



OAK CREST MIDDLE SCHOOL "A California Distinguished School & Gold Ribbon Recipient"

Ben Taylor
Principal

Kathryn Friedrichs
Assistant Principal

Michelle McNeff
Counselor

675 Balour Drive, Encinitas, CA 92024

(760) 753-6241

Dear Parent/Guardian,

Welcome to **Oak Crest Middle School**, home of the **WAVES!** We are looking forward to having your student join us next year and we are here to help with their transition to Oak Crest. Below is all-important information that will assist you in getting your student enrolled at Oak Crest for the 2016-2017 school year. Please feel free to contact the Counseling Office at (760) 753-6241 x3306 if you have questions.

Michelle McNeff
Counselor

Veronica Meza
Registrar/Counseling Secretary

View registration forms on oc.sduhsd.net, click on "2016-2017 Registration Forms."

All incoming **8th grade student** forms listed below are **REQUIRED** – please download and fill out *completely*. Return forms to the Oak Crest counseling office Mon.-Fri. between the hours of 7:15a.m. to 3:15p.m (we are closed the month of July) **or** mail forms to: Oak Crest Middle School, 675 Balour Drive, Encinitas, CA 92024 Attn: Registrar

- 8th grade course request sheet with parent *and* student signature
- SDUHSD Student Enrollment Form
- Verification of Residency Form
- Health Information Form
- Emergency Form
- Signature Verification Form
- Annual Notification Form
- Important Information Regarding New Students
- Oak Crest Activities Contract
- View "optional forms" (download if applicable)

Additional REQUIRED documents to return with registration forms:

- Two* proofs of residency (refer to Verification of Residency Form for acceptable proofs)
- A **photocopy** of Certified Birth Certificate
- A copy of complete record of ALL Immunizations
- Proof of Tdap** (whooping cough) booster shot is required.

If applicable, have your student complete online application(s) for the following courses:

- Leadership Yearbook Advanced Drama Band

"Read/View Only" documents to assist you/your student with course selection:

- 8th grade English college prep and honors guide for parents and students
- Math course descriptions and SDUHSD Math Pathways, including IMRT information
- Elective course descriptions and videos

Math Placement

New students entering 8th grade will have an opportunity to take a math diagnostic test (**MDTP**) that will be administered at Oak Crest Middle School in August. The test results will be used to make a recommendation on what math class would be most appropriate for your student. OC's registrar will contact you in early August via email to schedule a testing date in mid-August before school starts.

Visit us at oc.sduhsd.net

San Diegoito
Union High School District

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**Oak Crest Middle School
2016-2017
8th Grade Course Request Sheet**

Student Name _____
(Please print) (Last) (First)

Programs: ___ IEP ___ 504 Plan

COURSE REQUESTS:

English: mark your choice with an X		
	1052	English 8
	1053	English 8 Honors
Math: mark your choice with an X		
	2060	Integrated Math B Essentials
	2065	Integrated Math B
	2070	Integrated Math B Honors
Social Science:		
X	3003	US History
Science:		
X	4003	Physical Science
Physical Education: mark your choice with an X		
	0050	Physical Education
	P0598	Personal Fitness PE
	P0573	Surf PE * (off campus provide own transp.)
	Independent Study PE (ISPE)** I plan to apply for ISPE the following period:	
	0060	Period 1 ISPE
	0061	Period 6 ISPE
	0062	I am a music student who plans to exercise my option to enroll in music, ISPE & a second elective ***
** ISPE application required (due Aug.1): forms & info. available on district website: www.sduhsd.net beginning in May. ***ISPE (due Aug.1) and online music registration (due 3/25) ALL PE CLASSES ARE YEAR LONG		

COURSE REQUESTS CONTINUED:

Electives: Please number your top four choices in order of preference with #1 being your first choice. (If selecting semester elective(s), at *minimum* you must choose at least two semester electives as part of your top four choices).

