

# ORCUTT UNION SCHOOL DISTRICT

## Registration

Alice Shaw • Joe Nightingale • Lakeview Junior High • Olga Reed • Orcutt Academy • Orcutt Junior High • Patterson Road • Pine Grove • Ralph Dunlap

### Grades 1 – 12 Online Registration Checklist

#### To Be Provided by Parent/Guardian:

- Copy of Birth Certificate (if available)
- Copy of Immunization Records (if available)
- 2 Proofs of Address – Charter schools excluded (utility bills or lease agreement)
- Online Confirmation Documents

#### To Be Completed by Parent/Guardian:

- Enrollment Card (white)
- Student Residency Questionnaire/Affidavit (if applicable - pink)
- Electronic Network User Agreement (canary)
- Records Request Card
- Free/Reduced Lunch Application (for mid-year registration)
- Health Service Form

#### To Be Distributed to Parent/Guardian:

- ✓ Annual Notification of Parent & Student Rights & Responsibilities
- ✓ Health Exam Form (if requested)

**\*Note:** All first grade students are required to have a physical examination within the 18 months prior to entering first grade. If a student is in process of obtaining a physical examination, the student will be enrolled and the Health Office will follow-up with the parent.

*District Use Only:*

<b>Student:</b>			
<b>School:</b>		<b>Grade:</b>	
<b>Start Date:</b>		<b>Overflow Bussed:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Resident District:</b>		<b>Interdistrict:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Resident School:</b>		<b>Intradistrict:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Enrollment Office is located at: 500 Dyer Street, Bldg. I, Orcutt, California 93455

Phone: 805.938.8946 FAX: 805.938.8948

# ORCUTT UNION SCHOOL DISTRICT

## Online Registration Card

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Please Complete in Ink

STUDENT'S LEGAL LAST NAME	FIRST NAME	MIDDLE NAME	BIRTHDATE	GENDER (circle) M / F	GRADE	TEACHER	RM #
STUDENT'S ADDRESS (include city and zip)			PRIMARY PHONE	PARENT EMAIL/AERIES PORTAL ACCESS			

# Online Registration Verification

**HEALTH INFORMATION AND AUTHORIZATION** A PHYSICIAN'S NOTE LISTING SPECIFIC LIMITATIONS SHOULD BE SUBMITTED TO THE HEALTH OFFICE WITHIN THE FIRST WEEK OF SCHOOL.

List any ongoing health issues: \_\_\_\_\_

List any continuing medication(s) (including inhalers or epi-pens): \_\_\_\_\_

Will this medication be taken at school?  Yes  No **A medical authorization form signed by the parent and physician MUST be on file if medications are to be taken at school.**

List any allergies: \_\_\_\_\_ Name of Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

In case of medical emergency, I as the legal parent or guardian of the above named child, authorize both transportation and medical services if the school is unable to locate me. I understand these medical services will be at my expense. If my child's regular physician is not available, I authorize the school to secure the services of a qualified doctor or hospital.

Initials \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO NOTIFY THE OFFICE STAFF OF ANY CHANGES TO THE STUDENT'S ENROLLMENT INFORMATION CARD AND TO PROVIDE UPDATED MEDICAL INFORMATION.**

# Home Language Survey

Surname/Family Name of Student: \_\_\_\_\_

First Given Name of Student: \_\_\_\_\_

Second Given Name of Student: \_\_\_\_\_

Age of Student: \_\_\_\_\_ Grade Level of Student: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

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## Directions to Parents and Guardians:

The California *Education Code* contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.

1. Which language did your child learn when they first began to talk? \_\_\_\_\_

2. Which language does your child most frequently speak at home? \_\_\_\_\_

3. Which language do you (the parents and guardians most frequently use when speaking with your child? \_\_\_\_\_

4. Which language is most often spoken by adults in the home?  
(parents, guardians, grandparents, or any other adults) \_\_\_\_\_

Please sign and date this form in the spaces provided below, then return this form to your child's teacher. Thank you for your cooperation.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

# ORCUTT UNION SCHOOL DISTRICT

Technology Department

Alice Shaw • Joe Nightingale • Lakeview Junior High • Olga Reed • Orcutt Academy • Orcutt Junior High • Patterson Road • Pine Grove • Ralph Dunlap

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## ELECTRONIC NETWORK USE RULES

The Orcutt Union School District believes staff and students should have open access to local, national and international sources of information. The District, by providing access to electronic services via the Internet; recognizes the potential of such services to support curriculum and student learning. The goal of providing this access is to promote educational excellence by facilitating resource sharing, innovation and communication. While the Internet offers students and teachers access to a variety of information, the District recognizes misuse and abuse are possible. The District will make every effort to protect students and teachers from these misuses and abuses, but it is the responsibility of each user to continuously guard against inappropriate and illegal interaction with the electronic services. The Orcutt Union School District is taking all reasonable steps to ensure the Internet is used only for purposes consistent with the curriculum.

