

Office Use Only: Last Name _____
School _____
Student Entry Grade Level _____
Enrollment Date _____
SSID / CSIS No. _____

STUDENT ENROLLMENT FORM

➤ STUDENT INFORMATION - PLEASE PRINT

Student's Legal Name: _____

Enrollment Date: _____ Grade Level: _____ Age: _____ Male Female

Student's Legal Name: _____
Last First Middle

Student AKA Name: _____
Last First Middle

Physical Address: _____
Street Name & No. City County State Zip

Mailing Address: _____
P. O. Box City State Zip

Home Telephone: (____) _____ Cell: (____) _____

Birthdate: ____/____/____ Birth Place: _____ Birth Country: USA or Other: _____
Mo. Day Yr. City State

If birth country is other than USA, please complete the following:

Arrival Date in USA ____/____/____ Date of initial enrollment in a U.S. School ____/____/____
Mo. Day Yr. Mo. Day Yr.

Date of initial enrollment in a California School: ____/____/____
Mo. Day Yr.

➤ ETHNICITY INFORMATION

1. Home Language of the Student

Which language did this student learn when he/she first began to talk? _____

Which language does this student most frequently use at home? _____

Which language do you use most frequently to speak to your child? _____

Which language is most often spoken by the adults at home? _____

2. Is the student's ethnicity Hispanic/Latino? Yes No

3. Student's primary Race (Check One): African American/Black American Indian/Alaska Native

White Asian Pacific Islander/Native Hawaiian Other

4. Student's Additional Race (Optional) African American/Black American Indian/Alaska Native

White Asian Pacific Islander/Native Hawaiian Other

➤ PARENT/GUARDIAN INFORMATION

With Whom Student Lives - (Please check all that apply)

Father Mother Step-Father Step-Mother Grandparent Guardian

Foster Other

Contact Information For Male Parent/Guardian Living With Student

1. Father Step-Father Grandparent Guardian Foster Other

Name: _____

Home Phone: _____ Work: _____ Cell: _____

Email: _____ Employer: _____

Highest Level of Education Completed:

- High School Graduation
 Some College (includes AA Degree)
 College Graduate
 Graduate School/Post Graduate Training
 Decline to State

Contact Information For Female Parent/Guardian Living With Student

2. Mother Step-Mother Grandparent Guardian Foster Other

Name: _____

Home Phone: _____ Work: _____ Cell: _____

Email: _____ Employer: _____

Highest Level of Education Completed:

- High School Graduation
 Some College (includes AA Degree)
 College Graduate
 Graduate School/Post Graduate Training
 Decline to State

3. Legal Relationship to Student – Does Not Live with Student:

- Father Mother Step-Father Step-Mother Guardian

Name: _____

Home Phone: _____ Work: _____ Cell: _____

Email: _____ Employer: _____

Duplicate Mailing? If court order or mutual agreement allows duplicate mailing/information regarding this student and his/her activities to be given to other parent or legal guardian, please include their name, address, phone # and email:

Name	Mailing Address	Phone Number
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Email: _____

Is there a custody or other court order regarding this student? Yes If yes, please provide a copy of the court order to the school.
 No

Student Lives with Foster Family Yes No Child's Social Worker: _____

Non Relative Caregiver Phone: _____

Relative Caregiver

Who retains legal rights? _____

Who retains educational rights? _____

If court placement, name of county: _____

Probation Officer _____ Phone _____

Please list all brothers and sisters

Name	Birth Date	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

➤ **PREVIOUS SCHOOL INFORMATION (IF APPLICABLE)**

Student's Previous School: _____

Address: _____

St. Name & No. / P. O. Box City State Zip

Telephone Number Fax Number

Date of Withdrawal: _____ Reason for Withdrawal: _____

PREVIOUS SCHOOL INFORMATION (CONTINUED)

Special Services Received at Previous School (Check all that apply)

<input type="checkbox"/> Special Education Services	<input type="checkbox"/> Low Incidence	<input type="checkbox"/> Resource Special Program (RSP)
<input type="checkbox"/> Mental Health 26.5	<input type="checkbox"/> Speech / Language	<input type="checkbox"/> Gifted and Talented
<input type="checkbox"/> Special Day Class (SDC)		
Does student have an active IEP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has student received special ed services within the last two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does student have a 504 Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PROGRAM PARTICIPATION

<input type="checkbox"/> Class Size Reduction Program	<input type="checkbox"/> ESEA Title I Program Participant
<input type="checkbox"/> Migrant Education Program Participant	<input type="checkbox"/> ESEA Title VII Program Participant
<input type="checkbox"/> Indian Education Program Participant	

➤ EMERGENCY CONTACT

Please list emergency contacts other than those living in your home.

Name: _____ Phone: Home _____ Work _____ Relation: _____

Name: _____ Phone: Home _____ Work _____ Relation: _____

Doctor: _____ Phone Number: _____

Insurance: _____

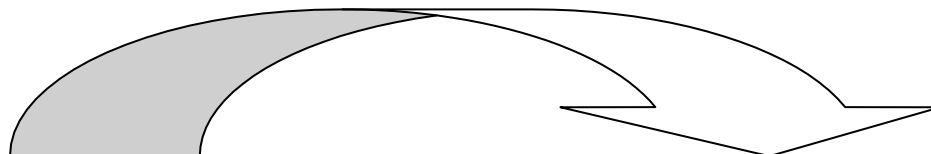
In case of emergency your child may be released to:

Name _____ Relation _____ Phone: _____

Name _____ Relation _____ Phone: _____

➤ HEALTH INSURANCE

Accident insurance is available through "Student Insurance" for a minimal cost at www.studentinsuranceusa.com. Information and application assistance on Medi-Cal and Covered California services for children and young adults who qualify is available. Contact Sierra County at (530) 993-6720.



I verify that the information on this Student Enrollment Form is true to the best of my knowledge, and I understand that any incorrect information could compromise the enrollment of my child.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Relationship to Student: _____

School believes that parents, the entire school staff and students can partner together and share the responsibility for improved student academic achievement. Parents and staff can use this to guide efforts to help children achieve high academic standards. Please discuss this with your child then sign and return this to your child's teacher for his/her signature.