Select 1-4	Semester-Long Electives	
	6051	General Studio Art
	6053	Cartooning (Animation)
	6072	Intro to Drama
	6073	Advanced Drama (2 nd semester only) *
	4202	CE SMART (STEM & Engineering)
	7260	Computer Programming & App Design (Coding & Robotics)
	7251	Multimedia (with Online Journalism)
	8253	Leadership (ASB)/Broadcasting*
	0461	Adaptive PE tutor*
	8002	Office Aide/Student Assistant*
Year-Long Electives		
	g5681	Spanish I
	g5682	Spanish II
	1303	Reading (Read 180)
	1204	Yearbook *
	6163	Beginning/Intermediate Band *
	6166	Symphonic Band (Advanced) **
*Online app. required /**Online app. & audition required		

SCHEDULING GUIDELINES

1. Students are required to take math, English, US history, physical science, physical education and (2) semester-long electives or (1) year-long elective. We always try our best to honor your 1st or 2nd elective choices when possible.
2. Schedule changes will not be made to accommodate teacher requests, period requests, or extracurricular and athletic activities.
3. SDUHSD Board Policy sets a four-week limit at the beginning of each semester to add or drop a class.
4. Please give *careful consideration* to course requests, as they determine classes offered and school staffing for the school year. It is the responsibility of the student/parent to review all registration materials including course descriptions.

Signature(s) indicate that you have made six course requests with alternates and reviewed scheduling guidelines.

Parent/Guardian Name: _____
(Please Print)

Parent/Guardian Signature: _____

Student Signature _____

Parent phone #: _____

SAN DIEGUITO UNION HIGH SCHOOL DISTRICT

STUDENT ENROLLMENT FORM

COPY OF BIRTH CERTIFICATE REQUIRED

PRINT Legal Name (No Nicknames): Enrolling in: _____ School _____ Grade: _____ Student ID# _____

STUDENT: Last Name _____ First Name _____ Middle _____ Male Female Date of Birth: _____
Month/Day/Year

PLACE OF BIRTH _____ Social Security # _____
City State Country

Date Entered US (if born outside the US) _____ Student Resides With? _____
Father/Mother/Guardian/Caregiver

Student's Cell Phone _____ Student's E-mail Address _____

Father's Name _____ (Note: Father / Guardian / Caregiver) Mother's Name _____ (Note: Mother / Guardian / Caregiver)

Home Phone _____ Work Phone _____
 No Yes

Father's E-mail _____ Would like to receive school materials and announcements? _____ Cell Phone _____
Cell Phone

Father's Home Address _____ City _____ State _____ Zip Code _____
City State Zip Code

Mailing Address (If Different from Above Address) _____ City _____ State _____ Zip Code _____
City State Zip Code

Father needs interpreter for phone calls / meetings: No Yes Mother needs interpreter for phone calls / meetings: Yes No

Last School your Student Attended _____ City _____ State _____ Zip Code _____ School's Fax Number _____ School's Telephone Number _____

Has student previously attended school in the San Dieguito Union High School District? No Yes, School: _____

When did your student begin school in the United States? _____ (NOT INCLUDING PRE-SCHOOL) _____
Month/Day/Year When did your student begin school in California? _____ (NOT INCLUDING PRE-SCHOOL) _____
Month/Day/Year

Home Language Survey

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Please answer the following questions:

1. Has your student been designated as an English Learner in California public schools within the last 12 months? Yes No
2. What language did your child speak when he/she first began to talk? _____
3. What language does your child most frequently use at home? _____
4. What language do you use most frequently to speak to your child? _____
5. Name the language in the order most often spoken by the adults at home. 1st _____ 2nd _____
6. I prefer materials sent home in: English If available in: Spanish Other: _____

The district must comply with many Federal and State reporting requirements. Your assistance in denoting the ethnic background of your student would be appreciated. **Is the student Hispanic or Latino?** Yes, Hispanic or Latino No, Not Hispanic or Latino

Please continue to answer the following by marking one or more boxes to indicate what you consider the student's race to be.

- | | | | | | |
|----------------------------------------------------|-----------------------------------------------|---|-------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Pacific Islander | → | <input type="checkbox"/> Chinese | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Asian/Asian American | → | <input type="checkbox"/> Samoan | <input type="checkbox"/> Korean | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Black or African American | | | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Laotian | <input type="checkbox"/> Asian Indian |
| <input type="checkbox"/> American Indian/Alaskan | | | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Homng |

The California Education Code requires schools to gather information regarding the highest level of education achieved by the parent with the most schooling. **Please choose the corresponding:** 14) Not a high school graduate 13) High school graduate 12) Some college
 11) College graduate 10) Graduate degree or higher 15) Decline to state or unknown

Parent/Guardian Signature _____ **Date** _____

District programs and activities are free from discrimination based on sex, race, color, religion, national origin, ethnic group, sexual orientation, marital or parental status, physical or mental disability or any other unlawful consideration.

