

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

STUDENT REGISTRATION FORM

Please Print Clearly

Legal Name: Last First Middle			Home Language Correspondence: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other* _____ <div style="text-align: right; font-size: small;">(refer to back of form)</div>	
Prior ACCESS student: <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes, has your name changed from a prior enrollment: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, indicate name used in the prior enrollment: _____				
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	Birth Date: _____	Grade: _____	Lives With: Mother <input type="checkbox"/> Yes <input type="checkbox"/> No Father <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent Ed Level (Refer to back of form): _____
Name of Mother: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caregiver				
Name of Father: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> 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: <input type="checkbox"/> No		If not born in the U.S., what month/year did your child... Enter the U.S? _____		
<input type="checkbox"/> Yes, ID: _____		... 1st enrolled in a U.S. school? _____ ... 1st enrolled in a California school? _____		

FOR OFFICE USE ONLY

Enrolled By: _____		Probation Officer: _____	
Referrer: <input type="checkbox"/> Probation <input type="checkbox"/> District: District name: _____			
Referrer's Name: _____		Title: _____	
Referral Code: _____	Referral Date: _____	Referral Reason: _____	
Enrollment type: <input type="checkbox"/> Re-enroll <input type="checkbox"/> New	Start Date: _____	Program type: <input type="checkbox"/> Day <input type="checkbox"/> 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)***All high schools attended.**

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



**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**

MARI BARKE

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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,

Jeff Hittenberger Ph.D.
Chief Academic Officer

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 2020-21**

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: Sunburst

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 2020-21

Effective July 1, 2020, through June 30, 2021, participants from households with incomes at or below the following levels qualify under the supplemental/concentration grant funding.

Note:

The income calculations are based on annual figures and the following formulas: Monthly = annual income divided by 12; Twice Per Month = annual income divided by 24; Every Two Weeks = annual income divided by 26; and Weekly = annual income divided by 52. All dollar amounts are rounded up to the next whole dollar.

Income from all members of the household must be included in the calculation.

Income to include, but not limited to: Gross earnings from work (amount earned before taxes and other deductions), Pensions, Retirement, Social Security, Supplemental Security Income (SSI), VA benefits, Welfare Benefits, Child Support, Alimony payments, Disability Benefits, Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, cash withdrawn from savings, interest and dividends, income from estates, trusts, and investments, net royalties and annuities, net rental income and any other income, including temporary income.

Do not include income from CalFresh, CalWorks, Kin-GAP, FDPIR, WIC, Federal education benefits, and foster payments received by your family from the placing agency, Military Privatized Housing Initiative or combat pay.

Please circle the household size and household income range.

PLEASE INITIAL		FM ELIGIBILITY SCALE					RM ELIGIBILITY SCALE				
HOUSEHOLD SIZE	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK	
1	\$16,588	\$1,383	\$692	\$638	\$319	\$23,606	\$1,968	\$984	\$908	\$454	
2	\$22,412	\$1,868	\$934	\$862	\$431	\$31,894	\$2,658	\$1,329	\$1,227	\$614	
3	\$28,236	\$2,353	\$1,177	\$1,086	\$543	\$40,182	\$3,349	\$1,675	\$1,546	\$773	
4	\$34,060	\$2,839	\$1,420	\$1,310	\$655	\$48,470	\$4,040	\$2,020	\$1,865	\$933	
5	\$39,884	\$3,324	\$1,662	\$1,534	\$767	\$56,758	\$4,730	\$2,365	\$2,183	\$1,092	
6	\$45,708	\$3,809	\$1,905	\$1,758	\$879	\$65,046	\$5,421	\$2,711	\$2,502	\$1,251	
7	\$51,532	\$4,295	\$2,148	\$1,982	\$991	\$73,334	\$6,112	\$3,056	\$2,821	\$1,411	
8	\$57,356	\$4,780	\$2,390	\$2,206	\$1,103	\$81,622	\$6,802	\$3,401	\$3,140	\$1,570	
For each additional family member, add:											
	\$5,824	\$486	\$243	\$224	\$112	\$8,288	\$691	\$346	\$319	\$160	

- 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.

