# ORCUTT UNION SCHOOL DISTRICT

## Registration

**Alice Shaw • Joe Nightingale • Lakeview Junior High • Olga Reed • Orcutt Academy • Orcutt Junior High • Patterson Road • Pine Grove • Ralph Dunlap**

## Grades 1-12
## *Online* Registration
## Checklist

**To Be Provided by Parent/Guardian:**

- ☐ Copy of Birth Certificate
- ☐ Copy of Immunization Records
- ☐ 2 Proofs of Address (utility bills/pay stub) – Charter schools excluded
- ☐ Online Confirmation Documents

**To Be Completed by Parent/Guardian:**

- ☐ Online Registration Verification Card
- ☐ Student Residency Questionnaire/Affidavit
- ☐ Health Service Form
- ☐ Technology Acceptable Use Policy
- ☐ Records Request Card
- ☐ Educational Benefits Eligibility Form

*District Use Only:*

| | | | |
|---|---|---|---|
| **Student:** | | | |
| **School:** | | **Grade:** | |
| **Start Date:** | | **Overflow Bussed:** | ☐ Yes ☐ No |
| **Resident District:** | | **Interdistrict:** | ☐ Yes ☐ No |
| **Resident School:** | | **Intradistrict:** | ☐ Yes ☐ No |

Enrollment Office is located at: 500 Dyer Street, Building T, Orcutt, California 93455

Phone: 805.938.8946 FAX: 805.938.8948 Email: enrollment@orcutt-schools.net

# ORCUTT UNION SCHOOL DISTRICT

**Online Registration Card**

Alice Shaw • Joe Nightingale • Lakeview Junior High • Olga Reed • Orcutt Academy Charter • Orcutt Junior High • Patterson Road • Pine Grove • Ralph Dunlap

**Please Complete in Ink**

| STUDENT'S LEGAL LAST NAME | FIRST NAME | MIDDLE NAME | BIRTHDATE | GENDER (circle) M / F | GRADE | TEACHER | RM # |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| STUDENT'S ADDRESS (include city and zip) | PRIMARY PHONE | PARENT EMAIL/AERIES PORTAL ACCESS |
|---|---|---|
| | | |

# Online Registration Verification

**HEALTH INFORMATION AND AUTHORIZATION A PHYSICIAN'S NOTE LISTING SPECIFIC LIMITATIONS SHOULD BE SUBMITTED TO THE HEALTH OFFICE WITHIN THE FIRST WEEK OF SCHOOL.**

List any ongoing health issues: _____

List any continuing medication(s) (including inhalers or epi-pens): _____

Will this medication be taken at school? ☐ Yes ☐ No **A medical authorization form signed by the parent and physician MUST be on file if medications are to be taken at school.**

List any allergies: Name of Child's Physician: Phone #:

_____ **Initials**

In case of medical emergency, I as the legal parent or guardian of the above named child, authorize both transportation and medical services if the school is unable to locate me. I understand these medical services will be at my expense. If my child's regular physician is not available, I authorize the school to secure the services of a qualified doctor or hospital.

Parent Signature: Date:

**NOTE: IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO NOTIFY THE OFFICE STAFF OF ANY CHANGES TO THE STUDENT'S ENROLLMENT INFORMATION CARD AND TO PROVIDE UPDATED MEDICAL INFORMATION.**

# ORCUTT UNION SCHOOL DISTRICT

## Student Residency Questionnaire/Affidavit

Alice Shaw • Joe Nightingale • Lakeview Junior High • Olga Reed • Orcutt Academy • Orcutt Junior High • Patterson Road • Pine Grove • Ralph Dunlap

| Student Last Name | First | Middle |
|---|---|---|
| | | |

**Name of School:** _____

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

Presently, are you and/or your family living in any of the following situations?