RESIDENCY VERIFICATION FORM

(ONE FORM PER FAMILY)

Current School _____
Student Perm. ID: _____

Please check here if address is different than last year.

The San Dieguito Union High School District may ONLY enroll students whose Parent(s) or Guardian(s) reside within school district boundaries (Education Code 48204). This form has been provided to help us verify the location of your residence. In cases in which residency is in question, the Office of Pupil Services & Alternative Programs can investigate by making a home visit. Residency verification is a parent responsibility and falsification of information provided on this document **will be grounds for immediate disenrollment.** Please **attach copies** of the information requested below so that we may legally enroll/re-enroll your child in the San Dieguito Union High School District:

Student Name: _____ DOB: _____ Current Grade: _____
(Last Name) (First Name)

Parent/Guardian Name: _____ Home Phone #: () _____

Work Phone #: _____

Address: _____
Number Street City Zip Code

Please list below the names of additional siblings who attend a SDUHSD school:

Student Name: _____ School: _____ Grade: _____

Student Name: _____ School: _____ Grade: _____

Student Name: _____ School: _____ Grade: _____

Please provide the following verification paperwork from Category 1 (Mandatory) and Category 2 (1 additional document):

Category 1: A Current SDG&E Electric bill is mandatory (both parts, top & bottom, in English) or verification of electrical service connection.

(If you are a renter and do not pay utilities because it is included in the rent, we will need a letter from the lessor and/or a copy of the rental agreement stating that utilities are included.)

Category 2: One (1) of the following original documents that shows your name and the current address you list above:

- **Current Cable bill** (both parts, top & bottom, in English)
- **Current Property Tax or Income Tax Documents** (from the IRS, State, and/or County)
- **Current Water** (both parts, top & bottom, in English) or verification of water service connection.
- **Current Waste Management Bill** (both parts, top & bottom, in English)
- **Current Payroll Stub** (both name and address must appear on payroll stub)
- **Current Social Services documents**

Note: In the event a utility service connection is used as proof of residency, then a current utility bill (both parts, in English) must be provided **within 45 days** to assure continued enrollment.

***Co-Residency Supplemental Form only needs to be completed by those parents/guardians who share a home with another individual or family member other than a spouse.**

Staff Only: Verified By: _____	Date Input into Aeries _____
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School Year 2016-2017

SAN DIEGUITO UNION HIGH SCHOOL DISTRICT
RESIDENCY VERIFICATION AFFIDAVIT FORM
(Please complete one form for each school)

HOME OWNER RENTER CO-RESIDENT (Must Also Submit Co-Resident Form) OTHER (Specify) _____

California law requires all persons between the ages of 6 and 18 to attend the school district in which their parents reside unless a specific statutory exception applies. (See Cal. Educ. Code §§ 48200, et seq.) The San Dieguito Union High School District ("District") is required to take appropriate steps to ensure that students attending its schools satisfy applicable laws. This Residency Verification Form must be completed, signed and submitted with appropriate documentation demonstrating compliance with California's residency laws.

Please check here if you have more than one student attending a SDUHSD school and PRINT their names and student ID below.

Student:

_____	_____	_____
Last Name	First Name	Student ID#
_____	_____	_____
Last Name	First Name	Student ID#
_____	_____	_____
Last Name	First Name	Student ID#
_____	_____	_____
Last Name	First Name	Student ID#

I acknowledge and agree to the following: (please initial statement below):

_____ initial My student (listed above) resides with me five (5) days per week at the address listed above, which is my primary residence. NOTE: If your child does not reside with you five (5) days per week at the above-listed address, please initial here _____ instead, and attach a written explanation of where and with whom your child resides each day of the week.

_____ initial I agree to notify the District/School within (5) days when I change my residence or that of my student to a new address, either within or outside the District.

_____ initial Home visitation and/or other residency verification is part of a periodic process to confirm current residency status.

