

2021 - 2022



BACK TO SCHOOL PACKET

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2021/2022 CUSD Student & Parent Information Packet

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Key Code: **+** = Mandatory Form to complete and return to school

> = Form Requested from all Households, please complete and return to school

= Optional Form, depending on student's needs

^ = Mandatory Form if your child is using CUSD school bus transportation

***** = Submit this form only if one is not on file from previous years or new enrollee



Calaveras Unified School District

3304-B Highway 12
P.O. Box 788
San Andreas, CA 95249
(209) 754-2300
www.calaveras.k12.ca.us

Office of the Superintendent

July 2021

Dear Parents and Guardians:

Welcome to Calaveras Unified School District! We are gearing up to an exciting new school year for our district.

It is our daily mission to provide the strongest educational program, creating consistent opportunities for our students to learn and grow. By reading the contents of the Back-to-School packet you will have greater insight and awareness regarding the many aspects of our school district's operations. It is important you receive as much information as you need to become an integral part of our team and a meaningful participant in our daily mission. Please go to our website at www.calaverasusd.com to review the contents of the Back-to-School packet. There are a small amount of hard copy packets available at each school office, but an effort to sustain economics and help the environment; we hope you will be able to utilize the electronic format.

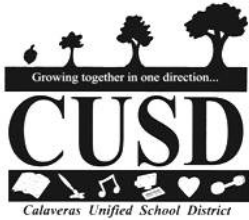
We appreciate your taking the time to become more knowledgeable about our school district. I trust that if you still have questions you will contact your school administrator or me so we will be able to provide you with the answers and/or information you need.

I look forward to working with you and your students on accomplishing our mission and helping your students to reach their goals.

Sincerely,

Mark Campbell
Superintendent
Calaveras Unified School District

CUSD---Make Every Moment and Every Day Matter for Every Student



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3304-B Highway 12
P.O. Box 788 San
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Office of the Superintendent

July 2021

Dear Parents/Guardians:

Each school district is required by Education Code 48980 to annually notify parents and guardians of their rights, responsibilities and obligations regarding the education of their children. Over the years California Legislature has passed many laws requiring parent notification about various aspects of public schools. Those legal mandates are included in this packet as follows:

1. The 2021/2022 Calaveras Unified School District calendar.
2. Please take a few minutes to read the Notice to Parents – Rights and Responsibilities then **please sign and return the enclosed Parent Acknowledgement and Consent Form to your student's school** indicating you have received and reviewed the Notice to Parents – Rights and Responsibilities and all other notices in this back to school packet, including information on Search and Seizure policy and the Family Education Rights and Privacy Act (FERPA). If you have specific questions concerning any of the code sections or district policies, please contact your school principal. You may access CUSD's Board Policies on our website at www.calaverasusd.com.
3. Information is provided about the district's commitment to nondiscrimination and equal opportunity for all students, as well as a letter regarding student dress and grooming (Board Policy 5132, Student Dress and Grooming; and Board Policy/Administrative Regulation 5136 regarding Gangs, are included in the Policies Section of this packet).
4. Various medical forms regarding your student are included in the packet:
 - **Medication Required During School Hours (Form)** – a new form needed each school year if your child is on medication
 - **Regional Immunization Data Exchange**
 - **Medical Statement to Request Special Meals and/or Accommodations**
 - **"To Go or Not to Go to School"** – when you child is ill (informational only)
 - **Daily Student Home Screening for COVID-19 – (informational only)**
 - **Covered California Fact Sheet**
5. Please read **CUSD's Internet Acceptable Use Policy**. Have your child read it (as is age appropriate), and review it with your child. **Both parent and student must sign and return the agreement to your school.**
6. Information concerning school attendance alternatives is provided.
7. 2021/2022 Voluntary Student and Athletic Accident Insurance information is included. Insurance coverage is available to purchase through the Student Insurance Company.
8. Information from Calaveras Schools Food Service explaining the food service program and the **Household Economic Survey requested from each family.**
9. Information about bus transportation including a bus transportation application with fee information. **If your student rides the school bus, you need to read, sign and return the Transportation Rules and Agreement Form.**
10. Why every day counts for a child's attendance and information on State school accounting practices.
11. Emergency Early Dismissal information is provided and explains procedures the district will follow on severe weather days or in the event of an emergency
12. Information about the district's Preschool and School-Age After School Programs
13. Notification of the name and active ingredients of all pesticide products expected to be used at our schools
14. Notification of our AHERA (Asbestos Hazard Emergency Response Act) compliance/program.
15. Notification of rights for the Family Educational Rights and Privacy Act (FERPA).

If you have any questions concerning any of the district policies or procedures, please discuss them with your school principal or call the District Office at 754-2300.

