

# Emergency Care Permit and Health Card

Teacher \_\_\_\_\_

Grade \_\_\_\_\_

Student's name \_\_\_\_\_  
(Last) (First)

Birthdate \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Mailing address \_\_\_\_\_ Phone \_\_\_\_\_

Name and relationship of person with whom child lives: \_\_\_\_\_

Father or Guardian \_\_\_\_\_ Cell phone \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Mother \_\_\_\_\_ Cell phone \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

e-mail \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Alternate: \_\_\_\_\_ Phone \_\_\_\_\_  
(Person to call if parent cannot be reached — Local Resident)

07/06 REVISED—Santa Barbara County Education Office

**NOT VALID IF REVERSE SIDE IS NOT COMPLETED AND SIGNED**

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 I cannot be reached by telephone in the event of an emergency involving:

\_\_\_\_\_, please call Dr. \_\_\_\_\_  
(Name of Child) (Physician's Name or Other)

or take my child to any available medical service. I am aware, however, that in most situations the physician and/or medical facility will not treat a minor child without parent permission.

DATE \_\_\_\_\_  
(Signature of Parent or Guardian)

**HEALTH PROBLEMS:** Specify anything which would limit activity or may require special care during this school year (e.g., cardiac, diabetes, epilepsy, orthopedic, severe allergy, emotional; also hearing, vision or speech problems).

\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS:** Please list any prescription medications which your child takes regularly (e.g., Insulin, Ritalin, Dilantin, Thyroid, Tranquilizers, etc).

\_\_\_\_\_  
\_\_\_\_\_

**BUS RIDING RULES AND REGULATIONS**

Cuyama Joint Unified School Dist.

For your safety, we have established the following rules for riding the school bus. Please read them carefully. You are expected to follow these rules at **ALL** times. Students are also governed by the Student Responsibility and Rights Policies. You are reminded that school bus riding is a privilege; any infraction of the rules may result in discontinuation of riding privileges. Thank you for your cooperation.

1. Follow all directions of the driver willingly the first time they are given. Show respect for driver and other students on the bus.
2. Eating, drinking, or smoking are not permitted. Place all litter in the trash can.
3. Harassment (teasing, shouting, pushing, or fighting) is not acceptable and will not be allowed at anytime.
4. Remain seated, keeping all parts of your body inside the bus. Seat assignments will be at the discretion of driver and/or school disciplinarian. Classroom conversation and conduct will be observed at all times.
5. When entering or exiting the bus, students must be in view of driver. Always cross in front of bus. Exit only at assigned stop.
6. Pets, harmful objects, or vandalism are not acceptable and will not be allowed.
7. Emergency exit procedure drills will apply in the event of an actual emergency.

STUDENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

# CUYAMA JOINT UNIFIED SCHOOL DISTRICT

## Technology/Internet Policy and Use Agreement

### ACCEPTABLE USE POLICY

Telecommunication and Internet resources are now available to district students and staff. The new information access and communication techniques learned through these resources promote important life-long learning skills. It is important to understand that:

- Students are permitted to use these resources only under the supervision of an adult,
- Student Internet sites will be restricted to those "bookmarked" by the staff or links serving an appropriate instructional purpose, and
- Our Internet provider is Taft Community District along with Lightspeed Net.

#### Noted Caution:

- Normal classroom standards will be applied to Internet Use.
- Materials not considered to be of educational value in the school setting will not be allowed.
- Reasonable precautions are used in supervising the access of information.
- Because of the global nature of the Internet and in spite of precautions taken by Taft Community District along with Lightspeed Net and Cuyama Joint Unified School District, it is impossible to control or restrict all materials that are available on the Internet.

### ACCEPTABLE USE AGREEMENT

I agree to the following when using telecommunications / Internet resources:

1. I will follow directions of teachers and staff when using this resource,
2. I will only use "bookmarked" and other allowable instructional sites,
3. I will use good "net" skills by being polite, considerate and appropriate,
4. I will use the same manners and polite language expected in a classroom, and
5. I understand that use of the Internet is a privilege, which can be revoked for the duration of the school year or longer if misused.

