



CANYON HIGH SCHOOL
California Distinguished School
220 S IMPERIAL HIGHWAY
ANAHEIM, CA 92807
(714) 532-8000

2015 - 2016 Enrollment Documents

Dear Parent/Guardian:

Welcome to Canyon High School. In order to enroll your student as quickly and smoothly as possible, the items below must be secured and/or completed before returning your folder to the Counseling Office.

- Proof of Residence:** You must present a current City of Anaheim electric bill or Southern California Gas bill (with either parent's name). If your living/renting/leasing and the utilities are under a landlord's name, you will need to fill out a Residence Verification Form which will need to be signed by the landlord (Attach a copy of the utility bill with the landlord's name).
(*The Student & Community Service will be making a home visit to verify place of residence)
- Birth Certificate:** A copy of his/her birth certificate is required in order to enroll in school.

PREVIOUS SCHOOL

- Immunization Records.
- Unofficial Transcript (High School records).
- Proof of withdrawal, including withdrawal grades and percentages. (Only during school year)
- Middle school records (7th and 8th Grade) for all incoming 9th grade students (only at the beginning of the school year)

ENROLLMENT FORMS

- Pupil Enrollment Form:** The entire form must be filled out and signed.
- Emergency Form:** The entire form must be filled out and signed.
- Home Language Form:** If the student's first language is other than English, the student will be tested at the Assessment Center.
- Course Selection Form:** The form must be filled out and turned in with the rest of the registration material.
(This form is to be used only at the beginning of the school year)
- Honors Placement Form (available upon request):** if you are requesting Honors placement, please bring a copy of most recent CST (Content Standards Test) and a copy of his/her transcript (showing their GPA)
- Attendance Agreement:** Sign and return
- Student Health Inventory:** Complete and return
- Over the Counter Product Authorization Form:** Complete and return
- Student Injuries and Insurance Form:** Sign and return
- Authorization for Release of Student Records:** Complete and return
- Request for access to OUSD Parent Portal Account:** Complete and return if you wish to access the parent portal

OTHER DOCUMENTS REQUIRED

- Special Education Information:** If your son or daughter is in any special education program (RSP, SDC, or 504 Modification plan), please provide us with his/her latest IEP and Psychologist's Report for evaluation.
- Court Documents:** If you have any Court documents that pertain to the student you must provide a copy to the school (ie, Restraining orders, sole custody papers, Foster Care court orders).
- Guardian/Caregiver:** If you are not the custodial parent, and the student is not living with his/her parent, you will need a Caregiver's Authorization Affidavit.

When you have the above information completed, please return the packet of enrollment materials to the Counseling Office.

Helpful Addresses and Phone Numbers:

Canyon High School
220 S Imperial Hwy
Anaheim, Ca 92807
(714) 628-5335 (Counseling Office)
(714) 532-8065 (Fax)
Hours: 7:30 a.m. - 4:00 p.m.

***OUSD**
Student & Community Services
1401 N Handy St (Building J)
Orange, Ca 92667
(714) 628-5424
Hours: 7:30 a.m. - 4:30 p.m.

OUSD
Language Assessment Center
1401 N Handy St (Building)
Orange, Ca 92867
(714) 997-6144
Hours: 7:30 a.m. - 4:30 p.m.

OUSD
Transportation Office
726 W Collins
Orange, Ca
(714) 538-8295
Hours: 7:30 a.m. - 4:30 p.m.

OUSD
Nutritional Service
726 W. Collins
Orange, Ca 92887
714-997-6147
Hours: 7:00 a.m. - 4:30 p.m.

Orange Unified School District - Canyon High School 2015 - 2016

Legal Last Name _____ Legal First Name _____ Legal Middle Name _____ AKA _____

Student's Current Home Address (City and Zip Code required): _____

Home or Cell Phone to be PRIMARY contact Number: _____

Student lives with: **Father:** _____ **Step-Father:** _____ **CWA Approve Guardian or Caregiver:** _____
Mother: _____ **Step-Mother:** _____ **Group Home or Foster Home:** _____

| | | |
|------------------------------------|---------------|---------------|
| Father: | Work Phone #: | Cell Phone #: |
| Mother: | Work Phone #: | Cell Phone #: |
| Step-Father: | Work Phone #: | Cell Phone #: |
| Step-Mother: | Work Phone #: | Cell Phone #: |
| Caregiver or Foster Parent: | Work Phone #: | Cell Phone #: |

Please check the best description of the highest level of education for the parent/guardian with whom the student named above resides:

1. _____ not a High School graduate 4. _____ College graduate
 2. _____ High School graduate 5. _____ Graduate school/Postgraduate training
 3. _____ Some college 6. _____ Decline to state

PLEASE CHECK IF STUDENT IS ENROLL IN ANY SPECIAL PROGRAM

____ Basic (RSP) ____ Practical (SDC) ____ Speech and Hearing ____ 504 ____ ELD ____ Honors/GATE ____ None

Previous School/Student Information: (Required for Registrar) _____

Last School of Attendance: _____ Phone#: _____

School Address: _____ School Fax Number: _____

Withdrawal Date: _____ Has your student ever been suspended or expelled? Yes _____ No _____ Date: _____

Has this student been previously enrolled in Orange Unified School District: Yes _____ No _____

If Yes, School Name: _____ Date last attended: _____

Parent Signature: _____ Date: _____

CA Driver License or ID # _____ Verified by: _____

AP (Initials): _____ Date: _____ Counselor (Initials): _____ Date: _____
 Psychologist (Initials): _____ Date: _____ Resource Specialist (Initials) _____ Date: _____

Grade: _____ Male: _____ Female: _____

Birth Date _____ Birthplace: City, State and Country (Required) _____

Yes, I elect to receive Report Cards and The Parent/Student Handbook and other document electronically thru Parent Portal. I am aware this is a one-time consent and I can change my decision and start receiving these documents by mail at any time by contacting the school office.

FOR OFFICE USE ONLY

Office Staff please initial all completed items

| | |
|--|---|
| <input type="checkbox"/> Address Verification | <input type="checkbox"/> Utility bill (gas or electric bill only) |
| <input type="checkbox"/> Escrow papers or lease agreement | <input type="checkbox"/> Residence Verification Form |
| <input type="checkbox"/> Name Verification (Birth Certificate) | Attendance Contract signed by parent & student |
| Immunization Records Received | Immunization Verified by: _____ |
| Emergency Card Information | Health - Inventory Form |
| Health - Over the Counter Form | Health - Insurance Waiver |
| Home Language Survey | CELDI Scores - Yes or No (Please circle one) |
| Unofficial Transcripts - from previous school of attendance | Withdrawal Date and Grades (Only during regular school year) |
| Test Scores - CAHSEE | Test Scores - Standardize (for Honors request only) |
| Parent Portal Form: Photo ID required to sign up | Special Education Documents |
| Current IEP, Psych Report, or 504 Plans | Caregiver Form - CWA Approved for legal guardian |
| Court Documents: | Custody papers or Restraining orders |
| Foster Care - Placement forms | Group Home Agency - Placement Forms |
| Administrative Placement: | Open Enrollment (Admin. Approved Form) |
| No Child Left Behind (Must be approved) | Inter District Transfer (Admin. Approved Form) |

Data Enter Date: _____

Perm ID Number: _____

First Date of Attendance: _____

Cum Requested: (Dates) _____

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 designed 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 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: _____

Orange Unified School District Home Language Survey –English

| | | | |
|----------------------|-----------------|--|----------------------------------|
| Student's Last Name: | First Name: | Middle: | School (OUSD): |
| Grade: | Age: | School Last Attended (if any): | District Last Attended (if any): |
| Birth Date: | Place of Birth: | Date Entered U.S. (if Birthplace is not in the USA): | Dated Entered California: |
| | | | Student#: |
| | | | Teacher (Elementary): |

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for the school to provide adequate instructional programs and services. Your cooperation in helping us meet this important requirement is requested. Please answer the following questions and return this form to the school office. Thank you for your help.

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 speak at home?
3. What language do you use most frequently when speaking with your son or daughter?
4. What language is spoken most often by the adults in the home?

Signature of Parent/Guardian:

Date:

To comply with federal guidance issued by the U.S. Department of Education regarding the collection of student race and ethnicity data, we request your answers to the following two questions. (Federal Register, Vol. 72, No.202) Also, as part of the California State Assessment Program we are required to submit to the State, information on student ethnicity that is meant to help assure that all student groups are making adequate progress. Please be assured that all responses will be kept confidential.

Please answer questions 1 AND 2

1. **Ethnicity** Is this student Hispanic or Latino? *(Select only one)*
- No, not Hispanic or Latino Yes, Hispanic or Latino

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.