LCFF INCOME RESPONSE

Please refer to the income scale on the below.

Please state your household size (including children living in household).

What is the estimated household income range from all members living in the household?
(Choose one estimated income only from either the FM or RM scale.

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	\$16,588	\$1,383	\$692	\$638	\$319	\$23,606	\$1,968	\$984	\$908	\$454
2	\$22,412	\$1,868	\$934	\$862	\$431	\$31,894	\$2,658	\$1,329	\$1,227	\$614
3	\$28,236	\$2,353	\$1,177	\$1,086	\$543	\$40,182	\$3,349	\$1,675	\$1,546	\$773
4	\$34,060	\$2,839	\$1,420	\$1,310	\$655	\$48,470	\$4,040	\$2,020	\$1,865	\$933
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8	\$57,356	\$4,780	\$2,390	\$2,206	\$1,103	\$81,622	\$6,802	\$3,401	\$3,140	\$1,570
For each additional family member, add:										
	\$5,824	\$486	\$243	\$224	\$112	\$8,288	\$691	\$346	\$319	\$160

Orange County Department of Education
Division of Alternative Education
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HOME LANGUAGE SURVEY

Name of Student: _____		
Last	First	Middle
Date of Birth: _____		Age: _____
Month	Day	Year
Place of Birth: _____		
City	State	Country
AU: <u>6</u>	Site: <u>Sunburst</u>	Teacher: _____
If born outside the USA:		
• Date student first entered the USA		
_____	_____	_____
Month	Day	Year
• Date student first entered a school in the USA		
_____	_____	_____
Month	Day	Year
• Is this the first time the student entered in a California public school <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes: _____		
_____	_____	_____
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 have your son/daughter return to his/her 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 you son/daughter? _____
4. What language is most often spoken by the adults at home? _____

Signature of Parent or Guardian

Date

OFFICE USE ONLY

Should one or more answers to #1 - #3 of the above questions be other than English, submit copy to ACCESS Assessment Center.

**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: Sunburst Grade: _____

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

Signature of Parent or Guardian: _____ Date: _____

PLEASE COMPLETE THE FOLLOWING IF APPLICABLE:

CONTINUING MEDICATION

Student's Name: _____

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

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

Physician's Name _____ Telephone: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Signature of Parent or Guardian: _____ Date: _____

RELEASE OF DIRECTORY INFORMATION

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

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

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

Signature of Parent or Guardian: _____



Orange County Department of Education Internet Acceptable Use Policy

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

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

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

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

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

Orange County Department of Education Internet Use Agreement

Student Section

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

User's Signature _____ Date _____

Parent or Guardian Section

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

Parent's Signature _____ Date _____

Internet - Terms and Conditions

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

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

ORANGE COUNTY DEPARTMENT OF EDUCATION (OCDE)

Student Acceptable Use Agreement

Students are authorized to use the District's computer and online services when they and their parent/guardian acknowledge that they have read and understand the following Acceptable Use Agreement:

Parents/Guardian Responsibilities:

OCDE's internet system is designed for educational purposes. Students shall use the system responsibly and primarily for educational purposes.

The use of the OCDE's system is a privilege, not a right, and inappropriate use shall result in a cancellation of those privileges. The OCDE may place reasonable restrictions on the material pupils' post or access through the system, and may revoke access to resources if they violate this policy or law. Violations of this policy also may be addressed through the OCDE's discipline guidelines and/or referral to law enforcement.

Students are encouraged to use the OCDE's internet system for assignments, curriculum, research, collaboration and other classroom activities.

Students' work should be original; and any copyrighted material may not be placed on the system without the author's permission. Users may download copyrighted material for their own use only under "fair use" provisions of copyright law.

See <http://www.loc.gov/teachers/copyrightmystery/#>

If students accidentally access inappropriate information they should immediately notify a teacher or school administrator.

Safety and Privacy:

It is important for pupils to protect personal identification information about themselves and others, which includes the full name, together with other information that would allow an individual to locate them, including home address, school address, phone number, social security number, or other individually identifiable information.