In consideration for the privilege of using the Internet I hereby release Cuyama Joint Unified School District from any and all claims and damages of any nature arising from my child's use of the Internet.

Signed \_\_\_\_\_  
Student

Date \_\_\_\_\_

Signed \_\_\_\_\_  
Parent

Date \_\_\_\_\_

Signed \_\_\_\_\_  
Teacher

Date \_\_\_\_\_

Please complete this permission slip and return it to the classroom Teacher. If you have any questions please contact the district office at 766-2482

# PRICING LETTER TO HOUSEHOLDS FOR FREE AND REDUCED-PRICE MEALS for the State Meal Program (serves all students)—2013-2014 School Year

Dear Parent or Guardian:

The Cuyama Joint Unified School District serves breakfast/lunch every school day. Students may buy breakfast for \$1.25 (Elementary) and \$1.50 (High School) and lunch for \$2.50 (Elementary) and \$2.75 (High School) Eligible students may receive meals free of charge or at a reduced price of \$0.30 and lunch for \$0.40. You or your children do not have to be a U.S. citizen to qualify for free or reduced-price meals.

**TERMS**—"Household" means a group of related or non-related individuals who are living as one economic unit and sharing living expenses. "Living expenses" include rent, clothes, food, doctor bills, utility bills, etc.

**SOCIAL SECURITY NUMBER (SSN)**—The Application must include the last four digits of the SSN of the adult who signs it. If the adult does not have a SSN, check the "I do not have a SSN box." If you have listed a CalFresh, CalWORKS, Kin-GAP, or FDPIR case number for the child, or if the Application is for a foster child, an SSN is not required of the adult signing the Application.

**DIRECT CERTIFICATION**—This school/agency participates Direct Certification. If your household currently receives benefits from one of the following programs: CalFresh (previously Food Stamps), California Work Opportunity and Responsibility to Kids (CalWORKS), Kinship Guardianship Assistance Payments (Kin-GAP), or Food Distribution Program on Indian Reservations (FDPIR). DO NOT complete a meal Application. School officials will notify you of your children's eligibility for free meals. If you are not contacted by September 1, 2013 but think your children are eligible for free meals, please contact the school. You may need to complete an Application.

**MIXED HOUSEHOLDS WITH DIRECTLY CERTIFIED, FOSTER, OR/AND NON DIRECTLY CERTIFIED CHILDREN**—To apply complete the Application for Free and Reduced-Price Meals, sign it, and return it to the school. Households must complete an Application when EACH child who does not have a case number or/and is not a foster child.

**FDPIR BENEFITS**—Households participating in the FDPIR are categorically eligible for free meals/milk. The FDPIR is authorized by Section 4(b) of the Food Stamp Act of 1977. Under this section, eligible households may elect to participate in either the CalFresh program or the FDPIR. Since households are afforded the option to participate in either program, FDPIR households have been determined to receive the same categorical benefits as CalFresh households.

**FOSTER CARE CHILDREN OR CHILDREN PLACED IN OUT-OF-HOME CARE**—Who are the legal responsibility of a welfare agency or court. Foster children are categorically eligible for free meals without further Application, but the eligibility is not extended to other non-foster children in the household. Households with foster/non-foster children are encouraged to complete an Application, since foster children may be counted as a household member, which may help the foster family's non-foster children qualify for free or reduced-price meals based on the household size and income. If you choose to add both your foster/non-foster children on the Application, you will need to report the foster/non-foster's income (personal income provided to the child or earned by the child), if any, and the foster parent signs the Application and provides the last four digits of their SSN.

**INCOME HOUSEHOLDS**—To apply, Complete the Application for Free and Reduced-Price Meals. Follow the instructions on the Application and see the Income to report chart on the right, sign it, and return it to the school.

**MILITARY HOUSING INCOME**—If you are in the Military Housing Privatization Initiative or get combat pay, DO NOT include these allowances as income. You do report any military benefits received in cash, such as housing allowances (off-base or general commercial/private real estate market), food, clothing, and deployed service member's income made available by them or on their behalf to

the household.