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

I am a student under the age of 18 and living apart from parent(s) or guardian

○ Yes ○ No

*The undersigned parent/guardian certifies that the information provided above is correct and accurate.*

| Print Parent/Guardian Name | | Signature | | Date |
|---|---|---|---|---|
| | | | | |
| **Phone Number** | **Street Address** | **City** | **State** | **Zip** |
| | | | | |

Your child or children may have the right to:

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

Please list all children currently living with you.

| Name | Gender | Birthdate | Grade | School |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

If you have any questions about these rights, please contact:

Colleen Kuykendall, Foster/Homeless Liaison Email: ckuykendall @orcutt-schools.net Phone: 805-938-8992

# ORCUTT UNION SCHOOL DISTRICT

## Health Services Department

Alice Shaw • Joe Nightingale • Lakeview Junior High • Olga Reed • Orcutt Academy • Orcutt Junior High • Patterson Road • Pine Grove • Ralph Dunlap

**ANNUAL HEALTH UPDATE FOR SCHOOL YEAR 20_ /____** **Teacher:** _____

**Student Information (Informacíon del Estudiante):**

**Name (Nombre):** _____ **M / F** **DOB (FDN):** _____

Last (Apellido) First (Primero)

**School (Escuela):** **Grade (Grado):**

**DOES YOUR CHILD HAVE (TIENE SU ESTUDIANTE):**

☐ Yes (Si) ☐ No Non-Food Allergies (Alerigas) List (Lista): _____

☐ Yes (Si) ☐ No Food Allergies (Alergia de Comida) Specify (Cual): _____

☐ Yes (Si) ☐ No Nut Allergies (Alergia de Nueces): Specify (Cual): _____

Reaction (Reaccion): _____

☐ Yes (Si) ☐ No Bee Sting Allergy (Alérgico a Piquete de Abeja) Reaction (Reaccion): _____

☐ Yes (Si) ☐ No Does your child need an EpiPen (Necesita su niño inyección de Epinefrina)? If yes (Si, si) at home (en casa) at school (en escuela)

☐ Yes (Si) ☐ No Asthma (asma) Does your student use a rescue inhaler (usa un inhalador de rescate) If yes (Si, si) at home (en casa) at school (en escuela)

☐ Yes (Si) ☐ No Diabetes - Type (Tipo) 1 or 2 Insulin Pen (Lapiz de Insulina) Insulin Pump (Pompa de Insulina) Oral Medication (Medicamento Oral)

☐ Yes (Si) ☐ No Seizure Disorder (Trastorno Convulsivo) Last Seizure Date (Fecha de Ultimo Ataque): _____

☐ Yes (Si) ☐ No ADD/ADHD

**CHECK THE FOLLOWING HEALTH CONCERNS WHICH PERTAIN TO YOUR STUDENT (MARQUE LAS SIGUIENTES QUE SON RELACIONADAS CON SU HIJO):**

| | | | |
|---|---|---|---|
| ☐ | Wears glasses or contacts (Usa lentes [lentes de contacto]) (circle one/circule uno) | ☐ | Neurological/Tourettes (Neurológico) |
| ☐ | Hearing Aid Left/Right (Audífono Izquierdo/Derecho) | ☐ | Headaches (Dolores de Cabeza) |
| ☐ | Frequent Ear Infections (Infecciones Frecuente do Oídos) | ☐ | History of Concussion (Historia de Concusion) Date (Fecha): |
| ☐ | Hearing Difficulty (Dificultad con Oír) | ☐ | Autism (Autismo) |
| ☐ | Breathing Problems (Problemas de la Respiración) | ☐ | Heart Condition (Condición del Corazón) |
| ☐ | Anxiety/Panic Attacks (Ansiedad/Ataques de Panico) | ☐ | Stomach Problems (Problemas del Estomago) |
| ☐ | Frequent nose bleeds (Hemorragia Nasal Frecuente) | ☐ | Bladder/Bowel Problems (Problemas de la Vejiga) |
| ☐ | Other (Otro): | ☐ | Bone/Joint Problems (Problemas de Hueso o Coyuntura) |
| ☐ | Other (Otro): | ☐ | Other (Otro): |
| ☐ | Other (Otro): | ☐ | Other (Otro): |

If any health concerns were checked, please explain (Si marco cualquier preocupaciones medicas, favor de explicar):