_____ initial The District will actively investigate all cases where it has reason to believe that residency status has changed and/or false information has been provided, including the use of private investigators to verify residency status. Investigations that reveal students have enrolled on the basis of providing false information will lead to disenrollment.

_____ initial Persons providing false information under penalty of perjury also may be civilly liable for fraud, negligent misrepresentation, and negligence. Parties found civilly liable may be required to pay all damages caused to the District as a result of providing false information, as well as punitive damages. (Civil Code § 1709)

_____ initial Persons who induce, obtain or otherwise solicit another person to provide false information on an affidavit are subject to the same criminal prosecution, fines, and imprisonment as the person directly committing perjury. (Penal Code §127)

DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS IS INCORRECT. Evidence that false information was provided will result in immediate withdrawal of the student from school and may lead to criminal and/or financial penalties.

I swear (or certify) under penalty of perjury that the foregoing is true and correct, and that any and all copies of documents submitted to verify my residency are true and correct copies of the original documents, and that any and all documents submitted have not been altered except for the crossing out of dollar amounts and account numbers, which is permitted for the purposes of this Residency Verification Affidavit.

Please Print Parent/Guardian Name _____

Signature of Parent/Guardian

Date

SAN DIEGUITO UNION HIGH SCHOOL DISTRICT
CO-RESIDENCY SUPPLEMENTAL FORM
(Supplement to Residency Verification Affidavit)

This Co-Residency Supplemental Form must be completed and attached to the Residency Verification Affidavit *only by those parents/guardians who share a home with another individual or family member other than a spouse.*

The primary resident/owner of the shared home is required to complete this section and attach a copy of the following items below:

- His/hers driver's license or passport with photo ID
- Two proofs of residency from the list on the Residency Verification Form:

I, _____ (primary resident/owner) declare that I am the primary resident/owner of the address listed on Page 1 of this Residency Verification Affidavit and that the person(s) claiming the address on Page 1 reside(s) with me at least five (5) days per week. I further declare that all of the information provided in this Residency Verification Affidavit, including information provided by the parent(s)/guardian(s), is true and correct. I understand that home visitation and/or residency verification is a part of a periodic process to confirm residency established by a Residency Verification Affidavit. I will submit the required pieces of evidence to verify my residency. I agree to notify the San Dieguito Union High School District if there is any change in the status of the residency of the persons listed on Page 1 or myself.

I swear (or certify) under penalty of perjury that the foregoing is true and correct.

Signature of Primary Resident/Owner*

Date

San Dieguito Union High School District

HEALTH INFORMATION FORM

IMPORTANT: PARENT / GUARDIAN & STUDENT SIGNATURES ARE REQUIRED ON PAGE 2 OF THIS FORM

Male Female _____
STUDENT: Last Name First Name M. Initial Date of Birth Month/Day/ Year Current School Grade

PARENT/GUARDIAN: The following information is necessary for the student's health record. It is required upon registration of the student. However, **if student develops new health problem/s** in the future, we request that you **notify the school's Health Office as soon as possible** to provide the appropriate care for your student.

HEALTH CONDITION/S:

Please mark the corresponding items that best describe your student's current health condition/s **and return the completed form to school's Health Office.** Please provide specific information regarding conditions that may affect student learning and participation in school activities **(if needed, enclose additional information on a separate sheet).**

HEALTH CONDITION:	EXPLAIN: Please include, date diagnosed, frequency, severity, etc.
<input type="checkbox"/> Allergy (food, bee sting, medication, other)	<input type="checkbox"/> Needs medication at school <i>(requires a signed form please see page 2)</i>
<input type="checkbox"/> Asthma (indicate: mild, moderate, serious)	<input type="checkbox"/> Needs Inhaler at school <i>(requires a signed form please see page 2)</i>
<input type="checkbox"/> Blood Disorder/s	_____
<input type="checkbox"/> Cerebral Palsy	_____
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Needs Insulin at school <i>(requires a signed form please see page 2)</i>
<input type="checkbox"/> Diagnosed ADHD / ADD	<input type="checkbox"/> Needs medication at school <i>(requires a signed form please see page 2)</i>
<input type="checkbox"/> Disabilities / Genetic Disorder	_____
<input type="checkbox"/> Emotional Disorder	_____
<input type="checkbox"/> Fainting	_____
<input type="checkbox"/> Heart Condition	_____
<input type="checkbox"/> Immune Deficiency Syndrome	_____
<input type="checkbox"/> Kidney Disorder	_____
<input type="checkbox"/> Migraine Headache	<input type="checkbox"/> Needs medication at school <i>(requires a signed form please see page 2)</i>
<input type="checkbox"/> Neurological Disorder	_____
<input type="checkbox"/> Orthopedic Condition	_____
<input type="checkbox"/> Prosthesis	_____
<input type="checkbox"/> Psychological Disorder	_____
<input type="checkbox"/> Scoliosis	_____
<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Needs medication at school <i>(requires a signed form please see page 2)</i>
<input type="checkbox"/> Date of last doctor's visit:	<input type="checkbox"/> Other Serious Health Concerns: (If needed, enclose a separate sheet)