Staff Pledge:

To help each student meet or exceed the state's high academic standards, I agree to carry out the following responsibilities to the best of my ability:

- Provide high-quality curriculum and instruction
- Communicate regularly with families about student progress through conferences, parent-teacher meetings, progress reports, and other available means
- Provide reasonable opportunities for parents to volunteer and participate in their child's class, and to observe classroom activities
- Endeavor to motivate my students to learn
- Maintain high expectations and help every child develop a love of learning
- Provide a warm, safe, and caring learning environment
- Provide purposeful homework assignments to reinforce and extend learning (30 min. for gr. 1-3 and 60 minutes for gr. 4-6)
- Participate in professional development activities that improve teaching and learning and that support the formation of partnerships with families and the community
- Participate actively in collaborative decision making
- Work consistently with families and my school colleagues to make the school an accessible and welcoming place for families
- Respect the school, students, staff and families

Student Pledge:

To help myself succeed in school, I agree to carry out the following responsibilities to the best of my ability:

- Come to school ready to learn and work hard
- Bring necessary materials, completed assignments and homework
- Limit my TV watching/video games and instead study or read every day after school
- Respect the school, classmates, staff and families
- Communicate regularly with my parents and teachers about school experiences so that they can help me be successful
- Ask for help when I need it
- Know and follow school and class rules

Family/Parent Pledge:

To help my child meet or exceed the state's high academic standards, I agree to carry out the following responsibilities to the best of my ability:

- Communicate the importance of education and learning to my child
- Provide a quiet time and place for homework
- Communicate with the teacher or the school when I have a concern
- Read to my child or encourage my child to read every day (20 minutes for grades K-3, and 30 minutes for grades 4-6)
- Ensure that my child attends school every day, and gets adequate sleep, regular medical attention and proper nutrition
- Participate in activities at school, such as school decision making, volunteering and/or attending parent-teacher conferences
- Communicate the importance of education and learning to my child
- Respect the school, staff, students, and families
- Monitor my child's TV viewing & video games
- Regularly monitor my child's progress in school

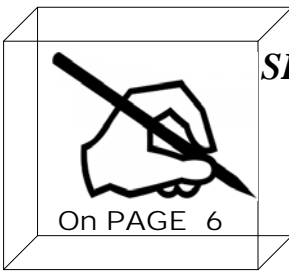
Student

Teacher

Parent/Guardian

Parent/Guardian

P. O. Box • Street • , CA • (530) - • FAX (530) -



SIERRA-PLUMAS JOINT UNIFIED SCHOOL DISTRICT

NOTICE TO PARENTS AND GUARDIANS

THESE ARE YOUR RIGHTS AS A PARENT OR GUARDIAN

Education Code Section 48980 requires that Sierra-Plumas Joint Unified School District notify you regarding parental rights and responsibilities and that you sign and return an acknowledgement that you read this notification (see back page).

1. Education Code 32255-32255.6 - **Dissection of Animals**. If a student has a moral objection to dissecting or otherwise harming or destroying animals or any part of an animal, the pupil must notify the teacher and provide a note from the pupil's parent or guardian. Upon written notification from parents, teacher may work with the pupil to develop an alternate project.
2. Education Code [35160.5](#) **Intra-District Transfers**. The parents/guardians of any student who resides within district boundaries may apply to enroll their child in any district school, regardless of the location of residence within the district. The available intra-district transfer options are Loylton High School and Downieville High School / Loylton Elementary School and Downieville Elementary School. Home-to-School Transportation is unavailable for such transfers. The form for applying for such transfers and appeal procedures are available at the District Office.
3. Ed. Code Sec 35256 – **SARC**. The governing board shall annually issue a School Accountability Report Card for each school in the district, publicize such reports, post them on the District's website, and provide parents or guardians with a copy upon request.
4. Education Code 35291, 35291.5, 48900.1 – **Conduct**. Governing Board Policy and Administrative Regulation No. 5131, Conduct Code, outline conduct and discipline rules. Complete text is available at Sierra-Plumas Joint Unified School District Office or <http://gamutonline.net/district/sierraserraplumas/>
5. Education Code 44808.5 – **Open Campus**. The Governing Board of the Sierra-Plumas Joint Unified School District, pursuant to Section 44808.5 of the Education Code, permits the pupils enrolled at Downieville or Loylton High Schools to leave the school grounds during the lunch period. Neither the School District nor any officer or employee thereof shall be liable for the conduct nor safety of any pupil during such time as the pupil has left the school grounds pursuant to this section.
6. Education Code 46010.1 – **Confidential Medical Services**. Pupils in grades 7-12 may be excused from school for the purpose of obtaining confidential medical services without the consent of the pupil's parent or guardian.
7. Education Code 46014 – **Excused-Religious Purposes**. Students may, with parent approval, be excused from school for religious purposes at a place away from school property after the child has attended school for a minimum day.
8. Education Code 48200 – **Attendance**. "Each person between the ages of 6 and 18 years not exempted under the provisions of this chapter or Chapter 3 (commencing with Section 48400) is subject to compulsory full-time education. Each person subject to compulsory full-time education and each person subject to compulsory continuation education not exempted under the provisions of Chapter 3 (commencing with Section 48400) shall attend the public full-time day school or continuation school or classes and for the full time designated as the length of the school day by the governing board of the school district in which the residency of either the parent or legal guardian is located and each parent, guardian, or other person having control or charge of the pupil shall send the pupil to the public full-time day school or continuation school or classes and for the full time designated as the length of the school day by the governing board of the school district in which the residence of either the parent or legal guardian is located. Unless otherwise provided for in this code, a pupil shall not be enrolled for less than the minimum school day established by law."

Education Code Section 48205 states that the site Principal, or the SARB may require verification by a school official or physician if absences for health reasons appear excessive and may require prior notice from parents for absences excused for justifiable personal reasons, such as non-emergency appointments or permitted religious instruction or retreats. (EC 46014, 48205)

If your child has three unexcused absences and/or tardies, he or she will be considered truant. SPJUSD's guidelines for attendance are as follows:

1. After the first reported truancy of three (3) absences/tardies, a written *Letter of Concern* from the school is mailed.
 2. After the 4th unexcused absence in the same school year, a written warning from the school will be mailed.
 3. After the 5th unexcused absence in the same school year, another written warning from the school will be mailed.
 4. If a student is reported absent for the 6th time in the same school year, the student and parents/guardians will be referred to our School Attendance Review Board (SARB).
9. Ed. Code Sec. 48204(f): **Criteria for Residency**
A student shall be deemed to have complied with district residency requirements if he/she meets any of the following criteria:
1. The student's parent/guardian resides within district boundaries. (Education Code [48200](#))
 2. The student is placed within district boundaries in a regularly established licensed children's institution, a licensed foster home, or a family home pursuant to a court-ordered commitment or placement. (Education Code [48204](#))
 3. The student has been admitted through the district's interdistrict attendance program. (Education Code [48204](#))
 4. The student is an emancipated minor residing within district boundaries. (Education Code [48204](#))
 5. The student lives with a caregiving adult within district boundaries. (Education Code [48204](#))

- 6. The student resides in a state hospital located within district boundaries. (Education Code 48204)
 - 7. The student is confined to a hospital or other residential health facility within district boundaries for treatment of a temporary disability. (Education Code 48207)
- In addition, district residency status may be granted to a student whose parent/guardian is employed within district boundaries.