_____

**LIST ALL DAILY MEDICATION AND REASON PRESCRIBED (HAGA UNA LISTA DE MEDICAMENTOS TOMADOS Y LA RAZON):**

| **Medication/Purpose (Medicamento/Razon)** | **Dose & Frequency (Dosis & Frecuencia)** | **Home/School (Casa/Escuela)** |
|---|---|---|
| | | |
| | | |

**Doctor Name (Nombre del Doctor):** **Doctors's Phone (Telefono del Doctor):**

_____ _____

In order to provide a safe and healthy environment for your child, this ***confidential*** information will be accessible to the nursing staff, applicable school staff and emergency medical personnel. It may be shared electronically, verbally and/or in writing, unless I provide a written request. If parent/guardian cannot be be reached at the time of a medical emergency, and if immediate care is urgent in the judgement of school authorities, I authorize the school contact emergency services. **California Education Code 49423** requires a written authorization form be completed each school year for prescription or over the counter medication to be administered at school. All medications must be brought to school by a parent or guardian. Para tener un ambiente seguro y saludable para su hijo, esta información ***confidencial*** será compartida por el personal de enfermería, personal de la escuela applicable y personal de emergencia médica. Esta será compartida electrónicamente, verbal y/o por escrito, al menos que haya una solicitud por escrita. Si el padre/tutor no se encuentra en caso de una emergencia médica, y el cuidado inmediato es urgente, juzgado por las autoridades escolares, yo doy mi autorización de que la escuela contacte a servicios de emergencia. Código 49423 de la Educación de California requiere que la forma de autorización escrita sea completada cada año escolar para medicamentos con o sin receta para ser administradas en la escuela. Padres o tutores deben traer todos los medicamentos a la escuela.

Please sign and date below and return to the school office (Favor de firmar y poner la fecha y regrese a la oficina de la escuela).

Please continue to page 2

**Student Name (Nombre):_____** **Student DOB ( FND): _____**

The Orcutt Union School District submits claims to Medi-Cal for basic health screenings and services given to all students. Revenues received help to provide additional health services for all district students. Parents will not be asked to pay for any services. I consent for billing to Medi-Cal / Insurance carriers for school health services provided for my child and for exchange of billing information with the school district's billing services company.

El Distrito Escolar de Orcutt somete peticiones a MEDI-CAL para revisiones básicas de salud dadas a todos los estudiantes. Los ingresos recibidos ayudan a proveer servicios de salud adicionales para los estudiantes de todo el distrito. No se les pedirá a los padres que paguen por ninguno de los servicios de salud escolares. Estoy De Acuerdo que se envíen a la agencias de MEDI-CAL/ASEGURANZAS medicas por servicios de salud escolares para mi hijo/a y por intercambiar información relacionada con recibos de pago con las componías de servicios del distrito escolar.

FAMILY MEDICAL INSURANCE CARRIER: _____POLICY #: _____
COMPAÑIA DE SEGURO MEDICO Número de Póliza

Signature of Parent/Guardian (Firma de Padre/Tutor)_____

Date (Fecha) _____

Reviewed by Nurse (initials) _____

REV. 08/2018

Orcutt Union School District

# Educational Benefits Eligibility Form

☐ 2024-2025 school year
☐ 2025-2026 school year

***This form is used to determine eligibility for free and/or reduced costs of service offerings such as before & after school care (Campus Connection), Expanded Learning Opportunities Program (ELOP), P-EBT card, special utilities programs, SAT testing, etc.***

## PART I: Fill in the following information for a student living in your household – Fill out a form for EACH child

**LAST NAME** | **FIRST NAME** | **BIRTHDATE (MM / DD / YY)**

**SCHOOL** | **GRADE**

## PART II: Fill in the following information for Household size and Household Income

*See additional information on the back of this form for assistance in determining your household size and annual household income.*

1. **If you feel you do not qualify for these programs, or for privacy reasons, you do not wish to complete the form, please check this box.** ☐ **(Checking this box means that you will not qualify for assistance)**

2. **Total Annual Household Income: $** _____

3. **Circle the total number of ADULTS and CHILDREN living in your household:**

   **Circle one:** 1 2 3 4 5 6 7 8 9 10 **Other** _____

## PART III: Parent or Guardian Information and Signature

*I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.*

_____ **Signature of adult household member completing this form**

_____ **Printed name of adult household member completing this form**

_____ **Date**

**CONTACT PHONE NUMBER** | **E-MAIL ADDRESS**

*The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.* ***Orcutt Union School District is an equal opportunity provider.***

***Who should I include in "Household Size"?***

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do *not* include them.