Students shall not disclose, use or disseminate personal identification information about themselves or others when using electronic mail, chat rooms, or other forms of direct electronic communication. Students are also cautioned not to disclose such information by other means to individuals located through the Internet without the permission of their parents/guardians.

The student in whose name an online services account is issued is responsible for its proper use at all times. Users shall keep personal account numbers, home addresses and telephone numbers private. They shall use the system only under their own account number.

Pupils should not expect privacy in the contents of their personal files on the OCDE's computers or Internet based services, or in the records of their online activity. All pupils' use of the OCDE's computers and Internet based services will be supervised and monitored. The District's monitoring of Internet usage can reveal all activities engaged in using OCDE Internet system.

If there is reasonable suspicion that a pupil has violated District policy or this Agreement or if maintenance and monitoring of OCDE's computers or Internet system leads to discovery of a violation of OCDE policy or this Agreement, the discipline guidelines, or the law, an individual search

will be conducted. The investigation will be reasonable and related to the suspected violation. Parents have the right to request to see the contents of any investigation.

Unauthorized and Inappropriate Use:

Use of the OCDE's Internet facilitates student collaboration, communication and learning. In use of OCDE computers, Internet and systems, users shall not:

- Engage in discrimination, harassment, intimidation, bullying, hate violence, or threats. This includes but is not limited to conduct based on the actual or perceived characteristics of the target, such as sex, sexual orientation, race, religion, or disability. All of these behaviors are prohibited by state law and district policy.
- Read other users' electronic mail or files.
- Attempt to interfere with other users' ability to send or receive electronic mail or files, or attempt to delete, copy, modify or forge other users' mail or files.
- Intentionally upload, download or create computer viruses and/or maliciously attempt to harm or destroy OCDE equipment or materials or manipulate the data of any other user, including so-called "hacking."
- Access, post, submit, publish or display harmful matter or material that is obscene, disruptive or sexually explicit. Harmful matter includes matter, taken as a whole, which to the average person, applying contemporary statewide standards, appeals to the prurient interest and is matter which depicts or describes in a patently offensive way sexual conduct and which lacks serious literary, artistic, political or scientific value for minors. (Penal Code 313) Use the system to encourage the use of drugs, alcohol or tobacco, or encourage or engage in any activity prohibited by law or Board policy, including but not limited to stealing or cheating.

Pupils will not make deliberate attempts to avoid the district network or filtering by any means, such as setting up a personal network or using a cellular provider. Any mobile device must utilize the district network for connectivity or access.

Applications Policy:

To provide the best possible educational use of the OCDE Internet, students may be provided access to various educational services including but not limited to Discovery Streaming, Haiku Learning, and Google Apps for EDU among others. These services allow students to access educational content, collaborate on assignments, communicate with teachers, and extend learning opportunities beyond the traditional school day.

If OCDE decides to operate a registered Google EDU domain, pupils will be monitored when using Google Apps and Tools. This registered Google EDU domain allows pupils to create only:

- Calendars of school assignments and activities.
- Documents for individual or shared online word processing, presentations or spreadsheets.

The free tools powered by Google EDU may be provided within the OCDE Google EDU domain enabling students to log in at school or home, from nearly any computer, tablet or SMART phone. These services assist students with staying organized, prevent lost homework, and allow pupils to collaborate on learning. When using these services students work in a safe environment because uninvited guests are not allowed to access assignments. In order to access the assignment, a person must be invited and added to the site as a "shared collaborator."

An OCDE administrator regulates pupil services depending on the guidelines in this Agreement. A pupil will not receive a Google EDU account without authorized permission from parent/guardian. This Agreement extends to all pupils for the duration of their enrollment at any of OCDE's schools. When using these services students will adhere to the OCDE Responsible Use Agreement.

Student Acknowledgement

Student Name: _____ Date of Birth: _____

I have read and understand OCDE policies related to my use of District technology/Internet access, a copy of which can be found in the enrollment packet (Internet Acceptable Use Policy) and integrated into this document. I understand that the consequences for violating the Policy or this Agreement include, but are not limited to: suspension and/or revocation of Internet access, school suspension and/or expulsion, or possible legal action. I have read and agree to abide by these rules and regulations for responsible use of electronic information resources.

