employees in upgrading their skills through greater exchange of information with their peers. The system also assists the Orange County Department of Education in sharing information with the local community, including parents, social service agencies, government agencies, and businesses.

With access to computers and people from around the world also comes the availability of material that may not be considered to be of educational value in the context of the school setting. Families should be warned that some material obtained via the Net may contain items that are illegal, defamatory, inaccurate, or potentially offensive. The Orange County Department of Education has taken precautions to restrict access to controversial materials. On a global network it is impossible to control all materials and an industrious user may discover controversial information, either by accident or deliberately. However, the benefits to students from online access far outweigh the possibility that users may procure material that is not consistent with the educational goals of the Orange County Department of Education.

The purpose of this agreement is to ensure that use of Internet resources are consistent with the Orange County Department of Education’s stated mission, goals, and objectives. The smooth operation of the network relies upon the proper conduct of the students and faculty who must adhere to strict guidelines. These guidelines are provided here so that you are aware of the responsibilities you are about to acquire. If an Orange County Department of Education user violates any of these provisions, his or her future access could be denied in accord with the rules and regulations discussed with each user during Internet training sessions.

To gain access to the Internet, all students under the age of 18 must obtain parental permission and both parent and student must sign this document. The signatures at the end of this document legally bind and indicate the parties who signed have read the terms and conditions carefully and understand their significance.

## Orange County Department of Education Internet Use Agreement

### Student Section

I have read pages one and two of the Orange County Department of Education Internet Use Agreement. I agree to follow the rules contained in this Policy. I understand that if I violate the rules, my account can be terminated and I may face other disciplinary measures.

User’s Signature \_\_\_\_\_ Date \_\_\_\_\_

### Parent or Guardian Section

As the parent or legal guardian of the student signing above, I have read pages one and two of the Orange County Department of Education Internet Use Agreement and grant permission for my son or daughter to access the Internet. I understand the district’s computing resources are designed for educational purposes. I also understand that it is impossible for the Department of Education to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. I understand that the individuals and families may be held liable for violations. Furthermore, I accept full responsibility for the supervision if and when my child’s use is not in a school setting.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Internet - Terms and Conditions

1. Students are responsible for good behavior on the school computer networks, just as they are in a classroom or a school hallway. General school rules for behavior and communications apply.
2. The network is provided for students to conduct research and communicate with others. Access to network services is given to students who agree to act in a considerate and responsible manner. Access is a privilege - not a right. That access entails responsibility. Inappropriate use will result in suspension or cancellation of Internet privileges. The system administrators may close an account at any time as required. The administration, faculty, and staff may request the system administrator to deny, revoke, or suspend specific user accounts.
3. Users are expected to abide by their generally accepted rules of network etiquette and conduct themselves in a responsible, ethical, and polite manner while online.
4. Users are not permitted to use the computing resources for commercial purposes, product advertising, political lobbying, or political campaigning.
5. Users are not permitted to transmit, receive, submit, or publish any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, offensive, or illegal material.
6. Physical or electronic tampering with computer resources is not permitted. Damaging computers, computer systems, or computer networks intentionally will result in cancellation of privileges.
7. Users must respect all copyright laws that protect software owners, artists, and writers. Plagiarism will not be tolerated.
8. Security on any computer system is a high priority, especially when the system involves many users. If a security problem is identified in the school's computers, network, or Internet connection, a system administrator must be notified. Using someone else's password or trespassing in another's folders, work, or files without written permission is prohibited and may result in cancellation of user privileges.
9. The Orange County Department of Education makes no warranties of any kind, whether expressed or implied, for the service it is providing. The Department assumes no responsibility or liability for any phone charges, line costs, or usage fees, nor for any damages a user may suffer. This includes loss of data resulting from delays, nondeliveries, or service interruptions caused by its own negligence or your errors or omissions. Use of any information obtained via the Internet is at your own risk. The Department specifically denies any responsibility for the accuracy or quality of information obtained through its services.
10. All communication and information accessible via the computer resources shall be regarded as private property. However, people who operate the system may review files and messages to maintain system integrity and insure that users are using the system responsibly. Messages relating to or in support of illegal activities may be reported to the authorities.