Students in grades 1-8 may be given district e-mail accounts. Through our filtering process, Orcutt Union School District student e-mail accounts can only be used to communicate with students, teachers and/or administrators within the school district. In addition, student e-mails are archived so that they may be retrieved at any time if there is a concern. Students in grades 9-12 will be given access to email outside Orcutt Union School District. All email is archived. Students may have a *Google for Education* account within the Orcutt Union School District domain under the supervision of his/her teacher.

Using electronic devices and services within the Orcutt Union School District via the Internet is a privilege, not a right. The privilege may be revoked at any time for unacceptable conduct. Unacceptable conduct includes, but is not limited to, the following:

1. Using the Internet for any illegal activity, including violation of copyright or other contracts.
2. Using the Internet for financial or commercial gain.
3. Degrading or disrupting system performance.
4. Damaging computers or other electronic devices.
5. Vandalizing the data of other users.
6. Gaining unauthorized access to resources or entities.
7. Invading the privacy of individuals.
8. Using an account owned by another without authorization.
9. Posting personal communications without the author's consent.
10. Posting anonymous messages.
11. Placing of unlawful information on a system.
12. Using abusive or otherwise objectionable language in either public or private messages.
13. Sending of messages that are likely to result in the loss of the recipient's work or disrupting systems; for example, a computer virus.
14. Sending 'Chain Letters' or 'Broadcast' messages to lists or individuals, or other types of communication, which would cause congestion of the networks.
15. Using the Internet to send/receive messages and images, which are inconsistent with the district's curriculum and conduct guidelines. These include, but are not limited to, racist, sexist, pornographic, dangerous and obscene messages and images.

Students are not permitted to record audio or video media or take pictures of any student or staff member without their permission. The distribution of any unauthorized media (i.e. on social media or to another person) may result in discipline, including but not limited to, suspension, criminal charges and expulsion.

When the Orcutt Union School District network is open to students, Orcutt Union School District will require students utilizing personal devices on any school campus to **only access** the Internet through the District network and to abide by the above Electronic Network Use Rules. Students are also required to adhere to school policies regarding personal electronic devices.

The Orcutt Union School District believes that the benefits to educators and students from access to the Internet, in the form of information resources and opportunities for collaboration, far exceed any disadvantages. But ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their child or ward should follow. To that end, Orcutt Union School District supports and respects each family's right to decide whether or not to apply for Internet access.

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## APPLICATION FOR STUDENT INTERNET ACCESS AND PARENT APPROVAL

School computer systems are for use by authorized individuals only. Any unauthorized access to these systems is prohibited and is subject to criminal and civil penalties. Individuals using these systems are subject to having all activities on these systems monitored by the system or school personnel. By signing this agreement, I give consent to the school district to access and monitor all district-owned electronic devices accessed by my child and the information created or transmitted by my child while using these devices. Prosecution and/or account termination may occur without warning.

It is possible for all users of the Internet (including your child) to access information intended for adults. Although the OUSD has taken all reasonable steps to ensure the Internet connection is used only for the purposes consistent with the curriculum, the District or School cannot prevent the available, or even begin to identify, inappropriate material elsewhere on the Internet.

We have read the *Electronic Network Use Rules* document, understand it, and agree to adhere to the principles and procedures detailed within. We understand and accept the conditions stated above, and agree to hold blameless, and release from liability, the Orcutt Union School District, the sponsoring school, its subcontractors, and employees.

The Orcutt Union School District makes no guarantee of any kind, for the Internet service provided to the student. The District will not be responsible for any damages claimed or suffered by any child or parent relating to the use of the Internet. This includes the child's exposure to materials a parent otherwise would have a right of notice and/or consent to pursuant to State or Federal law. **Use of any information obtained via the Internet is at the student's and parents' own risk.**

I understand that my child is expected to use good judgment and follow the attached *Electronic Network Use Rules* in making electronic contact with others. Messages sent by students relating to or in support of illegal activities will be reported to law enforcement authorities.

Should my child breach the *Electronic Network Use Rules*, I understand that my child will lose all network privileges on the Orcutt Union School District network and may be subject to discipline up to and including suspension or expulsion.