***What is included in "Total Household Income"?*** Total Household Income includes all of the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources, including any amount received from CalWORKs.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- **All Other Income:** Include worker's compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from CalFresh, WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. Do not include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay ONLY if you receive it on a regular basis.

***How do I report household income for pay received on a monthly, twice per month, b-weekly, and weekly basis?***

- Determine each source of household income based on above definitions. Households that receive income at different time intervals must annualize their income as follows:
  - If paid monthly, multiply total pay by 12
  - If paid twice per month, multiply total pay by 24
  - If paid bi-weekly (every two weeks), multiply total pay by 26
  - If paid weekly, multiply total pay by 52
- Add all annualized pay together to determine the total annual household income entered in Part II, 2.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make $1,000 each month, but you missed some work last month and made $900, put down that you made $1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

**For additional information on Household Size and Gross Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at http://www.fns.usda.gov/cnd/guidance/default.htm.**

# OUSD Technology Acceptable Use Policy

Orcutt Union School District (OUSD) believes staff and students should have open access to local, national and international sources of information. The goal of providing this access is to promote educational excellence by facilitating resource sharing, innovation, and communication. The District, by providing access to electronic services via the Internet, recognizes the potential of such services to support curriculum and student learning. While the Internet offers students and teachers access to a variety of information, the District recognizes misuse and abuse are possible. The District will make every effort to protect students and teachers from these misuses and abuses, but it is the responsibility of each user to continuously guard against inappropriate and illegal interaction with the electronic services. OUSD is taking all reasonable steps to ensure the Internet is used only for purposes consistent with teaching and learning.

Currently, OUSD student email accounts can only be used to communicate with students, teachers and/or administrators within the school site. All student emails are scanned for appropriate language. If an inappropriate word is identified, the email will be immediately forwarded to the principal. In addition, student emails are archived so that they may be retrieved at any time if there is a concern.

Students are responsible for all activity while accessing and utilizing the school's computer resources (devices and network). The safe and responsible use of the Internet is of utmost importance to the District. While at school, students are protected from potentially dangerous and inappropriate content through the District's network filter. The District does not provide these protections outside of the District. **It is the parent/guardian's responsibility to supervise the information that a student is accessing from the Internet outside of the District network.** Students must abide by the rules outlined in this document. Unacceptable conduct includes, but is not limited to, the following:

1. Using the Internet for any illegal activity, including violation of copyright or other contracts.
2. Vandalizing the data of other users.
3. Gaining unauthorized access to resources or entities.
4. Invading the privacy of individuals.
5. Using an account owned by another without authorization.
6. Posting personal communications without the author's consent.
7. Posting anonymous messages.
8. Placing unlawful information on a system.
9. Using abusive or otherwise objectionable language in either public or private messages.
10. Sending messages that are likely to result in the loss of the recipient's work or disrupting systems; for example, a computer virus.
11. Sending 'Chain Letters' or 'Broadcast' messages to lists or individuals, or other types of communication, which would cause congestion of the networks.
12. Using the Internet to send/receive messages and images, which are inconsistent with the District's curriculum and conduct guidelines. These include, but are not limited to, racist, sexist, pornographic, dangerous and obscene messages and/or images.

Orcutt Union School District makes no guarantee of any kind for the Internet service provided to the student. The District will not be responsible for any damages claimed or suffered by any child or parent relating to the use of the Internet. This includes the child's exposure to materials a parent otherwise would have a right of notice and/or consent to pursuant to state or federal law. Use of any information obtained via the Internet is at the students' and parents' own risk.