HEARING IMPAIRMENT	<input type="checkbox"/> Right Ear	<input type="checkbox"/> Left Ear
<input type="checkbox"/> Deaf/Hard-of-Hearing	<input type="checkbox"/> Right Ear	<input type="checkbox"/> Left Ear
<input type="checkbox"/> Hearing Aids	<input type="checkbox"/> Right Ear	<input type="checkbox"/> Left Ear
<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Right Ear	<input type="checkbox"/> Left Ear
VISUAL IMPAIRMENT	<input type="checkbox"/> Right Eye	<input type="checkbox"/> Left Eye
<input type="checkbox"/> Student Wears Glasses	<input type="checkbox"/> Contact Lenses	
<input type="checkbox"/> For Distance	<input type="checkbox"/> Due to Astigmatism	
<input type="checkbox"/> For Reading	<input type="checkbox"/> Other:	

SPEECH IMPAIRMENT
<input type="checkbox"/> Has Had Therapy
<input type="checkbox"/> Needs Therapy
PHYSICAL RESTRICTIONS
<input type="checkbox"/> To PE Class Participation
<input type="checkbox"/> Kind of Restrictions:

San Dieguito Union High School District

HEALTH INFORMATION FORM

IMPORTANT: PARENT / GUARDIAN & STUDENT SIGNATURES ARE REQUIRED

Male Female _____
STUDENT: Last Name First Name M. Initial Date of Birth Month/Day/ Year Current School Grade

PARENT/GUARDIAN & STUDENT: Students are NOT ALLOWED to carry medication except with physician's authorization on file for; inhalers for asthma, epipen for allergic reaction, and/or glucagon for diabetes AND all other MEDICATION; prescribed, over-the-counter, homeopathic remedies, vitamins, etc. which are to be administered during the school day or during school-sponsored activities, REQUIRE an Authorization for Administration of Medication form signed by the physician and parent. If your student requires administration of medication during school hours, please visit your school's Health Office or visit the District's website to obtain the required form "[Authorization for Administration of Medication](#)": www.sduhsd.net link > Special Education Department > Health Services

Medication/s student currently takes at home (please include prescription date and doses): _____

Does the student take continuing medication? NO YES Will it be necessary to take medication at school? NO YES

If the student needs to take medication during school hours: Please complete and personally deliver the signed "[Authorization for Administration of Medication](#)" form to your school's Health Office:

<i>Carmel Valley</i>	CV	858-481-8221 ext. 3014	<i>Canyon Crest Academy</i>	CCA	858-350-0253 ext. 4011
<i>Diegueño</i>	DNO	760-944-1892 ext. 6631	<i>La Costa Canyon</i>	LCC	760-436-6136 ext. 6024
<i>Earl Warren</i>	EW	858-755-1558 ext. 4414	<i>San Dieguito Academy</i>	SDA	760-153-1121 ext. 5021
<i>Oak Crest</i>	OC	760-753-6241 ext. 3378	<i>Torrey Pines</i>	TP	858-755-0125 ext. 2235
<i>Pacific Trails</i>	PT	858-509-1000			

MEDICATION (EC § 49423): Any student who must take prescribed medication at school and who desires assistance of school personnel must submit a written statement of instructions from the physician or physician assistant and a parental request for assistance in administering the medications. Any student may carry and self-administer prescription auto-injectable epinephrine **only if the student submits a written statement of instructions from the physician or physician assistant and written parental consent authorizing the self-administration of medication**, providing a release for the school nurse or other personnel to consult with the child's health care provider as questions arise, and releasing the district and personnel from civil liability if the child suffers any adverse reaction as a result of the self-administration of medication.