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Print Parent Name

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Print Student Name

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Parent Signature

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Student Signature

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Name of School

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Date

# ORCUTT UNION SCHOOL DISTRICT

## Health Services Department

Alice Shaw • Joe Nightingale • Lakeview Junior High • Olga Reed • Orcutt Academy • Orcutt Junior High • Patterson Road • Pine Grove • Ralph Dunlap

**ANNUAL HEALTH UPDATE FOR SCHOOL YEAR 20\_ / \_\_\_**

**Teacher:** \_\_\_\_\_

**Student Information (Información del Estudiante):**

**Name (Nombre):** \_\_\_\_\_ **M / F** **DOB (FDN):** \_\_\_\_\_  
Last (Apellido) First (Primero)

**School (Escuela):** \_\_\_\_\_ **Grade (Grado):** \_\_\_\_\_

**DOES YOUR CHILD HAVE (TIENE SU ESTUDIANTE):**

<input type="checkbox"/> Yes (Si)	<input type="checkbox"/> No	Non-Food Allergies (Alergias)	List (Lista): _____
<input type="checkbox"/> Yes (Si)	<input type="checkbox"/> No	Food Allergies (Alergia de Comida)	Specify (Cual): _____
<input type="checkbox"/> Yes (Si)	<input type="checkbox"/> No	Nut Allergies (Alergia de Nueces):	Specify (Cual): _____
Reaction (Reaccion): _____			

<input type="checkbox"/> Yes (Si)	<input type="checkbox"/> No	Bee Sting Allergy (Alérgico a Piquete de Abeja)	Reaction (Reaccion): _____
<input type="checkbox"/> Yes (Si)	<input type="checkbox"/> No	Does your child need an EpiPen (Necesita su niño inyección de Epinefrina)?	If yes (Si, si): at home (en casa) at school (en escuela)
<input type="checkbox"/> Yes (Si)	<input type="checkbox"/> No	Asthma (asma) Does your student use a rescue inhaler (usa un inhalador de rescate)?	If yes (Si, si): at home (en casa) at school (en escuela)
<input type="checkbox"/> Yes (Si)	<input type="checkbox"/> No	Diabetes - Type (Tipo) 1 or 2 Insulin Pen (Lapiz de Insulina) Insulin Pump (Pompa de Insulina) Oral Medication (Medicamento Oral)	
<input type="checkbox"/> Yes (Si)	<input type="checkbox"/> No	Seizure Disorder (Trastorno Convulsivo)	Last Seizure Date (Fecha de Ultimo Ataque): _____
<input type="checkbox"/> Yes (Si)	<input type="checkbox"/> No	ADD/ADHD	

**CHECK THE FOLLOWING HEALTH CONCERNS WHICH PERTAIN TO YOUR STUDENT (MARQUE LAS SIGUIENTES QUE SON RELACIONADAS CON SU HIJO):**

<input type="checkbox"/> Wears glasses or contacts (Usa lentes [lentes de contacto]) (circle one/circule uno)	<input type="checkbox"/> Neurological/Tourettes (Neurológico)
<input type="checkbox"/> Hearing Aid Left/Right (Audifono Izquierdo/Derecho)	<input type="checkbox"/> Headaches (Dolores de Cabeza)
<input type="checkbox"/> Frequent Ear Infections (Infecciones Frecuente do Oídos)	<input type="checkbox"/> History of Concussion (Historia de Concusion) Date (Fecha): _____
<input type="checkbox"/> Hearing Difficulty (Dificultad con Oír)	<input type="checkbox"/> Autism (Autismo)
<input type="checkbox"/> Breathing Problems (Problemas de la Respiración)	<input type="checkbox"/> Heart Condition (Condición del Corazón)
<input type="checkbox"/> Anxiety/Panic Attacks (Ansiedad/Ataques de Panico)	<input type="checkbox"/> Stomach Problems (Problemas del Estomago)
<input type="checkbox"/> Frequent nose bleeds (Hemorragia Nasal Frecuente)	<input type="checkbox"/> Bladder/Bowel Problems (Problemas de la Vejiga)
<input type="checkbox"/> Other (Otro): _____	<input type="checkbox"/> Bone/Joint Problems (Problemas de Hueso o Coyuntura)
<input type="checkbox"/> Other (Otro): _____	<input type="checkbox"/> Other (Otro): _____
<input type="checkbox"/> Other (Otro): _____	<input type="checkbox"/> Other (Otro): _____

If any health concerns were checked, please explain (Si marco cualquier preocupaciones medicas, favor de explicar):

\_\_\_\_\_

**LIST ALL DAILY MEDICATION AND REASON PRESCRIBED (HAGA UNA LISTA DE MEDICAMENTOS TOMADOS Y LA RAZON):**

Medication/Purpose (Medicamento/Razon)	Dose & Frequency (Dosis & Frecuencia)	Home/School (Casa/Escuela)
_____	_____	_____
_____	_____	_____