Sincerely,

Mark Campbell
Superintendent

CUSD – Make Every Moment and Every Day Matter for Every Student

***Items underlined and in red require signature of parent/guardian and/or student and must be returned to the school**

***Items underlined and in blue must be returned to your school only if appropriate for your student**

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PARENTAL ACKNOWLEDGEMENT

2021-2022 PARENT INFORMATION PACKET

By signing below, I acknowledge I have received the 2021-2022 Back-to-School Packet.

Date: _____

Required Signature Parent/Guardian

Print Name of Parent/Guardian

One form is necessary for **each school** you have a child/children enrolled.

<u>Name of Student</u>	<u>School</u>	<u>Address</u>
1. _____	_____	Physical Address: _____
2. _____	_____	Mailing Address: _____
3. _____	_____	City: _____ Zip Code: _____
4. _____	_____	Home Phone: _____
5. _____	_____	Cell Phone: _____
6. _____	_____	Work Phone: _____

CUSD---Make Every Moment and Every Day Matter for Every Student

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CALAVERAS UNIFIED SCHOOL DISTRICT 2021-2022 Back to School Information

All CUSD Schools Begin on July 28, 2021

**Calaveras High School
Gold Strike High School
Jenny Lind Elementary
Mokelumne Hill Elementary
San Andreas Elementary
Sierra Hills Education Center
Toyon Middle School
Valley Springs Elementary
West Point Elementary**

**Please visit Calaveras Unified School District's web page
where you will have access to:**

**District Calendars
Announcements
Board Meeting Agendas and Minutes
Board Policies
CUSD's Local Control Accountability Plan
CUSD Budget
School Accountability Report Cards
School Site Web Pages
Links to Legislation and the California Department of Education
CUSD Departments
Job Postings
Links to Web Sites for Kids and Parents**

OUR INTERNET ADDRESS IS: <http://www.calaverasusd.com>

CALAVERAS UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

3304-B Highway 12, P. O. Box 788
San Andreas, CA 95249
Telephone: (209) 754-2300
Fax: (209) 754-2215



BOARD TRUSTEE, AREA 1
SHERRI REUSCHE
Email: sreusche@calaveras.k12.ca.us



BOARD TRUSTEE, AREA 2
CORY WILLIAMS
Email: cwilliams@calaveras.k12.ca.us



BOARD TRUSTEE, AREA 3
BRYAN PORATH
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BOARD TRUSTEE, AREA 4
SUZIE COE
Email: scoe@calaveras.k12.ca.us



BOARD TRUSTEE, AREA 5
CHRISTINE NOBLE
Email: cnoble@calaveras.k12.ca.us

Calaveras Unified School District 2021-2022

July [3]						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

August [22]						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6*	7
8	9	10	11	12	13	14
15	16	17	18	19	20*	21
22	23	24	25	26	27	28
29	30	31				

September [21]						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3*	4
5	6	7	8	9	10	11
12	13	14	15	16	17*	18
19	20	21	22	23	24*	25
26	27	28	29	30		

October [11]						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1*	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22*	23
24	25	26	27	28	29*	30
31						

November [17]						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19*	20
21	22	23	24	25	26	27
28	29	30				

December [13]						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3*	4
5	6	7	8	9	10	11
12	13	14	15	16	17*	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Dec. 20 - Jan. 7: Winter Break
Jan. 17: Martin Luther King Day

July 23: New Teacher Prep Day
July 26: CORE Development Day
July 27: Teacher Prep Day
July 28: First Day of School

Feb. 14: Lincoln's Birthday
Feb. 21: Presidents' Day
Feb. 28 - End of 2nd Trimester - Elementary

Sept. 6: Labor Day

March 7: CORE Development Day
March 21 - 25: SHEC Intersession
March 21 - April 1: Spring Break

Oct. 4 - Oct. 15: Fall Break
Oct. 11 - 15: SHEC Intersession
Oct. 29 End of 1st Trimester - Elementary

Nov. 1: CORE Development Day
Nov. 4 - 10: Elem. Parent/Teacher Conference
Nov. 11: Veterans Day
Nov. 24: Non-Instructional Day
Nov. 25-26: Thanksgiving Holidays
May 19-20: Frog Jump
May 30: Memorial Day

Dec. 20-Jan. 7: Winter Break

June 10: Last Day of School
***School Closure Make-Up Days: 6/13 & 14 (if needed)**
*** June 13: Teacher Prep Day (or following last day of school)**

<ul style="list-style-type: none"> No School * Early Release 9-12 Early Release K-8 Early Release TMS SHEC Intersession 	<ul style="list-style-type: none"> △ Teacher Prep Day ◇ CORE Day ○ Holiday □ Non-Instructional Day × Non-Work Days
--	---