Orcutt Union School District believes that the benefits to educators and students from access to the Internet, in the form of information resources and opportunities for collaboration, far exceed any disadvantages. But ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their students should follow.

School computer systems are for use by authorized individuals only. Any unauthorized access to these systems is prohibited and is subject to criminal and civil penalties. Individuals using these systems are subject to having all activities on these systems monitored by the system or school personnel. Anyone using these systems expressly consents to such monitoring. Prosecution and/or account termination may occur without warning.

It is possible for all users of the Internet (including your student) to access information intended for adults. Although OUSD has taken all reasonable steps to ensure the Internet connection is used only for the purposes consistent with the curriculum and instruction, the District or School cannot prevent the available, or even begin to identify, inappropriate material elsewhere on the Internet. Computer security cannot be made perfect, and it is likely that a determined student can make use of computer resources for inappropriate purposes.

## ACKNOWLEDGEMENT/AGREEMENT

We have read and understood all the guidelines and policies regarding the appropriate use of technology and internet at Orcutt Union School District. We acknowledge our responsibility in the care of the District issued device our student receives along with other curricular materials. We also accept that a breach of the District Technology Acceptable Use Policy may result in loss of network and/or device privileges and may be subject to disciplinary actions including suspension or expulsion. *Messages or actions relating to or in support of illegal activities will be reported to law enforcement.*

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

THIS MAY BE USED AS A **TRANSFER CARD** OR A **REQUEST FOR CUMULATIVE RECORD**

NAME OF PUPIL _____ BIRTHDATE_____

PARENT/GUARDIAN _____ PRESENT GRADE_____

| TO BE COMPLETED WHEN A STUDENT TRANSFERS FROM A SANTA BARBARA COUNTY SCHOOL DISTRICT: | TO BE COMPLETED WHEN CUMULATIVE RECORDS ARE BEING REQUESTED:<br><br>PLEASE SEND RECORDS FOR THE ABOVE-NAMED PUPIL TO: |
|---|---|
| TRANSFER FROM_____ | SCHOOL_____ |
| ADDRESS_____ | ADDRESS_____ |
| _____ | _____ |
| LAST DAY ATTENDED_____ | |

SIGNATURE_____ DATE_____

Parents/Guardians – Are Your Kids Ready for School?

# REQUIRED IMMUNIZATIONS FOR SCHOOL ENTRY

Please bring your child's immunization records with you at the time of registration. You may view and print a digital copy of your child's California vaccine record at: **MyVaccineRecord.CDPH.CA.gov**

## Students Entering Transitional Kindergarten or Kindergarten Need Records of:

- ☐ **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap or Td) — 5 doses**
  4 doses OK if one was given on or after 4th birthday;
  3 doses OK if one was given on or after 7th birthday.
- ☐ **Polio (IPV or OPV) — 4 doses**
  3 doses OK if one was given on or after 4th birthday. Oral polio vaccine (OPV) doses given on or after April 1, 2016, do not count.
- ☐ **Hepatitis B — 3 doses**
- ☐ **Measles, Mumps, and Rubella (MMR) — 2 doses**
  Both doses must be given on or after 1st birthday.
- ☐ **Varicella (Chickenpox) — 2 doses**

## New and Transfer Students Entering TK/K-12th Grade Need Records of:

- ☐ **All immunizations listed above**
  For 7th-12th graders: at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday. Hepatitis B vaccine is required for any grade, except for entry into 7th grade.

## Students Starting 7th Grade Need Records of:

- ☐ **Tetanus, Diphtheria, Pertussis (Tdap) —1 dose**
- ☐ **Varicella (Chickenpox) — 2 doses**

## What other immunizations should I ask my health care provider about?

When you visit your health care provider for back-to-school immunizations, make sure to also ask about other vaccines that help keep your child healthy, including **hepatitis A, COVID-19, and the annual flu vaccine**. Preteens and teens should also get the **human papillomavirus (HPV) vaccine** to protect against certain cancers and **meningococcal vaccines**.

**Learn more about vaccines your child needs according to their age** (bit.ly/CDCVaccinesByAge) **and where you can get your child immunized** (bit.ly/Where2BVaxed).