- 10. Education Code 48205 – **Absences and Excuses**. Students may be excused from school for justifiable personal reasons, including, but not limited to, an appearance in court, observance of a holiday or ceremony of his or her religion, attendance at religious retreats, or an employment conference. The entire text of 48205 is as follows:
 - (a) Notwithstanding Section 48200, a pupil shall be excused from school when the absence is:
 - (1) Due to his or her illness.
 - (2) Due to quarantine under the direction of a county or city health officer.
 - (3) For the purpose of having medical, dental, optometric, or chiropractic services rendered.
 - (4) For the purpose of attending the funeral services of a member of his or her immediate family, so long as the absence is not more than one day if the service is conducted in California and not more than three days if the service is conducted outside California.
 - (5) For the purpose of jury duty in the manner provided for by law.
 - (6) Due to the illness or medical appointment during school hours of a child of whom the pupil is the custodial parent.
 - (7) For justifiable personal reasons, including, but not limited to, an appearance in court, attendance at a funeral service, observance of a holiday or ceremony of his or her religion, attendance at religious retreats, attendance at an employment conference, or attendance at an educational conference on the legislative or judicial process offered by a nonprofit organization when the pupil's absence is requested in writing by the parent or guardian and approved by the principal or a designated representative pursuant to uniform standards established by the governing board.
 - (8) For the purpose of serving as a member of a precinct board for an election pursuant to Section 12302 of the Elections Code.
 - (b) A pupil absent from school under this section shall be allowed to complete all assignments and tests missed during the absence that can be reasonably provided and, upon satisfactory completion within a reasonable period of time, shall be given full credit therefor. The teacher of the class from which a pupil is absent shall determine which tests and assignments shall be reasonably equivalent to, but not necessarily identical to, the tests and assignments that the pupil missed during the absence.
 - (c) For purposes of this section, attendance at religious retreats shall not exceed four hours per semester.
 - (d) Absences pursuant to this section are deemed to be absences in computing average daily attendance and shall not generate state apportionment payments.
 - (e) "Immediate family," as used in this section, has the same meaning as that set forth in Section 45194, except that references therein to "employee" shall be deemed to be references to "pupil."

- 11. Ed. Code 48206.3, 48207, 48208 –**Temporary Disability**. A pupil with a temporary disability which makes attendance in regular classes impossible or inadvisable shall receive individual instruction in the home, hospital, or other health care facility if requested by parent.
- 12. Education Code 48980.3 –**Pesticides**. For the 2017-2018 school year, S-PJUSD may, when children are not present, apply the following pest and weed management products as necessity dictates:

Product	Active Ingredient
Ortho Weed B Gon	Mecoprop-p Dimethylamine salt 0.22%
	2,4-Dimethylamine salt 0.12% Dicamba, Dimethylamine Salt 0.05%
Round Up	Glyphosate Isopropylamine salt 7.2%
RAID	Eugenol 0.5%
	2-Phenethyl propionate
RAID Wasp & Hornet (Terminix)	Tetramethrin .20% Permethrin .20%
Gopher Getter Type 1	Strychnine Alkaloid .5%
Tarro Ant Killer Spray	Pyrethrins 0.1%, Piperonyl butoxide 0.5% Permethrin 0.20%, Petroleum distillate >5.0% Tetramethrin .20%

For additional information on pest and weed management products, you may access the California Department of Pesticide Regulation website at www.cdpr.ca.gov/schoolipm. If you would like to register with the school district to receive notification of individual pest and weed management product applications, please send a self-addressed, stamped envelope to Sierra-Plumas Joint Unified School District, P. O. Box 955, Loyalton, CA, 96118, and you will be notified 72 hours before the chemical application.

- 13. Education Code 49010, 49011, 5 CCR 350) **Student Fees**. No student shall be required to pay a fee, deposit, or other charge for his/her participation in an educational activity which constitutes an integral fundamental part of the district's educational program, including curricular and extracurricular activities. (Education Code 49010, 49011; 5 CCR 350)
- 14. Ed. Code Sec 49063-49070, 49070 – **Access to Records**. Parents of currently enrolled or former pupils have a right, excepting a court order restricting access, to access to any and all pupil records related to their children which are maintained by school districts or private schools. (BP 5125, Student Records, is included in this Back to School packet)

15. Ed. Code Sec 49073 – **Student Directory Information.** The Superintendent or designee may authorize the release of student directory information to military recruiters, representatives of the news media, prospective employers or non-profit organizations as provided by law. Directory Information includes name, address, telephone number date and place of birth, major field of study, class schedule, class roster, photographs, participation in officially recognized activities and sports, weight and height of members of athletic teams, date of attendance, diplomas and awards received and recent previous education institution attended. Except by court order, receipt of lawfully issued subpoena or when otherwise allowed by law, no directory information shall be released regarding any pupil if a parent has notified the school district that the information shall not be released. See Board Policy 5125.1, Release of Directory Information at <http://gamutonline.net/district/sierrasierraplumas/>
16. Education Code 49091 – **Prospectus.** Parents/guardians may inspect, upon request and within a reasonable time frame, a prospectus of curriculum, including titles, descriptions and instruction aims of every course offered by each public school. The school may charge an amount not to exceed the cost of duplication. (Education Code §49091.14)
17. Education Code 49423 – **Medication.** Parents are to notify the principal if their child is on continuing medication. This notification shall include the name of the medication, the dosage and the name of the supervising physician. Students who need to take prescribed medication during the school day may be assisted by a school nurse or designated school personnel or allowed to self-administer certain medication as long as the district receives written statements from the student's physician and parent/guardian in accordance with law, Board policy and administrative regulation. Parents, please review BP and AR 5141.21, **Administering Medication And Monitoring Health Conditions** available at <http://gamutonline.net/district/sierrasierraplumas/>.
18. Education Code 49451 – **Health Evaluation.** A health evaluation performed at school may consist of a visual observation of a student, checking the student's temperature, blood pressure, pulse, and respiratory rate. It may also include evaluation by the school nurse. Parents have the right to annually file a written statement that they will not consent to a health evaluation for their student. If a non-consent is filed and whenever there is a good reason to believe that the student is suffering from a recognized contagious or infectious disease, the student will be sent home and not permitted to return until school authorities/public health department are satisfied that a risk of infection to other students no longer exists. (Ed Code 49451-49456)
19. Education Code 49455 – **Vision.** Evaluation of vision, including tests for visual acuity and color testing by the school nurse or teacher is required upon kindergarten or first enrollment and again in grades 2, 5 and 8. The evaluation may be waived upon appropriate certification from a physician or optometrist, or written statement of conflict with family's religious beliefs.
20. Education Code 49470-49473 – **Insurance.** Medical and hospital services for pupils injured at school, or school sponsored events, or while being transported may be insured at parent expense. Forms are available at school offices.
21. Education Code 49510-49520 – **Meals.** Nutritional meals are provided at no cost or at a reduced rate to qualifying students. Apply at any school office.
22. Education Code § 51513; - **Protection of pupil rights.** No test, questionnaire, survey, or examination containing any questions about the pupil's personal beliefs or practices in sex, family life, morality, and religion, or any questions about the pupil's parents' or guardians' beliefs and practices in sex, family life, morality, and religion, shall be administered to any pupil in kindergarten or grades 1 to 12, inclusive, unless the parent or guardian of the pupil is notified in writing that this test, questionnaire, survey, or examination is to be administered and the parent or guardian of the pupil gives written permission for the pupil to take this test, questionnaire, survey, or examination. 20 U.S. Code § 1232h - **Inspection of instructional materials by parents or guardians.** All instructional materials, including teacher's manuals, films, tapes, or other supplementary material which will be used in connection with any survey, analysis, or evaluation as part of any applicable program shall be available for inspection by the parents or guardians of the children.
23. Education Code 51870.5 – **Internet.** Access by pupils to Internet and on-line sites is regulated by Board Policy 6163.4 and Administrative Regulation 6163.4, Student Use of Technology, obtained at the School District Office or accessed at <http://gamutonline.net/sierrasierraplumas/>
24. Education Code 51938 – **Sexual Health Education.** A parent or guardian of a pupil has the right to excuse their child from all or part of comprehensive sexual health education, HIV/AIDS prevention education, and assessments related to that education as stated in Ed Code 51938. Students shall receive sexual health education unless the parent/guardian notifies the district in writing that the student should be excused. (BP/AR 6142).These classes may be taught by district personnel. If the district chooses to use outside consultants or guest speakers, notification will be sent to parents/guardians. Education Code §51930-51939 is available upon request at the Sierra-Plumas Joint Unified School District Office.
25. Education Code 56030 et seq – **Special Education.** Special education programs are available for students with learning and physical handicaps. No assessment shall be conducted, or assessment plan implemented, without the written consent of the parents. The Superintendent or designee shall develop processes to determine when an individual is eligible for special education services and shall establish systematic procedures for special education program identification, screening, referral, assessment, planning, implementation, review, and triennial assessment. (Ed. Code Sec 56301) Contact 530 993-4485 for more information.