2. **Race** What is the race of this student? *(Select one or more)*
- | | | | |
|---|---|--|------------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Hawaiian |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Samoan | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> White | | |

Orange Unified School District Student Health Inventory

Date _____ Grade _____ Birthdate _____

Student Name _____ Male Female
Last First Middle

School Last Attended _____ City _____ State _____

| HEALTH STATUS | NO | YES | DESCRIBE IF YES | NO | YES |
|---|--------------------------|--------------------------|--|----|-----|
| ALLERGIES | <input type="checkbox"/> | <input type="checkbox"/> | Allergic to: | | |
| ASTHMA | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • Mild <input type="checkbox"/> Severe <input type="checkbox"/> • Specify type and/or cause of asthma attack: _____ • Takes daily medication: <input type="checkbox"/> <ul style="list-style-type: none"> ○ If yes, specify: • Takes emergency medication: <input type="checkbox"/> <ul style="list-style-type: none"> ○ If yes, specify: | | |
| BEE STING ALLERGY | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • Needs antihistamine tablet if stung <input type="checkbox"/> • Needs adrenalin injection if stung <input type="checkbox"/> | | |
| DENTAL PROBLEM | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • Has received dental care <input type="checkbox"/> • Date of last dental exam: _____ <input type="checkbox"/> | | |
| DIABETES | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • Tests blood routinely <input type="checkbox"/> • Has glucagon injection <input type="checkbox"/> | | |
| EAR INFECTIONS | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> • Under doctor's care: <input type="checkbox"/> • Date of last doctor's visit: _____ <input type="checkbox"/> | | |
| EPILEPSY OR SEIZURES | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • Takes daily medication <input type="checkbox"/> • If yes, specify: _____ <input type="checkbox"/> | | |
| HEART CONDITION | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • Under doctors care <input type="checkbox"/> • Specify restrictions at school: _____ <input type="checkbox"/> | | |
| ORTHOPEDIC PROBLEM | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • Under doctors care <input type="checkbox"/> • Specify any restrictions at school: _____ <input type="checkbox"/> | | |
| SERIOUS INJURY NOW OR IN PAST | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • Specify: _____ | | |
| OTHER ILLNESS NOW OR IN PAST | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • Specify: _____ • Takes daily medication <input type="checkbox"/> <ul style="list-style-type: none"> ○ If yes, specify: _____ • Takes emergency medication <input type="checkbox"/> <ul style="list-style-type: none"> ○ If yes, specify: _____ | | |
| SURGERY/OPERATIONS | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • Specify: _____ | | |
| HAS HEALTH CONDITION WHICH PREVENTS PARTICIPATION IN REGULAR P.E. | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • Specify condition and limitations: _____ | | |
| HAS TROUBLE SEEING AT A DISTANCE | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • Wears glasses <input type="checkbox"/> • Wears contact lenses <input type="checkbox"/> • Date of last visit with eye doctor _____ <input type="checkbox"/> | | |
| HAS TROUBLE SEEING CLOSE UP | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • Wears glasses <input type="checkbox"/> • Wears contact lenses <input type="checkbox"/> • Date of last visit with eye doctor _____ <input type="checkbox"/> | | |
| HAS TROUBLE HEARING | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • Wears hearing aids <input type="checkbox"/> • Specify any needs at school: _____ <input type="checkbox"/> | | |
| OTHER HEALTH PROBLEM | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • Specify problem and any medications: _____ | | |



Over the Counter Products Parent/Guardian Authorization Form

Dear Parent/Guardian,

The products listed below have been approved by the Orange Unified School District to be administered to students during the school day. Please complete this form if you authorize the school nurse or other designated unlicensed personnel to administer these products to your child during the school day. Please check the appropriate box below to indicate your permission for the listed product to be administered to your child.

| Yes | No | Medication | Yes | No | Medication |
|-----------------------|-----------------------|---|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | Alcohol, Isopropyl (clean/disinfect)* | <input type="radio"/> | <input type="radio"/> | Eye Wash (flush eye)* |
| <input type="radio"/> | <input type="radio"/> | Hydrogen Peroxide 3% (antiseptic)* | <input type="radio"/> | <input type="radio"/> | Petroleum Jelly (lubrication)* |
| <input type="radio"/> | <input type="radio"/> | Antibacterial Ointment/Cream* (minor cuts/scrapes) | <input type="radio"/> | <input type="radio"/> | Non-Medicated Throat Lozenges/Hard Candy (throat irritation)** |
| <input type="radio"/> | <input type="radio"/> | Bee Sting Swabs/Wipes (itch/pain relief)* | <input type="radio"/> | <input type="radio"/> | Non-Mediated Lip Balm (chapping)** |
| <input type="radio"/> | <input type="radio"/> | Eucerin/Lubriderm (rehydrating dry skin)* | <input type="radio"/> | <input type="radio"/> | Contact Lens/Saline Solution (rinsing lenses)** |
| <input type="radio"/> | <input type="radio"/> | Salt Water Gargle (minor sore throat)* | <input type="radio"/> | <input type="radio"/> | Dental Wax (relieves oral irritation)** |