**HOMELESS, RUNAWAY, & MIGRANT**—Contact the school for details.

**MEALS FOR DISABLED**—If you believe your child needs a food substitute or texture modification because of a disability, please contact the school. A child with a disability is entitled to a special meal at no extra charge if the disability prevents the child from eating the regular meal.

**WIC PARTICIPANTS**—If you currently receive benefits under the Special Supplemental Nutrition Program for Women, Infants, and Children (known as WIC), your child may be eligible for free/reduced-price meals. We encourage you to complete an Application and return for processing.

**APPLYING FOR BENEFITS**—You may apply for meal benefits at any time during the school year. If you are not eligible now, but your income decreases during the school year, you lose your job, your family size becomes larger, or you become eligible for CalFresh, CalWORKS, Kin-GAP, or FDPIR benefits, you may submit an Application at that time.

**A COMPLETE HOUSEHOLD APPLICATION**—The Application cannot be approved unless it contains complete eligibility information. If you do not enter a CalFresh, CalWORKS, Kin-GAP, or FDPIR case number for each student (or an adult household member) listed on the Application, you must complete the following:

**Note:** You must complete an Application with all household members and their income listed, for a child who is living with relatives or friends, whether or not the child is a ward of the court.

**Section A:** The names of all children in your household, name of school or write "none" if not in school, their earned income with frequency, or mark the "if no income box." The Children's Racial and Ethnic identities, is voluntary to answer.

**Section B:** The names of all adults in the household, the amount of income, the source and frequency of income, or mark the "if no income box" for each person listed.

**Section C:** Enter contact information, mailing address, and the last four digits of the SSN of the adult household member signing the Application, or mark the "I do not have an SSN box" if the adult does not have an SSN.

**VERIFICATION**—School officials may check the information on the Application at any time during the school year. You may be asked to send information to validate your income, or current eligibility for CalFresh, CalWORKS, Kin-GAP, or FDPIR benefits. For a foster child, you will need to provide written documentation that verifies the foster child is the legal responsibility of an agency/court or provide the name and contact information for a person at the agency/court who can verify that the child is a foster child.

**INFORMATION STATEMENT**—The Richard B. Russell National School Lunch Act requires the information on this Application. You do not have to provide the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the SSN of the adult household member who signs the Application. The last four digits of the SSN is not required when you apply on behalf of a foster child or when you list a CalFresh, CalWORKS, Kin-GAP, or FDPIR case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the Application does not have a SSN. Your family size, household income, and the last four digits of your SSN will remain confidential and will not be shared. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs.

**OVERT IDENTIFICATION**—Children who receive free or reduced-price meals must be treated in the same manner as children who pay full price for meals, and not overtly identified.

**FAIR HEARING**—If you do not agree with the school's decision regarding your Application's eligibility determination or the result of verification, you may discuss it with the school. You also have the right to a fair hearing. A fair hearing may be requested by calling or writing the following school official: Mr. Maier, (661) 766-2642, 2300 Highway 166 New Cuyama, CA. 93254.

**INCOME FOR THE SELF-EMPLOYED**—Self-employed persons may use last

year's income as a basis to project their current net income provides a more accurate measure. The income to be reported is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as medical expenses and other non-business deductions are not allowed in reducing gross business income.

**CALCULATING INCOME**—List all adult household members, whether or not they receive income. For each household member with income: write the amount of current income, enter the source of current income received, such as from wages, pensions, retirement, welfare, child support, and so on, for each category, and how often received (frequency). **Gross Earnings from work is the amount earned before taxes and other deductions.** If any current amount received was more or less than usual, write the usual or projected income. Households receiving different income intervals must annualize their income by calculating weekly x 52; every two weeks x 26; twice a month x 24; and monthly by 12.