- 24. Education Code 58501 - **Notice of Alternative Schools.** California state law authorizes all school districts to provide for alternative schools. Section 58500 of the Education Code defines alternative school as a school or separate class group within a school. Sierra Pass Continuation School is such a school. Interested persons should contact the Superintendent's Office.
- 25. Education Code § 60615, 5 CCR [852](#) – **State Testing.** A parent/guardian may submit to the school a written request to excuse his/her child from any or all parts of any state test. S-PJUSD Administrative Regulation No. 6162.51
- 26. Health and Safety Code 104830 – **Dental Fluoride Treatment.** Pupils of public and private elementary and secondary schools, except pupils of community colleges, shall be provided the opportunity to receive within the school year the topical application of fluoride, including fluoride varnish, or other decay-inhibiting agent to the teeth in the manner approved by the department. A notification shall be sent home to the parent/guardian with the right to refuse such treatment.
- 27. Health and Safety Code 120335 – **Immunization.** A copy of the written record of immunizations shall be given by the parent or guardian to the authority of the school. When such written records are not available, the pupil shall not be admitted. Education Code 49403, California Code of Regulations 6065- Immunization for communicable disease may be consented to in writing by a parent, for a licensed physician and surgeon, or nurse acting under the direction of such, to administer.
- 28. Education Code 39831.5 – **School Bus Safety.** School bus safety rules and information, list of stops, rules of conduct, red light crossing instructions, bus danger zones, walking to and from stops are provided in the Back to School packets.

29. LATE START/SNOW DAYS

*Occasionally it is necessary to call a late start to school or cancel school completely. On these days, our automatic phone system will call the number **listed as your home phone** on the Registration Card filed with your school. If you **do not** have your number listed, you **will not** receive a phone call and therefore will need to make other arrangements to stay informed. Late start/snow day notices will also be posted on our website at www.sierracountyofficeofeducation.org. Please contact the District Office at 530 993-1660, ext *840 or *842 between 8 a.m. and 5 p.m. weekdays if you have any questions.*

- 30. Federal Register 40 CFR 763.93- **Asbestos.** An updated management plan for asbestos-containing material in school buildings is available at the District Office.
- 31. Information regarding specified registered sex offenders who may reside in your community is available by accessing <http://www.meganslaw.ca.gov/>. Parents are urged to utilize the information to protect themselves and their children from registered sex offenders.
- 32. **Emergency Communication-** In case of an emergency situation, parents will be notified via the District's Emergency Phone System. In case of an emergency evacuation, students will be relocated to the following areas:

Downieville School: Yuba Theatre, Downieville, CA (park in corner parking lot)

Loyalton Schools: Holy Rosary Catholic Church, 614 4th Street, Loyalton CA, 96118 (across from Jr/Sr High School)
Or Loyalton Elementary School, 111 Beckwith Road, Loyalton CA 96118

Do not come to or call the school! These areas are also designated as Parent Gathering Places in case of emergency.

HIGH SCHOOL LEVEL ONLY

- 33. California Education Code §51229 - UC/CSU ADMISSION REQUIREMENTS

Requirements	High School Courses
2 Years Social Science	World History, US History, Government/Economics*
4 Years English	English 9, 10, 11, 12*
3 Years Math	Algebra 1, Geometry, Algebra 2, Trigonometry, AP Calculus
2 Years Science	Biology, Agriculture Biology, Physics, Chemistry*
2 Years Foreign Language	Spanish 1, Spanish 2, Spanish 3, Spanish 4*
1 Year Visual/Performing Arts	Studio Art, Theater Arts, CTE CLASS
1 Year Elective	Journalism and extra courses selected from those listed above and a-g electives

*Advanced Placement Courses in these areas also meet a-g requirements and are offered whenever possible.

Education Code § 52242. A school district may help pay for all or part of the costs of one or more advanced placement examinations that are charged to economically disadvantaged pupils.

Students must achieve a semester “C” or better in any required classes and must have an overall 3.0 GPA or better in the UC/CSU required courses.

Career Technical Education (CTE) is a “program of study that involves a multiyear sequence of courses that integrates core academic knowledge with technical and occupational knowledge to provide students with a pathway to postsecondary education

and careers.” Loyalton High School has two CTE programs: Agriculture Education and Construction Technology. For more information about CTE programs and goals, please see the California Department of Education website: www.cde.ca.gov/ci/ct.

Staff available to assist students in college/career inquires: Megan Meschery, Loyalton High School Academic Advisor; Lynn Fillo, Downieville Academic Advisor; Amy Filippini, LHS Career Specialist.

For further information, please visit the following online resources:

- A-G Course Lists (search by high school) – <https://doorways.ucop.edu/list/>
- California Colleges – <http://www.californiacolleges.edu/>
- University of California A-G Guide – <http://www.ucop.edu/a-gGuide/>

34. District programs and activities shall be **free from discrimination** based on gender, sex, race, color, religion, ancestry, national origin, ethnic group identification, marital or parental status, physical or mental disability, sexual orientation, lack of English skills or the perception of one or more of such characteristics. The Board shall promote programs which ensure that discriminatory practices are eliminated in all district activities.
35. Education Code 49050-49051. Board Policy 5145.12, **Search and Seizure**. Random searches of students, their belongings and district properties under their control may be performed at any time by the Superintendent or designee according to.
36. **All Sierra-Plumas Joint Unified School District Board Policies and Administrative Regulations are available on <http://gamutonline.net/district/sierrasierraplumas/>.**
Or
At www.sierracountyofficeofeducation.org
Click on the link <http://www.gamutonline.net>
Click “GO”.
Enter the username, **sierraplumas** and password, **public96126**.

They are also available by request, printed, from your school site secretary or the District Office at 530 993-1660, ext. *840, 109 Beckwith Road, Room 3, Loyalton CA 96118, between the office hours of 8 a.m. and 4:30 pm.