**Doctor Name (Nombre del Doctor):** \_\_\_\_\_

**Doctors's Phone (Telefono del Doctor):** \_\_\_\_\_

In order to provide a safe and healthy environment for your child, this **confidential** information will be accessible to the nursing staff, applicable school staff and emergency medical personnel. It may be shared electronically, verbally and/or in writing, unless I provide a written request. If parent/guardian cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgement of school authorities, I authorize the school contact emergency services. **California Education Code 49423** requires a written authorization form be completed each school year for prescription or over the counter medication to be administered at school. All medications must be brought to school by a parent or guardian. Para tener un ambiente seguro y saludable para su hijo, esta información **confidencial** será compartida por el personal de enfermería, personal de la escuela aplicable y personal de emergencia médica. Esta será compartida electrónicamente, verbal y/o por escrito, al menos que haya una solicitud por escrita. Si el padre/tutor no se encuentra en caso de una emergencia médica, y el cuidado inmediato es urgente, juzgado por las autoridades escolares, yo doy mi autorización de que la escuela contacte a servicios de emergencia. Código 49423 de la Educación de California requiere que la forma de autorización escrita sea completada cada año escolar para medicamentos con o sin receta para ser administradas en la escuela. Padres o tutores deben traer todos los medicamentos a la escuela. Please sign and date below and return to the school office (Favor de firmar y poner la fecha y regrese a la oficina de la escuela).

**Student Name (Nombre):** \_\_\_\_\_

**Student DOB ( FND):** \_\_\_\_\_

The Orcutt Union School District submits claims to Medi-Cal for basic health screenings and services given to all students. Revenues received help to provide additional health services for all district students. Parents will not be asked to pay for any services. I consent for billing to Medi-Cal / Insurance carriers for school health services provided for my child and for exchange of billing information with the school district's billing services company.

El Distrito Escolar de Orcutt somete peticiones a MEDI-CAL para revisiones básicas de salud dadas a todos los estudiantes. Los ingresos recibidos ayudan a proveer servicios de salud adicionales para los estudiantes de todo el distrito. No se les pedirá a los padres que paguen por ninguno de los servicios de salud escolares. Estoy De Acuerdo que se envíen a la agencias de MEDI-CAL/ASEGURANZAS medicas por servicios de salud escolares para mi hijo/a y por intercambiar información relacionada con recibos de pago con las companías de servicios del distrito escolar.

FAMILY MEDICAL INSURANCE CARRIER: \_\_\_\_\_ POLICY #: \_\_\_\_\_  
COMPAÑIA DE SEGURO MEDICO Número de Póliza

Signature of Parent/Guardian (Firma de Padre/Tutor) \_\_\_\_\_

Date (Fecha) \_\_\_\_\_

Reviewed by Nurse (initials) \_\_\_\_\_

**THIS MAY BE USED AS A TRANSFER CARD OR A REQUEST FOR CUMULATIVE RECORD**

NAME OF PUPIL \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ PRESENT GRADE \_\_\_\_\_

<p>TO BE COMPLETED WHEN A STUDENT TRANSFERS FROM A SANTA BARBARA COUNTY SCHOOL DISTRICT:</p> <p>TRANSFER FROM _____</p> <p>ADDRESS _____</p> <p>_____</p> <p>LAST DAY ATTENDED _____</p>	<p>TO BE COMPLETED WHEN CUMULATIVE RECORDS ARE BEING REQUESTED:</p> <p>PLEASE SEND RECORDS FOR THE ABOVE-NAMED PUPIL TO:</p> <p>SCHOOL _____</p> <p>ADDRESS _____</p> <p>_____</p>
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<p>SIGNATURE _____ DATE _____</p>
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# IMMUNIZATION REQUIREMENTS FOR GRADES 1-12



- **Polio**  
4 doses — 3 is acceptable if one was given after 4<sup>th</sup> birthday
- **Diphtheria, Tetanus and Pertussis**  
DTP or any combination of DTP, DTaP/Tdap with DT or Td – 5 doses- 4 is acceptable if one was given after 4<sup>th</sup> birthday.
- **Measles, Mumps, Rubella (MMR Vaccine)**  
2 doses; Only doses on or after 1<sup>st</sup> birthday meet the requirement
- **Hepatitis B**  
3 doses before kindergarten entry
- **Varicella**  
2 doses or documented proof of chicken pox

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If your child's immunizations are incomplete, please contact your primary care physician.

The Santa Barbara County Public Health Department administers immunizations to uninsured families by *appointment only*.

Phone: 805.346.7230

2115 S. Centerpointe Parkway, Santa Maria