Student Signature _____ Date _____

Agreement and Parent Permission Form

I have read and understand OCDE policies related to my child's use of District technology/Internet access, a copy of which can be found in the enrollment packet (Internet Acceptable Use Policy) and integrated into this document. As the parent or guardian of this child, I have read and understand these rules and regulations for responsible use of electronic information resources and understand that use of the Internet is designed for educational purposes. I understand that it is impossible for OCDE to restrict access to all controversial materials, and I will not hold the OCDE, its trustees, officers, employees or agents responsible for materials acquired on the network. I hold OCDE, its trustees, officers, employees and agents harmless from any damages, awards, or claims of liability resulting from my child's access to the Internet, the failure of any technology protection measures, violations of copyright restrictions, user mistakes or negligence, or any costs incurred by my child. Access to the Internet is a privilege, not a right. My child is expected to use good judgment and follow the above-listed rules of use. Should there be breach of the rules, my child may lose all access to the OCDE network and/or may be subjected to discipline, including suspension and expulsion. I agree to defend and indemnify OCDE, its trustees, officers employees, and agents for any damages caused by my child's intentional misuse of technology/Internet access.

Mark one:

☒ I hereby give my permission for my child to use OCDE technology and access the Internet in accordance with the above.

☐ My child has access to the internet
☐ At home ☐ Other location

OR

☐ At this time I do not accept this agreement, nor do I give permission for my child to access the Internet.

Parent Signature

Name (printed)

Date



Orange County Department of Education

Image Reproduction/Media Release Form

(Minor)

I, _____, hereby ☒ give ☐ do not give permission, without restriction, to
(print: minor's first name, middle initial, last name)
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 _____ school year at Sunburst _____ by, or on behalf of, Orange County
(print: name of school or project site)
Department of Education for staff development, instruction, or any legitimate purposes. I understand and
agree that Orange County Department of Education is the exclusive owner of all rights, title and interest,
including copyright, in such photographs, videotapes, and/or other audio-visual electronic materials.

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

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

(signature of minor)

(date)

(Parent/Guardian)

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

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

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

(signature of parent/guardian)

(date)



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

PERMISSION FOR COUNSELING AND RELATED SERVICES

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

Individual and group counseling services may be available by a licensed Marriage and Family Therapist (MFT) or a Licensed Clinical Social Worker (LCSW). Masters level professionals and graduate student interns, under the supervision of licensed personnel, may also provide counseling for the students. Information discussed in counseling sessions will remain confidential except those issues mandated by law to report, for example, incidents of child and elder abuse as well as thoughts and plans of suicide and homicide.

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

Parent/Guardian Signature

Date

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

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

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

Parent/Guardian Signature

Date

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

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

Parent/Guardian Signature

Date

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

Date



Orange County Department of Education
Division of Alternative Education

Alternative, Community, and Correctional Education Schools and Services

SPECIAL EDUCATION VERIFICATION SURVEY

Student Name _____

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

School Site: Sunburst Current I.E.P.? ☐ Yes ☐ No If yes, last I.E.P. date: _____ 504 Plan? ☐ Yes ☐ No

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

Distribution: WHITE: Student Folder

Yellow :Special Education



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. The purpose of collecting this information is to evaluate the specific educational needs and the effectiveness of the programs serving these students. The ACCESS program will submit this data to the California Department of Education (CDE) via the California Longitudinal Pupil Achievement Data System (CALPADS). As part of the requirement each Local Educational Agency (LEA) must reaffirm the status each year for returning students.

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/essafagtransition62916.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.