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SIERRA-PLUMAS JOINT UNIFIED SCHOOL DISTRICT



NOTICE TO PARENTS AND GUARDIANS

2017-2018



PARENTAL ACKNOWLEDGMENT

I have received the Notice to Parents from the Sierra-Plumas Joint Unified School District and thereby acknowledge information of my parental rights per California Education Code 48980.

Student's Name

Grade

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Signing acknowledges that you have been informed of your rights. Please return this signed page to the secretary at your child's school, per California law. Thank you for your attention to this requirement.

SIERRA-PLUMAS JOINT UNIFIED SCHOOL DISTRICT
109 Beckwith Road, Post Office Box 955, Loyalton, CA 96118
2017-2018
STUDENT MODE OF TRANSPORTATION FORM (for all students)

This form will assist our schools in locating your child in an emergency situation whether or not they ride the bus. Please list your child's/children's mode of transport to and from school. Please return to the school secretary. IMPORTANT! A NOTE MUST BE SENT TO THE SITE SECRETARY (or TEACHER FOR ELEMENTARY AGE) IN ORDER FOR NON BUS RIDERS TO RIDE OR FOR RIDERS TO BOARD A DIFFERENT BUS.

1ST Student Name: _____ **GRADE:** _____ LOYALTON DOWNIEVILLE

MY CHILD PRIMARILY WALKS TO/FROM SCHOOL EVERY DAY

I PRIMARILY DRIVE MY CHILD TO/FROM SCHOOL EVERY DAY

MY CHILD PRIMARILY TAKES THE BUS AND THE STOPS ARE LISTED BELOW

After School: <input type="checkbox"/> Sierra Kids Daycare <input type="checkbox"/> _____ Daycare

Refer to Bus Route Schedules to complete the following section. (This form will be returned to you if this section is left blank.)

A.M. ROUTE _____ Stop Name: _____ Stop Number: _____

P.M. ROUTE _____ Stop Name: _____ Stop Number: _____

2ND Student Name: _____ **GRADE:** _____ LOYALTON DOWNIEVILLE

MY CHILD PRIMARILY WALKS TO/FROM SCHOOL EVERY DAY

I PRIMARILY DRIVE MY CHILD TO/FROM SCHOOL EVERY DAY

MY CHILD PRIMARILY TAKES THE BUS AND THE STOPS ARE LISTED BELOW

After School: <input type="checkbox"/> Sierra Kids Daycare <input type="checkbox"/> _____ Daycare

Refer to Bus Route Schedules to complete the following section. (This form will be returned to you if this section is left blank.)

A.M. ROUTE _____ Stop Name: _____ Stop Number: _____

P.M. ROUTE _____ Stop Name: _____ Stop Number: _____

3RD Student Name: _____ **GRADE:** _____ LOYALTON DOWNIEVILLE

MY CHILD PRIMARILY WALKS TO/FROM SCHOOL EVERY DAY

I PRIMARILY DRIVE MY CHILD TO/FROM SCHOOL EVERY DAY

MY CHILD PRIMARILY TAKES THE BUS AND THE STOPS ARE LISTED BELOW

After School: <input type="checkbox"/> Sierra Kids Daycare <input type="checkbox"/> _____ Daycare

Refer to Bus Route Schedules to complete the following section. (This form will be returned to you if this section is left blank.)

A.M. ROUTE _____ Stop Name: _____ Stop Number: _____

P.M. ROUTE _____ Stop Name: _____ Stop Number: _____

Parent/Guardian: _____ Phone: () _____

Phone: () _____

Parent/Guardian: _____ Phone: () _____

Street Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

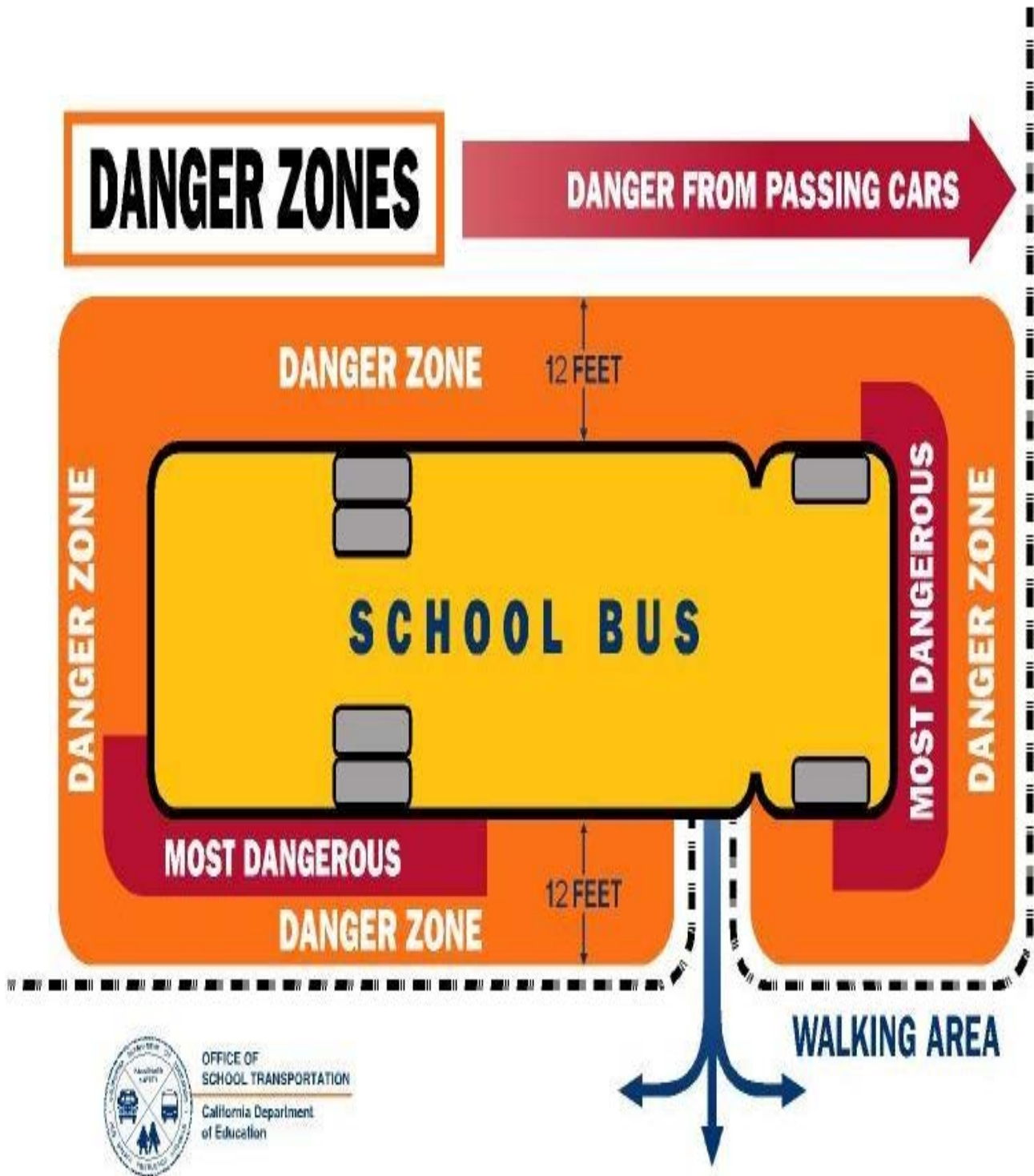
PARENT/GUARDIAN (**Signature Required**): _____ Date: _____