CONTINUING MEDICATION REGIMEN (EC § 49480): The parent or legal guardian of any pupil on a continuing medication regimen for a non-episodic condition shall inform the school nurse or other contact person of the medication being taken, the current dosage, and the name of the supervising physician. With the consent of the parent or legal guardian of the pupil, the school nurse may communicate with the physician and may counsel with the school personnel regarding the possible effects of the drug on the child's physical, intellectual, and social behavior, as well as possible behavioral signs and symptoms of adverse side effects, omission, or overdose.

I have read and understand the above statement and Ed Code Requirements:

PARENT:		
PRINT: Parent's / Guardian's Name	Parent's / Guardian's Email Address	Cell/Phone Number
Current Address	City	Zip Code
Parent/Guardian	Signature	Date

STUDENT:		
PRINT: Student's Name	Student's Email Address	Cell/Phone Number
Student	Signature - Adult student: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date

HEALTH OFFICE:
Initials & Date Received:

PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY



Requirements by Age and Grade Entering:

Vaccine	4-6 Years Old Elementary School at Transitional-Kindergarten/ Kindergarten and Above	7-17 Years Old Elementary or Secondary School	7th Grade*
Polio (OPV or IPV)	4 doses (3 doses OK if one was given on or after 4th birthday)	4 doses (3 doses OK if one was given on or after 2nd birthday)	
Diphtheria, Tetanus, and Pertussis (DTaP, DTP, DT, or Tdap)	5 doses (4 doses OK if one was given on or after 4th birthday)	3 doses (4 doses required if last dose was before 2nd birthday. At least one dose must be Tdap or DTaP/DTP given on or after 7th birthday for all 7th-12th graders.)	1 dose of Tdap (Or DTP/DTaP given on or after the 7th birthday.)
Measles, Mumps, and Rubella (MMR or MMR-V)	2 doses (Both doses given on or after 1st birthday. Only one dose of mumps and rubella vaccines are required if given separately.)	1 dose (Dose given on or after 1st birthday. Mumps vaccine is not required if given separately.)	2 doses of MMR or any measles-containing vaccine (Both doses given on or after 1st birthday.)
Hepatitis B (Hep B or HBV)	3 doses		
Varicella (chickenpox, VAR, MMR-V or VZV)	1 dose	1 dose for ages 7-12 years. 2 doses for ages 13-17 years.	

*New admissions to 7th grade should also meet the requirements for ages 7-17 years.

WHY YOUR CHILD NEEDS SHOTS:

The California School Immunization Law requires that children be up-to-date on their immunizations (shots) to attend school. Diseases like measles and whooping cough (pertussis) spread quickly, so children need to be protected before they enter. California schools are required to check immunization records for all new student admissions at Kindergarten or Transitional Kindergarten through 12th grades and all 7th graders before entry.

THE LAW:

Health and Safety Code, Division 105, Part 2, Chapter 1, Sections 120325-120380; California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Sections 6000-6075

WHAT YOU WILL NEED AT REGISTRATION:

Bring your child's Immunization Record. You cannot register without it. The Immunization Record must show the date for each required shot above. If you do not have an Immunization

Record, or your child has not received all required shots, call your doctor now for an appointment.

If a licensed physician determines a vaccine should not be given to your child because of medical reasons, submit a written statement from the physician for a **medical exemption** for the missing shot(s).

Until 2016, if a vaccine is contrary to your **personal beliefs**, you may submit form CDPH 8262 for the missing shot(s). The form must include the signatures of both a parent and an authorized health care practitioner. For details, see: ShotsForSchool.org/laws/faqspe.

You must also submit an immunization record for all required shots not exempted.

Questions? Visit ShotsForSchool.org or contact your local health department (bit.do/immunization).

San Dieguito Union High School District
ANNUAL NOTIFICATION 2016 - 2017
Signature Page

PARENT/GUARDIAN ACKNOWLEDGEMENT OF SPECIFIC SCHOOL ACTIVITIES:

Education Code Section (EC §48982) **REQUIRES** parent/guardian to sign and return this acknowledgement to the school attendance office indicating you have been informed of your rights and have been provided all other mandatory information necessary for your student to attend school. However, your signature does not authorize consent to participation in any particular program that has either been given or withheld.