INCOME TO REPORT	
Earnings from work before deductions; include all jobs	Gross Wages/salaries/tips, strike benefits, unemployment compensation, workers' compensation, and net income from self-owned business or farm
Pensions/Retirement Social Security	Pensions, supplemental security income, retirement payments, Social Security Income (SSI) (including SSI a child receives)
Welfare, Child Support, Alimony	Public assistance payments, welfare payments, alimony, and child support payments
List Other Income	Disability benefits; cash withdrawn from savings; interest and dividends; income from estates, trusts, and investments; regular contributions from persons not living in the household; net royalties and annuities; net rental income; any temporary income

Income Eligibility Guidelines (IEGs) July 1, 2013–June 30, 2014					
Use the income chart below to see if you qualify for the free or reduced-price meal program					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$21,257	\$1,772	\$886	\$818	\$409
2	\$28694	\$2,392	\$1,196	\$1,104	\$552
3	\$36,131	\$3,011	\$1,506	\$1,390	\$695
4	\$43,568	\$3,631	\$1,816	\$1,676	\$838
5	\$51,005	\$4,251	\$2,126	\$1,962	\$981
6	\$58,442	\$4,871	\$2,436	\$2,248	\$1,124
7	\$65,879	\$5,490	\$2,745	\$2,534	\$1,267
8	\$73,316	\$6,110	\$3,055	\$2,820	\$1,410
For each additional household member add	\$7,437	\$620	\$310	\$287	\$144

**NON-DISCRIMINATION STATEMENT**—This explains what to do if you believe you have been treated unfairly. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 866-632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339, or 800-845-6136 (Spanish)."

**Do you Need Assistance completing the Application or have questions?** Please contact,

**For English:** Jennifer Poletti, (661) 766-2642), 2300 Highway 166 New Cuyama, CA. 93254

**For Spanish:** Martha Yepez, (661) 766-2369 or (805) 345-1961 Cuyama Resource Center

You will be notified by the school when your Application has been approved or denied for free or reduced-price meals. Sincerely,

Cuyama Joint Unified School District

**Application For Free and Reduced-Price Meals: State Meal Program**  
(Complete ONE Application per Household)

**SECTION A. CHILDREN INFORMATION**  
All Households Complete This Section. Enter all children's personal (earned) gross income, by amount, and how often received by placing a circle around the correct Income Codes: W=Weekly, E=Every 2 Weeks, T=Twice a Month, M=Monthly, Y=Yearly.  
Racial and Ethnic Identities (optional) 1. Circle one Ethnic Identity: N=Not Hispanic/Latino or H=Hispanic/Latino 2. Circle one or more racial identities: (Regardless of ethnicity) A=Asian, W=White, B=Black or African American, I=American Indian or Alaska Native, P=Native Hawaiian or other Pacific Islander

LAST NAME, FIRST NAME	SCHOOL (Write "NONE" if not in school)	DOB	Date of Birth (Optional)	Racial/Ethnic Identities (Optional)	Circle one or more Ethnic Identity	Circle one or more Racial/Ethnic Identities (Optional)	MARK "x" if Foster Child	Mark "x" if No Income	Child's Personal Earned Income	Source of Income (Work?)	Paid How Often? (Circle)	ENTER Benefit Type: CalFresh, CalWORKS, Kin-GAP, FDPIR	ENTER Benefit Case Number
1					N OR H	A W B I P	<input type="checkbox"/>	<input type="checkbox"/>	\$		W E T M Y		
2					N OR H	A W B I P	<input type="checkbox"/>	<input type="checkbox"/>	\$		W E T M Y		
3					N OR H	A W B I P	<input type="checkbox"/>	<input type="checkbox"/>	\$		W E T M Y		
4					N OR H	A W B I P	<input type="checkbox"/>	<input type="checkbox"/>	\$		W E T M Y		
5					N OR H	A W B I P	<input type="checkbox"/>	<input type="checkbox"/>	\$		W E T M Y		

If the child you are applying for is Homeless, Migrant, or Runaway, Households submitting an application with a Benefit Case Number for CalFresh/CalWORKS for EACH child or an Adult household member, please skip to Section

A Foster Child that is under the legal responsibility of a foster care agency or court, is eligible for free meals. This eligibility is not extended to non-foster children in the household.