SIERRA-PLUMAS JOINT UNIFIED SCHOOL DISTRICT
SAFETY INFORMATION AND BEHAVIOR OF STUDENTS ON SCHOOL BUSES

Riding a school bus is not a right, but rather a privilege that can be denied if the following rules are willfully disobeyed:

1. **Students transported** in a school bus shall be under the authority of and responsible directly to the driver of the bus and the driver shall be held responsible for the orderly conduct of the students while they are on the bus or being escorted across a street, highway, or road.
2. **Continued disorderly** conduct or persistent refusal to submit to the authority of the driver shall be sufficient reason for a student to be denied transportation.
3. **No bus driver** shall require any student to leave the bus en route between home and school or other destinations.
4. **At the discretion** of the bus driver a student may be assigned a specific seat and shall not be permitted to occupy another seat without permission of the driver.
5. **All students** are to remain seated until released by the driver.
6. **Students shall** keep heads, arms, hands, and other parts of the body inside the bus.
7. **Students shall not** drop or throw material of any kind, either from the bus, or within the bus, or make offensive remarks to pedestrians or motorists.
8. **Students shall** keep books, packages, coats, or other objects out of the bus aisle. Feet shall be kept out of the aisle. No objects are permitted which impair the ability of the driver to operate the bus, or which obscure his/her vision.
9. **Requests of** the driver are to be obeyed, without discussion, while a bus is en route.
10. **Students are** to speak in conversational tones only. Profanity is forbidden, as are playing musical instruments, whistling, participating in any commotion that might tend to distract the driver's attention.
11. **Students shall not** eat or drink beverages on the bus during normal transportation. Eating and drinking on the bus may be arranged for field trips. Breakable glass objects may be transported on a bus only if they are contained in a suitable container that would minimize the hazard in the event of accident or breakage.
12. **No student shall** interfere with another student, or disturb the property of another student.
13. **Students shall not** carry knives, flammable devices, or other hazardous materials or objects on the bus. Seeing eye dogs are the only animals that may be transported on a school bus.
14. **Students who** refuse to submit to the authority of the bus driver shall be reported by the bus driver to the principal of the school the student attends as soon as possible after the misconduct occurs. The principal of the school shall reprimand the student, and inform the parent or guardian of the offense and the reprimand. The principal shall also inform the student and his parent or guardian that if such misconduct persists, the student may lose the privilege of being transported by school bus, and/or the school may take other disciplinary action. The Principal may call parent as a courtesy when small, minor behavior problems occur to help resolve the problem before it escalates.
15. **If immediate** disciplinary action is required, the bus driver may reprimand a student, and, if the misconduct occurs on the home-to-school bus run, the driver may suspend the students involved in the misconduct from the bus run for the following school day. In such case, it shall be the duty of the driver to inform the school principal of such suspensions as soon as possible.
16. **All School Bus Incident Reports** must be signed by a parent/guardian and returned to the bus driver before a student will be allowed back on the bus.
17. **Video cameras** may be used on school buses to monitor student behavior while traveling to and from school and school activities. The recording may be considered a student record and used in student disciplinary procedures or referred to local law enforcement as appropriate.
18. **Use and/or** possession of tobacco in any form is prohibited while riding a school bus. Automatic suspension from school will result from any violation of this regulation.
19. **Any student** found guilty of inflicting willful damage to a school bus will be denied transportation until the parent/guardian has paid the cost of repairs.
20. **Students** are instructed to be at the assigned bus stop (5) minutes before the posted stop time.
21. **Parents who** drive their child to the bus stop should park their vehicle on the same side of the roadway that the bus will be stopping, and keep in mind to allow for ample room for the bus to pull over safely.
22. **When walking** to the bus stop, give yourself plenty of time. Walk quickly, but don't run. Walk safely. Stay on sidewalks, if there are none, walk on the left side of the road facing oncoming traffic. Cross the street only at intersections or crosswalks. If possible, walk with a "buddy."
23. **Never talk** to strangers, accept rides or take anything from anyone you don't know. If a stranger in a car approaches you, stay away and notify a parent, the bus driver, or another adult you know immediately.
24. **Students shall** form lines in order to board the bus at all loading zones. Students will respect others, personal property, and safety of others while waiting at a loading zone/bus stop.
25. **If a student** drops papers or other objects while boarding or leaving the bus, he/she should get the attention of the driver. The student shall never go under or near the school bus to retrieve objects.
26. **Students must** present signed written permission from parents or guardians to a teacher or driver for any permanent or temporary change in their regular bus schedule.

27. **When the Red crossing lights** are activated, as required, the bus is stopped for the purpose of loading and unloading students. Students are to remain on the roadside until the driver gives the direction that it is safe to cross. All students in prekindergarten, kindergarten, and grades 1 through 8, needing to cross the street on which the bus is stopped, shall be escorted by the driver at those locations where traffic is not controlled by a traffic officer or an official traffic control signal. Students are never to cross the roadway or highway behind the bus unless crossing at an official traffic controlled signal.



Return this page to School. Please keep the rules and diagram for reference. Thank you.

Student's Name: _____

Parents shall be provided with copies of and shall acknowledge that they have read and understand these rules.
Any parent who has a question regarding transportation or the above regulations should contact the school principal.

Please:

1. Review the **SAFETY INFORMATION AND BEHAVIOR OF STUDENTS ON SCHOOL BUSES** with your children even if they do not take the bus to school.
2. Complete the section below and *return this page to school.*

*We/I have read, reviewed and understand **SAFETY INFORMATION AND BEHAVIOR OF STUDENTS ON SCHOOL BUSES** with my child(ren). I understand that violation of these rules may result in suspension or revocation of bus privileges.*

Signature: Parent/Guardian

Date: _____

Return this page to School. Please keep the rules and diagram for reference. Thank you.

SIERRA-PLUMAS JOINT UNIFIED SCHOOL DISTRICT

Annual Health Inventory – Year _____

Child's Name _____	Birth date _____	Age _____	
School _____	Grade _____	Teacher _____	Date _____

Healthy children learn better. Knowledge of special conditions and/or concerns will help teachers and staff better meet your child's learning needs.

Please take the time to answer these questions carefully. A school nurse is available to discuss concerns.

ALL INFORMATION ON THIS FORM WILL BE KEPT CONFIDENTIAL

Medical Provider: _____ Date of last exam: _____

Dentist: _____ Date of last exam: _____

Is your child under the care of a medical specialist (i.e., Ear doctor, allergist, orthodontist or psychologist)?

If so, please explain: _____

Does your child take any medication Yes No List: _____

Will medication need to be given during school hours? Yes No

Please note: Any medication (including over the counter) that needs to be given at school requires written instructions by a medical provider on an authorized form and special arrangements with the school nurse.