Orange County Department of Education

RULES AND REGULATIONS AGREEMENT

Orange County Department of Education is committed to providing you with safe and secure school environment where you will have the opportunity to achieve your educational goals. To ensure that this opportunity is available to everyone, the following agreement must be honored. Signing this agreement means you understand the rules and agree to abide by them

1. **I will not** deface or damage school property or school materials, including assignments. Furthermore, I understand that my parents will be held financially responsible for any damage I do to any property, real or personal, as stated in the Education Code Section 48904.
2. **I understand** that graffiti and tagging of any kind will not be tolerated. I will not possess spray paint, markers, etching devices, or any other graffiti paraphernalia. I understand that the Court can enforce the following consequences: 20 days or 100 hours of community service in a Graffiti Abatement Program; \$250 fine plus penalty assessment and restitution; suspension or delay of one year of the issuance of youth drivers license, and 180 days in custody (Penal Code 640.5).
3. **I will not** wear any clothing or attire that indicates gang affiliation (E.C. 35183).
4. **I will not** engage in any violent behavior such as physical or verbal abuse or mad-dogging other students (E.C. 48900).
5. **I will not** possess or use any illegal substances such as drugs or alcohol, or engage in the sale of such illegal substances (E.C. 48900)
6. **I will not** bring the following items to school: weapons, knives, chains, pagers (E.C. 48901.5).
7. **I will not** smoke or use any product containing tobacco while on campus or while attending school sponsored activities (E.C. 48901).
8. **I will** enter and exit from the designated entrance and wait for all rides inside the building. I will not loiter on the school campus, in the parking lot, or in the immediate area (Penal Code 601).
9. **I will not** leave campus without permission. I understand that my leaving campus will result in notification to my parent and / or probation officer. No breaks outside the school building (5 Cal. Reg. Sec. 303).
10. **I understand** my presence on any other school campus while enrolled at an Orange County Department of Education Alternative Education Program is not permitted unless prior arrangements have been made between the administrators of the school district and the Orange County Department of Education. I also understand that my friends, other than those enrolled in this program, are not allowed on the school's campus at any time.
11. **I understand** that I must attend regularly and make satisfactory progress in order to have a work permit issued or a welfare letter signed.
12. **I understand** that OCDE has a "Zero Tolerance" policy and will strictly enforce all rules and regulations. If I violate any of the above rules and regulations, administrative review could result in disciplinary action.

Student Signature

Date

AS A PARENT interest in my son's / daughter's educational well being, I agree to support all of the above Orange County Department of Education Independent Study rules and regulations.

Parent / Guardian / Caregiver Signature

Date

Original to Student Folder

Yellow to Parent / Guardian



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 RESTRICTIONS and MEDICATIONS TAKEN:

