

Cuyama Joint Unified School District

Home of "The Bears"



Dear Parents/Guardians,

Please fill out and sign the attached forms and return them to the Elementary School office with your child as soon as possible. If you have any questions, please call the office at 661-766-2642.

Thank you

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Estimos Padre/Guardian,

Por favor firme todas las formas adjuntas y regresenlas con su hijo/a la Escuela Elemental inmediatamente. Si tienen preguntas sientanse libres de llamar a la oficina 661-766-2642.

Gracias

Emergency and Health Information

Grade: _____

Student's Name (last) _____ (first) _____

Birthdate _____ Male _____ Female _____

Mailing address _____

Physical address _____

Name of person(s) with whom student lives _____

Mother's name _____ Home phone _____

Cell phone _____

Place of employment _____ Work phone _____

Father's name _____ Home phone _____

Cell phone _____

Place of employment _____ Work phone _____

Alternate contact _____ Phone _____

When a child suffers a serious injury or illness while in school, first aid will be rendered in accordance with local school policies, and an immediate and continuing effort will be made to contact the parents of that child.

If parents or alternate contact cannot be reached in an emergency, please call child's physician or take my child to an available medical service facility. I am aware, however, that in most situations the physician/ medical facility cannot treat a minor child without parental permission.

Doctor's office/name and phone _____

Please list anything which would limit activity or may require special care during this school year: (hearing, vision, diabetes, cardiac, epilepsy, allergies, speech, emotional problems, etc.)

Please list any medications which you child takes regularly:

DATE _____ PARENT/GUARDIAN SIGNATURE _____

CUYAMA JOINT UNIFIED SCHOOL DISTRICT STUDENT REGISTRATION

GRADE

Student Last Name:

▶ Has your student ever attended Cuyama Joint Unified School District before? Yes No

PLEASE PRINT – STUDENT’S LEGAL NAME

Legal First Name	Legal Middle Name	Legal Last Name	Other Legal Name (if applicable)
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Male Female Birth date:

Month	Day	Year
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Parent/Guardian First Name	Last Name	Home Phone () ()	Work Phone () ()
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Parent/Guardian First Name	Last Name	Home Phone () ()	Work Phone () ()
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Mailing Address	Apt#	City	State	Zip
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Residence Address (house # & street name) (IF DIFFERENT)	Apt #	City	State	Zip
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(P.O Box or house # & street name)

First Name:

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

WHAT IS YOUR CHILD’S RACE? (Please check up to five racial categories)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

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

PARENT EDUCATION – Check the response that describes the education level of the most educated parent.

- Graduate Degree or Higher (10)
- College Graduate (11)
- Some College or Associate’s Degree (12)
- High School Graduate (13)
- Not a High School Graduate (14)
- Decline to State (15)

Date child first attended school in the U.S.

Month	Day	Year
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Date child first attended school in California

Month	Day	Year
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Permanent ID:

BIRTHPLACE: City: _____ State: _____ Country: _____

U.S. Citizen: Yes No

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM (REV 4/13)

Student Last Name:

First Name:

Permanent ID:

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

1. What language/dialect does your son/daughter most frequently use at home? _____
2. Which language/dialect did your son/daughter learn when he/she first began to talk? _____
3. What language/dialect do you most frequently speak to your child? _____
4. Has your child ever been given the CELDT Test (Calif English Language Development Test)? Yes No I don't know

In which language do you wish to receive written communications from the school? English Spanish

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

- In a single family permanent residence (house, apartment, condo, mobile home)
- In a motel/hotel (09)
- Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11)
- Unsheltered (car/campsite) (12)
- In a shelter or transitional housing program (10)
- Other (15) (please specify) _____

Parent/Guardianship Information (with whom the student lives) – check all that apply

- Father Mother Both Step-Father Step-Mother Guardian Foster/Group Home Other _____
- Is the above (checked) person(s) the student's LEGAL guardian? Yes No If No, please complete a "Caregiver Affidavit"
 If there is a legal custody agreement regarding this student, please check one: Joint Custody Sole Custody Guardian
 Is the above (checked) person(s) a member of the Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard) on active duty or full-time National Guard duty? Yes No