Please indicate if your child currently or has a history of any of the following conditions:

No change in health from previous school year.

Allergies to bee stings, food, medications, or environmental agents: (Please explain: _____)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Serious illness or injury | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> My child carries or uses an epinephrine auto injector.) |
| <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Convulsions or seizures | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Wears hearing aides |
| <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> ADHD / ADD | <input type="checkbox"/> Frequent nosebleeds | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Serious head injury | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Anorexia or bulimia | <input type="checkbox"/> Frequent Stomach aches |
| <input type="checkbox"/> Surgery for serious illness/injury | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Wears glasses | |

PLEASE EXPLAIN ANY ITEMS YOU HAVE CHECKED: _____

Does your child have any other condition that might affect learning? _____

Does your child have any condition that requires special consideration in the classroom or for physical education? _____

Has there been any traumatic event in your family within the past 12 months that would affect your child's school experience adversely.

IF THERE IS ANY CHANGE IN THE CHILD'S HEALTH WHICH AFFECTS HER/HIS ABILITY TO TAKE PHYSICAL EDUCATION, OR IF SHE/HE IS PLACED ON REGULAR MEDICATION, (Educ. Code No. 49423) IT IS THE PARENT'S RESPONSIBILITY TO NOTIFY THE SCHOOL. PLEASE REQUEST FORMS AS NEEDED IF EITHER SITUATION EXISTS.

SOURCE OF HISTORY INFORMATION

Date: _____

(Signature of person completing form)

Parent Guardian

SIERRA-PLUMAS JOINT UNIFIED SCHOOL DISTRICT
SIERRA COUNTY OFFICE OF EDUCATION
EMERGENCY MEDICAL FORM

Student Name: _____

Student Date of Birth: _____ Last Tetanus Toxoid Booster: _____

Allergies to Drugs or Foods: _____

Special Medications or Pertinent Medical Information: _____

Mother: NAME: _____ Home Phone: _____ Other: _____

Other Living with Student: NAME: _____ Home Phone: _____ Relationship: _____

Father: NAME: _____ Home Phone: _____ Other: _____

Other Living with Student: NAME: _____ Home Phone: _____ Relationship: _____

Date Signature(s) of Father, Mother, and/or Legal Guardian(s)

Address: _____
PO Box or Street City State ZIP

Family Physician: _____ Phone: _____

Physician's Address: _____

Insurance Company: _____ Policy Number: _____

I (We), the undersigned parent, parents, or legal guardian(s) of the student listed above, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

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

This consent shall remain effective through June 30 of the current school year.

**SIERRA COUNTY OFFICE OF EDUCATION
SIERRA-PLUMAS JOINT UNIFIED SCHOOL DISTRICT**

MEDICATION RELEASE FORM

When specific illnesses and/or conditions in children are treated with medication prescribed by a doctor, it is sometimes necessary that this medication be given during school hours. According to California State law, school personnel may accept responsibility for giving medication to a specific student when requested to do so by the parent and physician.

Parents are urged with the help of the family physician to work out a schedule of giving medication outside school hours. However, when medication must be administered at school it is our intent to honor such requests whenever possible, and to do so in a safe and legal manner. If you request that your child be given medication at school, it is required that a Medication Release Form must accompany the medication. This form must be completed by the physician and signed by the parent or legal guardian, and must be renewed by the attending physician and parent at the beginning of each school year or upon entrance to school, or upon any change in medication orders.

Parents are responsible for the completion and return of Medication Release Forms to the school. The school will not take responsibility for giving the medication until forms are completed, signed and on file.

Your cooperation in fulfilling these simple requirements will assure that school personnel can process and implement your request in a timely and safe manner should your child need to be given medication at school.

ALL MEDICATION MUST BE IN THE ORIGINAL CONTAINER TO BE ADMINISTERED

PARENT/GUARDIAN STATEMENT

As the parent/guardian of: _____ **Date of Birth:** _____

I hereby:

1. Understand my responsibility to enable district employees to administer or otherwise assist the student in the administration of medication, including, but not limited to, my responsibility to provide a written statement from the authorized health care provider, to ensure that the medication is delivered to the school in its original, marked container by an individual legally authorized to be in possession of the medication, and to provide all necessary supplies and equipment.
2. Desire that the school district employees administer the medication or otherwise assist my child in the matters set forth in the statement of the Health Care Provider.
3. State that these specific symptoms necessitate administration of the medication (#9 of Health Care Provider's Statement):

4. Understand that I may terminate the consent for the administration of the medication or for otherwise assisting the student in the administration of medication at any time.

Parent Signature: _____ **Date:** _____

Print Name of Physician: _____ **Phone:** _____

STUDENT SELF ADMINISTRATION OF MEDICATION:

My child may self-administer the medication (stated below) per the Health Care Provider's Instructions, and I hereby:

1. Consent to the self-administration.
2. Agree on behalf of myself, my child, and any other parent, or to hold the District and its employees harmless from, and indemnify and defend the District and its employees against, every claim, demand or liability for any injury or damage whatsoever or any civil liability, arising from the District's administration of medication to my child.
3. **My child may carry and self-administer prescription auto-injectable epinephrine**, therefore I consent to the self-administration, and consider this a release for the school nurse or other designated school personnel to consult with my child's health care provider regarding any questions that may arise with regard to the medication.

Parent Signature: _____ **Date:** _____

HEALTH CARE PROVIDER STATEMENT

1. Patient (Student) Name: _____ DOB: _____
2. Condition for which the drug is to be given: _____
3. Check Box if Patient (Student) may self-administer the medication listed below. (Please indicate on prescription container label.)
4. Medication: _____
5. Time for medication: _____
6. Dosage and route of administration: _____
7. The above medication *cannot* be scheduled for other than during school hours and may be administered by medically untrained school personnel.
8. Possible side effects: _____
9. Specific symptoms that would necessitate administration of the medication:

10. Allowable frequency for administration: _____
11. Indications for referral for medical evaluation: _____

Physician's Signature: _____ Phone Number: _____

Date: _____ Physician's Address: _____

Medication to be continued as above until _____

Physician's Orders Must Be Renewed Annually

California Education Code §49423 Notwithstanding the provisions of Section 49422, any pupil who is required to take, during the regular school day, medication prescribed for him by a physician, may be assisted by the school nurse or other designated school personnel if the school district receives (1) a written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken and (2) a written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the physician's statement. (Stats 1976 Ch. 1010.)

California Education Code §49423, 49423.1 If a parent/guardian has requested that his/her child be allowed to carry and self-administer prescription auto-injectable epinephrine or prescription inhaled asthma medication, the parent/guardian's written statement shall include as follows:

California Education Code §49423(b)(2) In order for a pupil to carry and self-administer prescription auto-injectable epinephrine pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon or physician assistant detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer auto-injectable epinephrine, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with regard to the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers an adverse reaction as a result of self-administering medication pursuant to this paragraph.