* To be supplied by school
** To be supplied by parent

| | | |
|--|---------------|------------------------|
| Student Name: | Grade: | Student Date Of Birth: |
| <i>I request that my child (named above) be assisted by authorized persons in the administration of the above listed Over the Counter products in compliance with established policies and procedures.</i> | | |
| Parent/Guardian Signature | Contact Phone | Date |



Re: Student Injuries and Insurance
2014-2015 School Year

Dear Parent/Legal Guardian:

The safety of our students is one of our most important concerns. Even so, accidents do happen and resulting medical treatment (ambulance transport, surgery, hospitalization, etc.) can be very expensive.

Please know that the District does not assume responsibility for these costs. However, as a service to you and your child, your school has joined with 1,000s of others by offering you access to a low cost, voluntary purchase student accident/sickness insurance program. The program is arranged and administered by Myers-Stevens & Toohy & Co., Inc. a firm that has specialized in such coverages for 40 years. Details and an enrollment form are in the accompanying brochure. Please read it carefully.

Several plans are offered and rates for the entire school year start at around \$24 (*Dental Accident Plan*). You can limit coverage to school related injuries only (including sports) or opt for 24/7 protection. Also offered are a *Student Accident & Sickness Plan* (recommended if your child has no other health insurance) and a *pharmacy discount program* for your entire family. Whether your child currently has no other coverage or you want to "fill in the gaps" in other insurance, you will probably find an option to fit your needs.

While you can seek care from any doctor or hospital, you'll also have access to an extensive network of medical providers with discounted charges. Seeking care through contracted providers may further reduce your out-of-pocket costs, particularly if your child needs surgery or hospitalization.

To enroll, complete the enrollment form in full, select the plan(s) you want for your child, enclose the proper premium using a check, money order or credit card, seal and return as directed on the form. While your child is eligible to enroll at any time, you are encouraged to consider early enrollment to get maximum value from the plan(s) selected.

Note - Once processing is completed, an ID card verifying coverage will be mailed home to you. Because many parents have expressed interest in much higher limits of coverage for their children, at that time you'll also be sent information regarding a newly available *Supplemental Catastrophic Injury Plan* that can cover up to \$500,000/injury for up to five years.

If you have any questions, please call Myers-Stevens & Toohy at (800) 827-4695. Bilingual representatives are available for parents who need assistance in Spanish.

In order to document your having been notified of this matter, please sign and complete the bottom of this form and immediately send it back to the school with your child.

Sincerely,

Charmaine Duquesne/Director, Accounting & Risk Management

As parent/guardian of _____, I understand that the School does not assume responsibility for student injuries but does make voluntary purchase, student accident insurance available. I have received the information on this program.

I will enroll my child in the program I choose not to enroll my child in the program

Signed _____ Date _____



ORANGE UNIFIED SCHOOL DISTRICT
1401 N. Handy Street
Orange, CA 92867
714-628-4000

RELEASE OF STUDENT DIRECTORY INFORMATION

TO: ALL PARENTS AND ADULT STUDENTS (18 years or older):

The Family Educational Rights and Privacy Act (FERPA), a federal law, requires that the Orange Unified School District, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, the district may disclose appropriately designated "directory information" without written consent, unless you have advised the district to the contrary in accordance with district procedures. The primary purpose of directory information is to allow the district to include this type of information from your child's education records in certain school and/or district publications. Examples include:

- a playbill, showing your child's role in a drama production;
- the annual yearbook;
- honor roll or other recognition lists;
- graduation programs; and
- sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent/guardian's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings, publish yearbooks, provide caps and gown, class photography, and student ID cards. In addition, two federal laws require districts receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories - names, addresses and telephone listings - unless parents/guardians have advised the district that they do not want their child's information disclosed without their prior written consent.