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

1. Father Step Father/Guardian (check one) Full Name: _____
 Employer: _____ City: _____ Daytime Phone # (____) _____
2. Mother Step Mother/Guardian (check one) Full Name: _____
 Employer: _____ City: _____ Daytime Phone # (____) _____

DUPLICATE MAILING – If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, Please include their name, address, and phone number:

Full Name: _____ Phone #: (____) _____

Mailing Address: _____ City: _____ State: _____ Zip code: _____

MOST RECENT SCHOOL ATTENDED:

School	Address/City/State/Zip	Grade(s)	Date(s)

- Are there psychological or confidential reports available from your child's former school? Yes No
 Has your child ever been suspended? Yes No Has your child ever been expelled? Yes No
 What special services is your child receiving or has received? (please check all boxes that apply)
Special Education: Resource (RSP) Special Day Class (SDC) Speech/Language 504
Other: Gifted (GATE) Remedial Math Remedial Reading Counseling English Language Development
 Help to Improve Attendance/ Behavior Other (Specify) _____

Signature of Parent/Guardian: _____

Date: _____

Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Entry Reason:	Enroll Date:	Assigned Grade:	Permanent ID:	Blank <input type="checkbox"/> ET <input type="checkbox"/> RC
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PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM (REV 4/13)

BUS RIDING RULES AND REGULATIONS

Cuyama Joint Unified School District

For your safety, we have established the following rules for riding the school bus to and from school and field trips. You are expected to follow the rules at ALL times. Students are also governed by the Student Responsibility and Rights Policies.

RIDING THE SCHOOL BUS IS A PRIVILEGE PROVIDED BY THE SCHOOL DISTRICT. ANY INFRACTION OF THE RULES MAY RESULT IN DISCONTINUATION OF RIDING PRIVILEGES.

1. Follow all directions of the driver willingly the first time they are given. Show respect for the driver and other passengers on the bus.
2. Eating, drinking, tobacco use, vandalism and littering are NOT allowed on the bus.
3. Harassment of any type (teasing, shouting, pushing, hitting or fighting) is NOT acceptable at any time.
4. Remain seated at all times. Switch seats only when bus has stopped.
5. Keep hands, arms and all body parts inside the bus at all times.
6. When entering or exiting the bus, students must be in view of the driver. Always cross in front of the bus when directed to do so by the driver and exit only at your designated bus stop.
7. No animals allowed on the bus.
8. No weapons of any kind allowed on the bus.
9. Emergency exit drills will apply in the event of an actual emergency.

These rules pertain to your ride to and from school, field trips and sports trips.

I understand these bus rules and agree to obey the driver and the rules at all times:

STUDENT'S
SIGNATURE _____ DATE _____

PARENT'S
SIGNATURE _____ DATE _____

Cuyama Joint Unified School District

Exhibit

Student Use Of Technology

E 6163.4

Instruction

ACCEPTABLE USE AGREEMENT AND RELEASE OF DISTRICT FROM LIABILITY (STUDENTS)

The Cuyama Joint Unified School District authorizes students to use technology owned or otherwise provided by the district as necessary for instructional purposes. The use of district technology is a privilege permitted at the district's discretion and is subject to the conditions and restrictions set forth in applicable Board policies, administrative regulations, and this Acceptable Use Agreement. The district reserves the right to suspend access at any time, without notice, for any reason.

The district expects all students to use technology responsibly in order to avoid potential problems and liability. The district may place reasonable restrictions on the sites, material, and/or information that students may access through the system.

Each student who is authorized to use district technology and his/her parent/guardian shall sign this Acceptable Use Agreement as an indication that they have read and understand the agreement.

Definitions

District technology includes, but is not limited to, computers, the district's computer network including servers and wireless computer networking technology (wi-fi), the Internet, email, USB drives, wireless access points (routers), tablet computers, smartphones and smart devices, telephones, cellular telephones, personal digital assistants, pagers, MP3 players, wearable technology, any wireless communication device including emergency radios, and/or future technological innovations, whether accessed on or off site or through district-owned or personally owned equipment or devices.