Any violations may result in a loss of computer access, as well as other disciplinary or legal action. Users are considered subject to all local, state, and federal laws.





(Office Use Only)

CHEP Teacher \_\_\_\_\_  
CHEP Site \_\_\_\_\_

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

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

Race/ Ethnicity

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

**WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories)**  
*The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.*

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

Residence

**Residence** – where is your child/family currently living? (federally mandated by NCLB) – **Please check appropriate box:**

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

Parent Education Level

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

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

\_\_\_\_\_  
Signature of Parent or Guardian                      Date

Original: CHEP Enrollment Technician



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

(Office Use Only)

Teacher: \_\_\_\_\_

**HOME LANGUAGE SURVEY**  
(New Enrollees Only)

Name of Student: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Month Day Year

Place of Birth: \_\_\_\_\_  
City State Country

CHEP Site:  Central  North  West

Most recent California Public School Attended: \_\_\_\_\_ District: \_\_\_\_\_

Foreign Born:

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

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested. Please answer the following questions and return this form to your child's teacher. Thank you for your help.

1. Which language did your son/daughter learn when he/she first began to talk? \_\_\_\_\_
2. What language does your son/daughter most frequently use at home? \_\_\_\_\_
3. What language do you use most frequently to speak to your son/daughter? \_\_\_\_\_
4. What language is most often spoken by the adults at home? \_\_\_\_\_

Signature of Parent

Date



Orange County Department of Education

Image Reproduction/Media Release Form

(Minor)

<b>OFFICE USE ONLY</b>	
<input type="checkbox"/>	<b>YES</b>
<input type="checkbox"/>	<b>NO</b>

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

permission, without restriction, to Orange County Department of Education, to use my name, voice, and/or likeness, including but not limited to, any and all photographs, videotapes, sound recordings, and/or other audio-visual electronic materials taken during the current school year at Community Home Education Program by, or on behalf of, Orange County Department of Education for staff development, instruction, or any legitimate purposes. I understand and agree that Orange County Department of Education is the exclusive owner of all rights, title and interest, including copyright, in such photographs, videotapes, and/or other audio-visual electronic materials.

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

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

\_\_\_\_\_  
Signature of 6th - 8th grader Date

**(Parent/Guardian)**

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

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

permission, without restriction, to Orange County Department of Education, to use my child's name, voice, and/or likeness, including but not limited to, any and all photographs, videotapes, sound recordings, and/or other audio-visual electronic materials taken during the current school year at Community Home Education Program by, or on behalf of, Orange County Department of Education for staff development, instruction, or any legitimate purposes. I understand and agree that Orange County Department of Education is the exclusive owner of all rights, title and interest, including copyright, in such photographs, videotapes, and/or other audio-visual electronic materials.

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

\_\_\_\_\_  
Parent/Guardian Signature Date



# 2015-2016 PARENT CALENDAR

## Community Home Education Program

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

**Month 1** 17 days

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

**Month 2** 20 days

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

**Month 3** 19 days

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

**Month 4** 20 days

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

**Month 5** 19 days

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

**Month 6** 18 days

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

**H = School Holiday**

**Month 7** 19 days

12/14	12/15	12/16	12/17	12/18
← Conferences →				
<b>WINTER BREAK FROM 12/21 THRU 1/1</b>				
1/4	1/5	1/6	1/7	1/8 <b>Q2</b>
← Conferences →				<b>S1</b>
1/11	1/12	1/13	1/14	1/15
← Conferences →				
1/18 <b>H</b>	1/19 *	1/20	1/21	1/22

**Month 8** 18 days

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

**Month 9** 20 days

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

**Month 10** 20 days

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

**Month 11** 15 days

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

**Month 12** 10 days

5/16	5/17	5/18	5/19	5/20
← Conferences →				
5/23 *	5/24	5/25	5/26	5/27 <b>Q4</b>
← Conferences →				<b>S2</b>