If you do not want the district to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing. Written requests should be sent to:

Orange Unified School District
Attention: Student and Community Services
1401 N. Handy Street
Orange, CA 92867

Your election to opt out of ***Release of Student Directory Information*** must be renewed annually. The district has designated the following information as directory information:

1. Name
2. Address
3. Phone number
4. Student ID number
5. Participation in officially recognized activities and sports



ORANGE UNIFIED SCHOOL DISTRICT
1401 N. Handy Street
Orange, CA 92867
714-628-4000

PUBLICACION DE INFORMACION DEL DIRECTORIO ESTUDIANTIL

PARA: TODOS LOS PADRES Y ESTUDIANTES ADULTOS (mayores de 18 años)

Los Derechos Educativos de la Familia y el Acta de Privacidad (FERPA), una ley federal que requiere que el Distrito Escolar Unificado de Orange, con ciertas excepciones, obtenga su consentimiento por escrito antes de revelar la información de identificación personal de los archivos educativos de su hijo. Sin embargo, el distrito puede revelar la información

recopilada en el directorio estudiantil sin previo consentimiento por escrito, a menos que usted haya especificado lo contrario por escrito y de acuerdo con los procedimientos del distrito. El propósito principal del directorio estudiantil es que el distrito pueda tener acceso a la información que se encuentra en los archivos de su hijo para incluirla en ciertas publicaciones escolares/distrito. Como por ejemplo:

- Un programa teatral indicando el personaje de su hijo en una obra de teatro
- El anuario
- Los programas de graduación
- Hojas de actividades deportivas, como lucha greco-romana, indicando el peso y la altura de los miembros del equipo.

La información del directorio, que generalmente no es considerada peligrosa o invasión de la privacidad, una vez que es publicada puede ser expuesta a otras organizaciones fuera del distrito sin el consentimiento previo por escrito de los padres/tutores. Estas organizaciones incluyen, pero no están limitadas a: las compañías que fabrican anillos de graduación, publican anuarios, proveen atuendo de graduación, fotografía de grupo y tarjetas de identificación estudiantiles. Además dos leyes federales requieren que los distritos que reciben asistencia bajo el Acta de Educación Primaria y Secundaria de 1963 (ESEA) proporcionen a los reclutadores militares, al ser solicitada, tres categorías de información del directorio – nombres, direcciones y números de teléfono – a menos que los padres/tutores hayan pedido previamente al distrito que no se revele ninguna información de sus hijos sin su consentimiento por escrito.

Si usted no quiere que el distrito revele la información del directorio estudiantil de los archivos educativos de su hijo sin su previo consentimiento por escrito, entonces usted debe pedir esto por escrito al distrito. Estas solicitudes deben ser enviadas a:

Distrito Escolar Unificado de Orange
Atención: Servicios al Estudiante y a la Comunidad
1401 N Handy Street
Orange, CA 92867

Esta notificación de no publicar su información en el *Directorio Estudiantil*, debe ser renovada anualmente. El distrito ha designado la siguiente información como información del directorio:

1. Nombre
2. Dirección
3. Número de teléfono
4. Número de identificación del estudiante
5. Participación en actividades y deportes reconocidos oficialmente

Request for OUSD Parent Portal Account

- Please complete the form below to request an OUSD Parent Portal account and submit the form **in person** to the school that your student attends. You must provide a valid picture ID, i.e. California driver's license, when you turn in the parent portal account request form at school.
- After your OUSD Parent Portal account has been created, you will receive an email confirmation from the School Principal.
- The email message will provide your OUSD Parent Portal username and temporary password. Please change the temporary password after you log in for the first time. The email message will also contain a web link that you can click to go to the OUSD Parent Portal.
- You can also access the OUSD Parent Portal by going to the OUSD home page (www.orangeusd.org) and clicking Parent Portal from the Parent Resources link.
- If you have problems accessing your existing OUSD Parent Portal account, please complete the Parent Portal Support Request section of the form below and submit it by email to school-email-address or fax to school fax number for assistance.

(Cut here and submit form below)

| OUSD Parent Portal Account Request | |
|--|--|
| Date of Request: | |
| Current School: | |
| Student Name (1): | |
| Student Birthdate (1): | |
| Student Name (2): | |
| Student Birthdate (2): | |
| Parent/Guardian Name: | |
| Relationship to Student: | |
| Daytime Telephone Number: | |
| Email Address for Parent Portal Account: | |

| Parent Portal Support Request (Please Check One) |
|---|
| <input type="checkbox"/> Requesting new OUSD Parent Portal account |
| <input type="checkbox"/> Problems accessing existing OUSD Parent Portal account (please provide short description): |
| |

For School Use Only:

Student's Perm ID: _____

Parent/Guardian Identification Checked

Designated School Staff (please print/initial): _____



ORANGE UNIFIED SCHOOL DISTRICT

CANYON HIGH SCHOOL

CALIFORNIA DISTINGUISHED SCHOOL ♦ INTERNATIONAL BACCALAUREATE SCHOOL
STELLAR TECHNOLOGY SCHOOL ♦ A. GREG BOWDEN, ED. D., PRINCIPAL
Phone: 714-628-5339 Fax: 714-628-0381

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

WE CANNOT ACCEPT A FAX COPY AS AN OFFICIAL RECORD

Student Information

Student's Full Name: _____
Last Name First Name Middle Initial

Student's Date of Birth: _____ Sex: _____ Grade: _____

Student's Legal Address: _____
City State Zip Code

Prior School Information

Name of the School: _____

School's Address: _____
City State Zip Code

School's Phone: _____ School's Fax Number: _____

Please send all requested documents listed below to:

Canyon High School
Atten: Maria Rich, Registrar
220 S Imperial Hwy
Anaheim, CA 92807

or

Canyon High School
Orange Unified School District
Attention: Maria Rich, Registrar
COUNTY MAIL # 80

- | | |
|--|---|
| 1. Official Transcript (Must have Signature and Seal) Interpretation of grading system if symbols are used | 7. Court Documents (Custody Orders, Restraining Orders, Foster Care Placement) |
| 2. Grades to Date of Withdrawal | 8. Special Education Records (If applicable including Psychological Reports, IEP, and/or 504 plans) |
| 3. Proof of Withdrawal (enter and exit dates) | 9. Test Scores (including CAHSEE or CELDT reports CST/Start Test scores) |
| 4. Health and Immunization Records | |
| 5. Discipline Records (Expulsion if applicable) | |
| 6. Attendance records | |

Thank you for your prompt response

Maria Rich

California Administrative Code, Title 5, Section 438, sub section "C" which states, "Pupil records shall not be withheld from the requesting district because of any charges or fees owed by the pupil or his parent. This provision applies to pupils in grades K-12 in both public and private schools."

Office Use only:

1st fax request: _____ 2nd fax request: _____ 3rd fax request: _____

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202

TITLE VII STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

NAME OF CHILD _____ Date of Birth _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

_____ Federally Recognized, State Organized Indian Group
Including Alaska Native _____ Recognized _____ Terminated Meeting #5 of the
Definition Above

Name of individual with tribal membership: _____

Individual named is (check one): _____ Child _____ Child's Parent _____ Child's Grandparent

Proof of membership, as defined by tribe, band, or group is: _____

A. Membership or enrollment number (if readily available) _____ OR

Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ DATE _____

Mailing Address _____ Telephone _____

E-Mail: _____

TITLE VII, NATIVE AMERICAN EDUCATION PROGRAM

Announcement of program availability for all eligible Preschool and K-12 students living within the Orange Unified School District boundaries, including those attending public and home schooling

Frequently Asked Questions

- What is the Title VII Program? The Orange Unified School District was awarded the Title VII-Native American Education Federal Grant in 1975. The Grant supports the academic and cultural needs of Native American Students in the district.
- Who qualifies for this program? All students who are ancestors of the original American Indian Tribes of the United States.
- Do I need to be Tribally Enrolled? No. You can still qualify for the OUSD Title VII Program if you are in the process of completing your Tribal enrollment, or during your genealogical search, or if you decide not to Tribally enroll.
- How do I enroll in the OUSD Title VII Program? You must fill out the (506) Application form on the backside of this notice. You must do a separate (506) application form for each child and turn the form into your child's school.
- What is the Title VII Native American Parent Advisory Committee (PAC)? The PAC is an advisory committee that supports the academic success and cultural awareness of Native American students in OUSD. The PAC advises on budgetary items which includes but not limited to after-school tutoring, cultural education events, Summer School Program through Santiago Canyon College, and assistance in tracing tribal ancestry. The PAC consists of all parents and families of program enrolled students. Participation in the monthly PAC meetings is encouraged for ultimate program success.
- Who should I contact if I have any questions or comment about my child's eligibility? If you have questions or need assistance, please contact the OUSD Title VII-Native American Community Liaison: Oryden Gould at (714) 628-4419 or by e-mail at: nativeamericanprogram@orangeusd.org

ATTENTION SCHOOLS: Please forward all forms to: Title VII, Native American Education Program at the District Office

THANK YOU