I hereby acknowledge receipt of information regarding my rights, responsibilities and protections. I also attest, under penalty of perjury, that I am a resident of the District, as previously verified, or attend under an approved Inter-District Agreement.

Student Name (print): _____ Birthdate: _____ Grade: _____

Parent/Guardian Name (print): _____ Date: _____

Required Parent/Guardian Signature: _____

MEDICAL INFORMATION (EC §49423):

Name of Student's Physician/Clinic: _____

Name Address

Phone # of Physician/Clinic _____

I give my consent for school personnel to communicate with my son/daughter's physician:

NO ____ YES ____

Does the student take continuing medication: NO ____ YES ____

Will it be necessary to take medication at school: NO ____ YES ____

If student requires administration of medication during school hours: Parent must **complete** and deliver to the school's Health Office the "**Authorization for Administration of Medication**" **form signed by parent/guardian and physician.** The form is available at:

<http://www.sduhsd.net/downloads/>

DIRECTORY INFORMATION:

The District makes student directory information available in accordance with state and federal laws. This means that each student's name, birthdate, birthplace, address, telephone number major course of study, participation in school activities, dates of attendance, awards and previous school attendance may be released in accordance with board policy. In addition, height and weight of athletes may be made available. Appropriate directory information may be provided to any agency or person except private, profit-making organizations. Names and addresses of seniors or terminating students may be given to public or private schools, colleges, employers and military recruiters.

Upon written request from the parent of a student age 17 or younger, the District will withhold directory information about the student. If the student is 18 or older or enrolled in an institution of post-secondary instruction and makes a written request, the pupil's request to deny access to directory information will be honored. Requests must be submitted within 30 calendar days of the receipt of this information.

If you **DO NOT** elect to allow directory information to be released to any outside agency, including the military, please sign below and return to the school attendance office within 30 days. Parent signature will prohibit the District from providing directory information to the military, news media, employers, schools, parent-teacher organizations and similar parties.

OPTIONAL SIGNATURE: Please check if you DO NOT want information regarding your student released to:

_____ Military _____ Colleges & Universities _____ Employers

_____ Internet (photos and interviews on school's web site regarding school activities/athletics)

_____ News Media (photos and/or interviews regarding school activities/athletics)

_____ Yearbook ("no release" indicates that you do not want your student's photo in yearbook)

RETURN THIS SIGNED PAGE TO YOUR STUDENT'S SCHOOL



Union High School District

Board of Directors
Directiva de Fideicomisarios

Joyce Dalessandro
Beth Hergesheimer
Amy Herman
Maureen "Mo" Muir
John Salazar

Superintendent
Superintendente

Rick Schmitt

710 Encinitas Boulevard, Encinitas, CA 92024
Teléfono (760) 753-6491
www.sduhsd.net

Department of Pupil Services
Fax (760) 943-3527

IMPORTANT NOTICE REGARDING NEW STUDENTS

(NOTIFICACIÓN DE IMPORTANCIA PARA ESTUDIANTES DE NUEVO INGRESO)

Education Code Section 48915.1(b) states, "If a student has been previously expelled from his/her previous school, the parent/guardian, shall, upon enrolment, inform the receiving school district of his/her status with the previous school district."

El Código de Educación Sección 48915.1(b) consta que, "Si un estudiante ha sido anteriormente expulsado de la escuela, el padre / tutor legal, al matricular al estudiante, deberá de informarle al distrito escolar al cual esté matriculando a su hijo/a acerca de su estado en el distrito escolar al que asistió previamente".

STUDENT NAME: SCHOOL: DOB:
(NOMBRE DE EL/LA ESTUDIANTE) (ESCUELA) (FECHA DE NACIMIENTO)

Has your son/daughter been previously expelled? [] NO [] YES
(¿Se le ha expulsado a su hijo/a previamente?)

If YES, please explain including dates of expulsion and school:
(Si ha sido expulsado/a, favor de explicar incluyendo la fecha y la escuela a la que asistió)

Has your son/daughter been previously suspended? [] NO [] YES
(¿Ha recibido su hijo/a suspensión académica previamente?)