**SIERRA COUNTY OFFICE OF EDUCATION
SIERRA-PLUMAS JOINT UNIFIED SCHOOL DISTRICT**

P. O. Box 955
109 Beckwith Road
Loyalton, California

Merrill M. Grant, Ed.D.
Superintendent

Phone: (530) 993-1660
FAX: (530) 993-0828
Email: mgrant@spjUSD.org

Internet Publication Consent Form

(Signatures required to allow student work with authorship to be published online.)

Sierra-Plumas Joint Unified School District Administrative Regulation and Board Policy 1113 state as follows:

“Because of the wide accessibility of the Internet and potential risk to students, photographs of individual students shall not be published with their names or other personally identifiable information without the prior written consent of the student's parent/legal guardian.”

“Photographs of groups of students, such as at a school event, may be published provided that students' names are not included.”

“Student work may be published on a web site provided that both the student and his/her parent/guardian provide written permission or the work is part of an existing publication such as a newspaper or school newsletter.”

Additionally, it is possible for student work to be submitted to websites outside of the school's own site.

If you wish to consent to your child's work with his/her name and/or photograph with his/her name published online, please complete and sign this form and return it to your school.

By signing below, **I give permission** for my child's photo, writing and artwork with his/her name to be displayed on the Internet.

Parent/Legal Guardian Signature: _____

Printed Name: _____

Student must also sign in order to display any artwork or written expression on the Internet.

I give my permission my photo, writing and artwork to be displayed with my name on the Internet.

Photo

Writing

Art

Student name: _____ Student signature: _____
PRINT

Date: _____

Student Network Responsibility Contract

Network access will not be allowed until this document is signed and dated by parent and student and returned to the school site secretary.

Please read the following carefully before signing this document.

Sierra-Plumas Joint Unified School District's technology network(s) provide access to the internet and various Local Area Networks (LANS). The internet is an electronic information and communications "highway" connecting millions of computers and devices world-wide and millions of individual people. Sierra-Plumas Joint Unified School District telecommunications (internet) systems shall be used for specific education purposes and are not intended for indiscriminate use by the general public. As an educational-based system the following activities are not permitted:

1. **Criminal speech – such as threats to the President, instructions on breaking into computer systems, child pornography, drug dealing, purchase of alcohol, gang activities, or any other activity that would not be legal if done in person, or by any other means of communication.**
2. **Inappropriate speech in an educational setting, or that which violates District rules/policies.**
3. **Inappropriate language – obscene, profane, lewd, rude, disrespectful, threatening, or inflammatory language, harassment; personal attacks; including prejudicial or discriminatory attacks; or false or defamatory material about a person or organization.**
4. **Intentional visitation of inappropriate, unapproved, pornographic and/or illegal websites.**
5. **Information that, if acted upon, could cause damage or present a danger or disruption.**
6. **Privacy and personal safety violations – revealing personal contact information about self and/or others.**
7. **Abuse of resources – chain letters, "spamming". Spamming is sending an annoying or unnecessary message to a large number of people.**
8. **Infringement of copyright or plagiarism.**
9. **Use District equipment, software or network access to sell products or services for personal gain or profit.**
10. **Compromising security and/or operating integrity of the system prohibited. No personal equipment will be connected to any District technology equipment. Circumventing the web filter is not allowed.**
11. **The use of online chat or ICQ services unless as a condition of class participation.**
12. **Any computer use is subject to monitoring or analysis at any time to maintain adherence to this policy.**
13. **Email: The use of email will be restricted to staff and administrative personnel. Student use will only be provided for coursework and or school projects and provided at the discrimination of the local site administrator and policy.**

I UNDERSTAND #1-13 ABOVE. I UNDERSTAND THAT ACCOUNTS AND PASSWORDS ARE ASSIGNED TO INDIVIDUAL STUDENTS. I UNDERSTAND THAT IF I GIVE ANOTHER STUDENT MY PASSWORD OR ALLOW ANOTHER STUDENT ACCESS TO MY ACCOUNT, I AND THE OTHER STUDENT WILL LOSE ALL RIGHTS TO SCHOOL DISTRICT COMPUTERS.

Print Name of Student

Student Signature

Date

I have read the above definition and prohibitions and agree to discuss them with my child. I also agree that I will not hold the Sierra-Plumas Joint Unified School District responsible for student violation of this agreement or home usage of the Internet.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

SIERRA-PLUMAS JOINT UNIFIED SCHOOL DISTRICT

*109 Beckwith Road, Loyalton CA 96118
530 993-1660*

ENGLISH

_____ Date

_____ School

HOME LANGUAGE SURVEY

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 school. Thank you for your help.

Name of Student: _____
Last Name First Middle Grade Age

1. Which language did your son or daughter learn when he or she first began to talk? _____
2. What language does your son or daughter most frequently use at home? _____
3. What language do you use most frequently to speak to your son or daughter? _____
4. Name the languages in the order most often spoken by the adults at home:
a. _____
b. _____
c. _____

Signature of parent or guardian: _____

STUDENT RESIDENCY QUESTIONNAIRE/AFFIDAVIT

This questionnaire is intended to address the McKinney-Vento Assistance Act. Your answers will help determine eligibility.

Student: _____ (Male ___ Female___)

Birthdate: _____ Grade: _____

1. Do you and your student live in a stable, regular and adequate nighttime residence (either your own home or a place you rent)? **Yes**___ **No**___

(If you circled "Yes", stop here. Sign at the bottom and return to your school site secretary. If you circled "NO", please continue with this form.)

2. Do you and the student live: (Check all that apply)

- in a shelter or other temporary housing unit
- in a motel/hotel
- temporarily with another family in a house, mobile home, or apartment
- in a car or RV
- at a campsite
- other location _____

3. The student lives: (Check all that apply)

- with one parent
- with two parents
- with a qualified relative
- with friend(s)
- with an adult that is not the legal guardian
- alone with no adult(s)

4. I am:

- the parent/legal guardian of the above-named student
- a qualified adult relative of the above-named student
(Relationship: _____)

I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge.

Signature: _____ Date: _____

Print Your Name: _____

Residence: _____

Street

City

Zip

Mailing Address:

Street

City

Zip

Phone #1: (_____) _____ Phone #2: (_____) _____

SIERRA-PLUMAS JOINT UNIFIED SCHOOL DISTRICT
PO BOX 955, 109 Beckwith Road,
Loyalton CA 96118

PROOF OF RESIDENCY

In order to register your child in the Sierra-Plumas Joint Unified School District, you must provide documentation indicating the physical address of your place of residence. Proof of residence may be demonstrated with documentation such as:

- Rent/Lease Agreement
- Purchase or Escrow Agreement
- Tax Statement
- Utility Bill

(Office Use Only: Please check one of the above)

Student Name: _____

Grade: _____

Parent Name: _____

Street Address: _____

PO BOX: _____

City, State, Zip: _____

School District of Residence: (Please check one)

- Sierra-Plumas Joint Unified School District
- Plumas Unified School District
- Ft. Sage Unified School District
- Camptonville School District
- Nevada Joint Union High School District
- Other: _____

I, the undersigned, state that the above information is true and accurate:

Signature

Date

Verified by S-PJUSD Staff