**SECTION B. ALL OTHER HOUSEHOLD MEMBERS:** Enter Gross Income Under Each Income Type each Household Member Receives and "How Often" the Income is Received by using the following Income Codes: W=Weekly, E=Every 2 Weeks, T=Twice a Month, M=Monthly, Y=Yearly. IF NO INCOME, YOU MUST MARK THE "NO INCOME BOX." DO NOT LEAVE BLANK.

Adult's Full Name (Do not repeat names from Section A)	Gross Earnings from Work Before Deductions, Include All Jobs	PAID How Often?	Indicate Pay from Pensions, Retirement, Social Security, VA benefits	Income Source?	PAID How Often?	Welfare Benefits, Child Support, Alimony Payments	Income Source?	PAID How Often?	Any Other Income, Including Temporary Income	Income Source?	PAID How Often?	Enter Benefit Type: CalFresh, CalWORKS, Kin-GAP, FDPIR	Enter Benefit Number
Richard, Larath	\$ 199.98	W	\$ 141.65	Pension	Y	\$ 99.99	Child Support	M	\$ 550.00	Rental Income	M		
1	\$		\$			\$			\$				
2	\$		\$			\$			\$				
3	\$		\$			\$			\$				
4	\$		\$			\$			\$				
5	\$		\$			\$			\$				

**SECTION C. CONTACT INFORMATION, CERTIFICATIONS, AND SIGNATURE:** Education Code 49557(a): Applications for Free and reduced-price meals may be submitted at any time during a school day. Children participating in the National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, special serving lines, separate entrances, separate dining areas, or by any other means. I certify (promise) that all of the above information is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of federal funds that school officials may verify the information on the application at any time, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and federal laws.

Printed name of adult household member completing this form \_\_\_\_\_ Signature of adult household member completing this form \_\_\_\_\_ Date \_\_\_\_\_

Last 4 digits of Social Security Number (SSN) \_\_\_\_\_  I do not have a SSN.

Federal Information Statement on letter to households

Street Address, Apt #, etc. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Application Approved: HSLD Size: \_\_\_\_\_

Free based on:  
 CalFRESH  
 CalWORKS  
 KinGap  
 FDPIR  
 Direct Certification

Denied based on:  
 Income Too High  
 Incomplete  
 Reduced based on:  
 Household Income

Determining Official's Signature & Date \_\_\_\_\_  
 Confirming Official's Signature & Date \_\_\_\_\_  
 Verification Official's Signature & Date \_\_\_\_\_

Annual Income Conversion Factors: Weekly X 52, Every 2 Weeks X 26, Twice a Month X 24, Monthly X 12

The USDA and the CDE are equal opportunity providers and employers

Generated by the CA Dept. of Education June 2012

# CUYAMA VALLEY HIGH SCHOOL

August 19, 2013

Dear High School Junior and/or Senior Parent of \_\_\_\_\_:  
student name

The No Child Left Behind Act Regarding military recruitment requires the Cuyama Valley Joint Unified School District to notify you, the parent /parents of your son's or daughter's rights under section 9528.

- (1) ACCESS TO STUDENT RECRUITING INFORMATION—Notwithstanding section 444(a) (5)(B) of the General Education Provisions Act and except as provided in paragraph (2), each local educational agency receiving assistance under this Act shall provide, on request made by military recruiters or an institution of higher education, access to secondary school students names, addresses, and telephone listings.

However, this is what you the parent/parents need to be aware of. (2) CONSENT – A secondary school student or the parent of the student may request that the student's name, address, and phone listing described in paragraph two (1) not be released without prior written parental consent, and local educational agency or private school shall notify parents of the option to make a request and shall comply with any request.

Please check the appropriate box below and return this to school:

\_\_\_\_\_ I request that the student's name, address, and phone listing described in paragraph two (1) not be released to armed forces recruiters. .

\_\_\_\_\_ I request that the student's name, address, and phone listing described in paragraph two (1) be released to armed forces recruiters.

Sincerely,

Roland Maier  
Superintendent