If YES, please explain including dates of suspension and school:
(Si ha sido académicamente suspendido/a, favor de explicar incluyendo las fechas de suspensión y la escuela a la que asistió)

Is your student currently enrolled in a GATE program? [] NO [] YES
(¿Actualmente está su hijo/a registrado en el programa GATE?)

Has your student ever received Special Education Services? [] NO [] YES
(¿Se le han proporcionado Servicios de Educación Especial a su hijo/a?)

Does your student have an ACTIVE IEP Individualized Education Plan? [] NO [] YES
(¿Tiene su hijo/a un Plan de Educación Individualizada -IEP vigente?) (Please attach copy) (Por favor incluya una copia)

Does your student have an ACTIVE 504 Plan? [] NO [] YES
(¿Tiene su hijo/a un Plan 504 vigente?) (Please attach copy) (Por favor incluya una copia)

Has your student ever received 504 plan accommodations? [] NO [] YES Date:
(¿Ha recibido su hijo/a adaptaciones bajo un plan 504?) (Fecha)

Has your student ever been placed on a SARB contract? [] NO [] YES Date:
(¿Se le ha puesto a su hijo/a bajo un contrato de SARB?) (Fecha)

Parent/Guardian Signature (Firma del Padre/Tutor Legal)

Date (Fecha)

NOTE: Failure to disclose this information could result in termination from the San Dieguito Union High School District. If further information is desired, please telephone the Director of Pupil Services & Alternative Programs, Rick Ayala at (760) 753-3860, ext. 5601.

NOTA: Si no proporciona usted ésta información, puede resultar en la anulación de la matrícula para el/la estudiante en el distrito San Dieguito Union High School District. Si desea obtener más información, por favor llame usted al Director de Servicios Estudiantiles y Programas Alternativos, Rick Ayala al teléfono (760) 753-6491 ext. 5601

Oak Crest Middle School
Activities Contract
2016-2017

This contract must be submitted prior to students attending any school sponsored activities that occur outside of the regular classroom (for example, carnivals, spirit activities, fundraiser celebrations, and dances).

I understand the following:

- . Student and his/her parent/guardian must sign the 2016-2017 Oak Crest Middle School (OCMS) Activities Contract prior to attending the school activity/event.
- . Student must be currently enrolled at OCMS in order to attend any school-sponsored activities.
- . Attending any extra-curricular activity through the school is a privilege not a right.
- . School activity tickets may not be transferred to any other student.
- . Tickets are non-refundable.
- . Student must follow all school rules and standards of conduct, including the instructions for properly participating in spirit/fundraising activities, which may include inflatable activity equipment. Administration and staff members will enforce all of the rules and regulations of the San Dieguito Union High School District.
- . Student must be dressed appropriately at all times during the activity.
- . Dancing may not be sexually explicit or inappropriate. For example, no back to front dancing (i.e. freaking, grinding) and/or any dancing which may result in disruption or injury (i.e. slamming, moshing). Offenders will immediately be referred to an administrator for disciplinary action. Any additional infractions will result in progressive discipline which may include being required to leave the dance.
- . Student may be prohibited from attending school activities as a result of misbehavior during school hours or school-sponsored activities.
- . No student will be admitted 30 minutes or more after the activity start time (for example, if the activity begins at 6:00 p.m., no student will be admitted after 6:30 p.m.).
- . Once a student has entered an activity, he/she will not be permitted to leave and enter again.
- . Student may not leave the activity early unless their parent/guardian signs their student out through administration or parent/guardian makes other arrangements in advance with administration.
- . Student(s) must be picked-up in the OCMS parking lot at the advertised ending time of the activity.
- . If student is no longer able to attend the activity, parent/guardian will contact the staff member coordinating the activity or administration in advance.

I have read the terms of this contract and I understand that my participation in OCMS activities depends on my agreement to its terms, as well as my cooperation in following them.

Student Name (printed)

Student Signature

I have read the terms of this contract and I understand that my child's participation in the OCMS activities depends on my agreement to its terms, as well as my cooperation in following them.

Parent/Guardian Name (printed)

Parent/Guardian Signature

Emergency Phone Number

Date