Student Obligations and Responsibilities

Students are expected to use district technology safely, responsibly, and for educational purposes only. The student in whose name district technology is issued is responsible for its proper use at all times. Students shall not share their assigned online services account information, passwords, or other information used for identification and authorization purposes, and shall use the system only under the account to which they have been assigned.

Students are prohibited from using district technology for improper purposes, including, but not

limited to, use of district technology to:

1. Access, post, display, or otherwise use material that is discriminatory, libelous, defamatory, obscene, sexually explicit, or disruptive
2. Bully, harass, intimidate, or threaten other students, staff, or other individuals ("cyberbullying")
3. Disclose, use, or disseminate personal identification information (such as name, address, telephone number, Social Security number, or other personal information) of another student, staff member, or other person with the intent to threaten, intimidate, harass, or ridicule that person
4. Infringe on copyright, license, trademark, patent, or other intellectual property rights
5. Intentionally disrupt or harm district technology or other district operations (such as destroying district equipment, placing a virus on district computers, adding or removing a computer program without permission from a teacher or other district personnel, changing settings on shared computers)
6. Install unauthorized software
7. "Hack" into the system to manipulate data of the district or other users
8. Engage in or promote any practice that is unethical or violates any law or Board policy, administrative regulation, or district practice

Privacy

Since the use of district technology is intended for educational purposes, students shall not have any expectation of privacy in any use of district technology.

The district reserves the right to monitor and record all use of district technology, including, but not limited to, access to the Internet or social media, communications sent or received from district technology, or other uses. Such monitoring/recording may occur at any time without prior notice for any legal purposes including, but not limited to, record retention and distribution and/or investigation of improper, illegal, or prohibited activity. Students should be aware that, in most instances, their use of district technology (such as web searches and emails) cannot be erased or deleted.

All passwords created for or used on any district technology are the sole property of the district. The creation or use of a password by a student on district technology does not create a reasonable expectation of privacy.

Personally Owned Devices

If a student uses a personally owned device to access district technology, he/she shall abide by all applicable Board policies, administrative regulations, and this Acceptable Use Agreement. Any such use of a personally owned device may subject the contents of the device and any communications sent or received on the device to disclosure pursuant to a lawful subpoena or public records request.

Reporting

If a student becomes aware of any security problem (such as any compromise of the confidentiality of any login or account information) or misuse of district technology, he/she shall immediately report such information to the teacher or other district personnel.

Consequences for Violation

Violations of the law, Board policy, or this agreement may result in revocation of a student's access to district technology and/or discipline, up to and including suspension or expulsion. In addition, violations of the law, Board policy, or this agreement may be reported to law enforcement agencies as appropriate.

Student Acknowledgment

I have received, read, understand, and agree to abide by this Acceptable Use Agreement and other applicable laws and district policies and regulations governing the use of district technology. I understand that there is no expectation of privacy when using district technology. I further understand that any violation may result in loss of user privileges, disciplinary action, and/or appropriate legal action.

Name: _____ Grade: _____
(Please print)

School: _____

Signature: _____ Date: _____

Parent or Legal Guardian Acknowledgment

If the student is under 18 years of age, a parent/guardian must also read and sign the agreement.

As the parent/guardian of the above-named student, I have read, understand, and agree that my child shall comply with the terms of the Acceptable Use Agreement. By signing this Agreement, I give permission for my child to use district technology and/or to access the school's computer network and the Internet. I understand that, despite the district's best efforts, it is impossible for the school to restrict access to all offensive and controversial materials. I agree to release from liability, indemnify, and hold harmless the school, district, and district personnel against all claims, damages, and costs that may result from my child's use of district technology or the failure of any technology protection measures used by the district. Further, I accept full

responsibility for supervision of my child's use of his/her access account if and when such access is not in the school setting.

Name: _____ Date: _____
(Please print)

Signature: _____

1st Reading: May 12, 2016
2nd Reading: June 9, 2016
Adopted: June 9, 2016