SIGNATURE OF PARENT, LEGAL GUARDIAN, OR CAREGIVER

DATE SIGNED

AUTHORIZATION FOR EMERGENCY TREATMENT OF A MINOR

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

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

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

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

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

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

COMMUNITY SCHOOL REFERRAL

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

<p>Please attach following items:</p> <p><input type="checkbox"/> Attendance Record</p> <p><input type="checkbox"/> Immunization Certificate</p> <p><input type="checkbox"/> Current Transcript</p> <p><input type="checkbox"/> Proof of withdrawal from last school of attendance</p> <p><input type="checkbox"/> Copy of IEP and/or other reports (if applicable)</p> <p><input type="checkbox"/> ELPAC/CELDT results</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Section 504 Plan If yes, please attach</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Individual Health Plan If yes, please attach</p> <p><input type="checkbox"/> AB 216, 167, 1806, 2306 paperwork (if applicable)</p>	<p>Please provide the following information:</p> <table border="1"> <tr> <td data-bbox="480 487 964 791"> <p>Special Education <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes)</p> <p><input type="checkbox"/> SAI <input type="checkbox"/> DIS. S/L <input type="checkbox"/> DIS/PSY</p> <p><input type="checkbox"/> DIS/HEALTH <input type="checkbox"/> DIS/Counseling</p> <p><input type="checkbox"/> District Sp. Ed. History-Exited</p> <p><input type="checkbox"/> Transition to ACCESS</p> <p>IEP Date _____</p> </td> <td data-bbox="964 487 1505 791"> <p>ELPAC/CELDT-Language Proficiency</p> <p><input type="checkbox"/> English Only (EO) <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Initially Fluent English Proficient (IFEP)</p> <p><input type="checkbox"/> Initial Identification Date Tested _____</p> <p><input type="checkbox"/> Redesignated Fluent English Proficient (RFEP) Redesignated by District/Date _____</p> <p><input type="checkbox"/> English Learner (EL)</p> <p><input type="checkbox"/> ELPAC/CELDT Proficiency Level _____</p> <p><input type="checkbox"/> 1st year enrolled in school in U.S. _____</p> <p><input type="checkbox"/> Year enrolled in California Public School _____</p> </td> </tr> <tr> <td colspan="2" data-bbox="480 791 1505 898"> <p><input type="checkbox"/> Enrolled in U.S. Schools less than 3 Cumulative Years</p> </td> </tr> </table>	<p>Special Education <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes)</p> <p><input type="checkbox"/> SAI <input type="checkbox"/> DIS. S/L <input type="checkbox"/> DIS/PSY</p> <p><input type="checkbox"/> DIS/HEALTH <input type="checkbox"/> DIS/Counseling</p> <p><input type="checkbox"/> District Sp. Ed. History-Exited</p> <p><input type="checkbox"/> Transition to ACCESS</p> <p>IEP Date _____</p>	<p>ELPAC/CELDT-Language Proficiency</p> <p><input type="checkbox"/> English Only (EO) <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Initially Fluent English Proficient (IFEP)</p> <p><input type="checkbox"/> Initial Identification Date Tested _____</p> <p><input type="checkbox"/> Redesignated Fluent English Proficient (RFEP) Redesignated by District/Date _____</p> <p><input type="checkbox"/> English Learner (EL)</p> <p><input type="checkbox"/> ELPAC/CELDT Proficiency Level _____</p> <p><input type="checkbox"/> 1st year enrolled in school in U.S. _____</p> <p><input type="checkbox"/> Year enrolled in California Public School _____</p>	<p><input type="checkbox"/> Enrolled in U.S. Schools less than 3 Cumulative Years</p>	
<p>Special Education <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes)</p> <p><input type="checkbox"/> SAI <input type="checkbox"/> DIS. S/L <input type="checkbox"/> DIS/PSY</p> <p><input type="checkbox"/> DIS/HEALTH <input type="checkbox"/> DIS/Counseling</p> <p><input type="checkbox"/> District Sp. Ed. History-Exited</p> <p><input type="checkbox"/> Transition to ACCESS</p> <p>IEP Date _____</p>	<p>ELPAC/CELDT-Language Proficiency</p> <p><input type="checkbox"/> English Only (EO) <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Initially Fluent English Proficient (IFEP)</p> <p><input type="checkbox"/> Initial Identification Date Tested _____</p> <p><input type="checkbox"/> Redesignated Fluent English Proficient (RFEP) Redesignated by District/Date _____</p> <p><input type="checkbox"/> English Learner (EL)</p> <p><input type="checkbox"/> ELPAC/CELDT Proficiency Level _____</p> <p><input type="checkbox"/> 1st year enrolled in school in U.S. _____</p> <p><input type="checkbox"/> Year enrolled in California Public School _____</p>				
<p><input type="checkbox"/> Enrolled in U.S. Schools less than 3 Cumulative Years</p>					

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:	Area #1	Area #2	Area #3	CHEP/PCHS	<input checked="" type="checkbox"/> Sunburst
-------------	---------	---------	---------	-----------	--

<p><u>Please check box if applicable : (For Office Use Only)</u></p> <p><input type="checkbox"/> Section 1981 (a) District Expulsion</p> <p><input type="checkbox"/> Section 1981 (b) SARB</p> <p><input type="checkbox"/> Section 1981 (d) Parental Request/District Approval</p>	<p>Section 1981 (c)</p> <p>(1) Probation status <input type="checkbox"/> 601 <input type="checkbox"/> 602 <input type="checkbox"/> 654 <input type="checkbox"/> 725 <input type="checkbox"/> 726 <input type="checkbox"/> 727 <input type="checkbox"/> 790</p> <p>(2) <input type="checkbox"/> On probation or parole and not in attendance in any school</p> <p>(3) <input type="checkbox"/> Expelled: Section 48915 (a) or (c)</p>
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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
<i>Certified pursuant to Orange County Juvenile Court Order Filed December 21, 2001</i>			
Juvenile Court Representative			
Parent Guardian Caregiver _____		Date _____	
Student Signature _____		Date _____	