

**OUSD EMERGENCY INFORMATION - High School**

Name of School \_\_\_\_\_ (This form shall be completed, returned to school, and updated when changes occur) Home Phone # \_\_\_\_\_

Student Name: \_\_\_\_\_  
 Last Name First Name Middle Name Gender Grade Date of Birth

Address: \_\_\_\_\_  
 Number Street Apt. # City Zip Code Student Email Address

**Please check appropriately:** Enrollment is based on Student resides within this school Open enrollment Interdistrict transfer Other

This student resides with: Both parents Mother Father Natural parent/step-parent Caregiver Affidavit Restraining order on file Court orders on file

Please list below the name(s) of person(s) who may be contacted & to whom the student may be released. Students will not be released to other persons without parent permission:

Father/Guardian: \_\_\_\_\_  
 Last Name First Name Employer Address Phone # Cell Phone #

Mother/Guardian: \_\_\_\_\_  
 Last Name First Name Employer Address Phone # Cell Phone #

Email Address (Father/Guardian) \_\_\_\_\_ Email Address (Mother/Guardian) \_\_\_\_\_

If the above person(s) cannot be reached, school personnel may contact and release your son/daughter to:

Relative/Friend: \_\_\_\_\_  
 Last Name First Name Address Phone # Cell Phone #

Relative/Friend: \_\_\_\_\_  
 Last Name First Name Address Phone # Cell Phone #

**MILITARY CONNECTED FAMILY:** In efforts to help address the needs and/or concerns of Military Connected Families, especially during the deployment period, please complete the following section: Has Mother, Father, or Legal Guardian served in the Military, including Active Duty, Guard, Reserve, or Veteran? Check one: Yes No If yes, which parent or guardian? If yes, which Military Branch: Current status: Active Duty (full time) ; Guard ; Reserve ; Veteran ; Deceased

**PRIMARY LANGUAGE:** The "Primary Language" spoken at your home is: \_\_\_\_\_

**NOTIFICATION OF RIGHTS:** The district's "Parent/Student Handbook" contains several mandated communications notifying you of rights and privileges granted to students and parents/guardians through California State Codes and Federal Regulations. If you did not receive a "Parent/Student Handbook", they are available in the main office at your school site and on our district's website at www.orangeusd.org. The law requires that you be apprised of these rights annually and that you make written acknowledgment of this notification. Included in the Parent/Student Handbook are the grounds for suspension and expulsion, uniform complaint procedures, sexual harassment policy, Title IX Regulations and other important mandated information. Please sign below acknowledging that you have been informed of the fact that there are annual notifications and that they are being communicated through the "Parent/Student Handbook".

**Parent/Guardian Signature:** \_\_\_\_\_ Date \_\_\_\_\_

**CAL GRANT OPT OUT** As a parent/guardian, I (Check one: Am Am Not) exercising the right to "opt-out" and request that you do not electronically submit my student's information to the California Student Aid Commission for Cal Grant consideration. I realize that by opting out, my student will not be considered for a Cal Grant award.

**Education Code 49408** requires parents/guardians to provide accurate emergency information and to keep emergency information up-to-date throughout the school year. If your family's emergency information needs to be updated, please check the appropriate box below:

New address New home phone number New cell phone numbers New work phone numbers New email address New emergency contact persons

**EMERGENCY INSTRUCTIONS:** In case of an emergency involving a community or school disaster, students will remain at school under supervision. If evacuation becomes necessary, Students will be transported as a group to a safe location. Individual students may be released to parents, others designated on this card, or in extreme emergency, to adults well-known to the student. When conditions in the community are considered safe, students will be released in the regular manner. Go to [www.orangeusd.org](http://www.orangeusd.org) for emergency information on the district's earthquake and emergency operations plan.

**PHOTOGRAPH MEDIA RELEASE AND STUDENT PHOTOGRAPHS AND STATISTICS POSTINGS ON THE WEBSITE:** In accordance with Board Policy 1113, OUSD has my permission to take photographs of my son/daughter and/or provide information pertaining to my son/daughter to be used for publicity purposes in various media, including school flyers, radio, television and newspapers. I realize that no commercial use will be made of the photographs or information. Additionally, if applicable, OUSD has my permission to post individual and team photographs and/or provide student information on the school and OUSD web pages. Student information that will be posted on the Internet may consist of information such as first and last name, age, and athletic/league statistical information such as height, weight, batting average, individual track times, etc.

Yes No **Parent/Guardian Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**INTERNET RELEASE:** The "Internet" is an important tool for today's educational programs. However, not all internet sites contain material that is appropriate. Therefore, the district requires that all students who will be using the district's internet services/electronic network comply with the terms and conditions of the "Electronic Network Obligations and Responsibilities/Acceptable Use Agreement". The terms of the agreement are located in the "Parent/Student Handbook". Please sign below indicating that your son/daughter will comply with the agreement permitting his/her use of the district's electronic network.

Yes No **Parent/Guardian Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Should a serious illness or an accident occur and school personnel are unable to contact the parent(s)/guardian(s) and/or family physician, permission is hereby granted for medical care as required (the undersigned parent/guardian will assume responsibility for fees involved.). Yes No

**Parent/Guardian Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

What health problems/allergies does this student have?

FOR EMERGENCY PURPOSES – PLEASE LIST BELOW THE NAMES OF SIBLINGS AND THEIR SCHOOL OF ATTENDANCE			
Name of brother/sister:			
Name of school attending:			

**PARENT/GUARDIAN SIGNATURE IDENTIFICATION**

Only those signatures listed below shall be recognized by school personnel in matters concerning absences, release (non-emergency) from school, request for information, etc. (actual authentic signature of the individual required.)

**Signature:** \_\_\_\_\_ **Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_