January [15]						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14*	15
16	17	18	19	20	21	22
23	24	25	26	27	28*	29
30	31					

February [18]						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4*	5
6	7	8	9	10	11*	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

March [13]						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4*	5
6	7	8	9	10	11	12
13	14	15	16	17	18*	19
20	21	22	23	24	25	26
27	28	29	30	31		

April [20]						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8*	9
10	11	12	13	14	15	16
17	18	19	20	21	22*	23
24	25	26	27	28	29	30

May [19]						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6*	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27*	28
29	30	31				

June [8]						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10*	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

CALAVERAS UNIFIED SCHOOL DISTRICT

Mark Campbell, Superintendent
July 2021

The California Education Code (Section 48980) requires school districts annually to notify parents and guardians of their rights and responsibilities with regard to the following areas:

NOTE:

To look up CUSD Board Policy (BP) go to www.calaverasusd.com, click on School Board Info, then Board Policy. Copies of Board Policy may be requested at any CUSD school site or the District Office.

Ed Code 221.5: Sex Equity in Education Act

Elementary and high schools shall offer classes and courses to pupils without regard to the sex of the student and shall provide counseling in career, vocational or higher education opportunities without regard for the sex of the student counseled, if such counseling or school program guidance is provided. Notification of parents or guardians of the pupil shall be given in advance to encourage their participation in such counseling sessions and decisions.

Ed. Code 231.5: Educational Institutions; Written Policy on Sexual Harassment

The district's policy prohibiting sexual harassment is attached to this notice as is set forth fully herein. (See Board Policy 5145.7)

Ed. Code 262.3 Appeals;

Information re: Availability of Civil Remedies (see Board Policy 5145.7)

Ed. Code Sec 310: Parental Exceptions

Parents or legal guardians of students who are placed in a structured English immersion program may waive the requirements of Ed Code Section

305 with written informed consent.

Ed. Code Sec 32255: Pupils' Rights to Refrain from the Harmful or Destructive Use of Animals

A pupil's moral objection to dissection or otherwise harming or destroying animals must be substantiated by a note from the pupil's parent or guardian. Each teacher whose instruction utilizes live or dead animals must also notify pupils of their right to refrain from such activity.

Ed. Code Sec. 32390: Fingerprinting Program

The governing board of any school district may offer a Fingerprint Program for all children enrolled in Kindergarten or newly enrolled in that District. Each parent or guardian shall be informed of the school fingerprinting program when he or she first enrolls the child in the public schools. At that time, the parent or guardian shall declare, in writing, whether or not he/she consents to the program. If the parent or guardian does consent, he/she shall pay the applicable fee.

Ed. Code Sec 35256: School Accountability Report Card

The governing board shall annually issue a School Accountability Report Card for each school in the district, publicize such reports, post them on the District's website, and provide parents or guardians with a copy upon request.

Ed. Code Sec 35291: District Rules Regarding Student Discipline BP 5144, AR 5144.1

The governing board of each school district maintaining grades one through twelve shall notify the parents or guardians of the availability of rules regarding student discipline.

Ed. Code 39831.5: School Bus Rider Rules & Information

All pupils who are transported in a school bus or school pupil activity bus shall receive instruction in school bus emergency procedures and passenger safety. Upon registration, parents or guardians of

all pupils not previously transported in a school bus or school pupil activity bus and who are in grades prekindergarten, kindergarten, and grades 1 to 6 inclusive, shall be provided with written information on school bus safety.

Ed. Code Sec. 46010.1/AB 1541: Absence for Confidential Medical Purposes BP 5113

Requires school districts to notify the parents and/or guardians of all pupils in grades 7 to 12 that these pupils may be excused from school for the purpose of obtaining confidential medical services without the consent of pupil's parent/guardian.

Ed. Code Sec 46014: Absence for Religious Purposes

Pupils, with written consent of their parents or guardians, may be excused from school in order to participate in religious exercises or receive moral or religious instruction for four or fewer days per month, provided the pupil attends school at least the minimum day for his grade.

Ed. Code Sec. 48204 (f): Compliance with Residency Requirements; Parent or Guardian Employment

An elementary school pupil has complied with school attendance residency requirements if the pupil attends school in a district in which one or both of the pupil's parents, or guardians, is employed. The number of such interdistrict transfer requests can be limited based on the District's average daily attendance.

Ed. Code Sec. 48205: Absence for Justifiable Personal Reasons

A student shall be excused from school for justifiable personal reasons, including, but not limited to, illness, quarantine, medical appointments, an appearance in court or jury duty, attendance at a funeral service (one day for a service conducted in California and three days if the service is outside California), observance of a holiday or religious ceremony of his/her religion, attendance at religious retreats (up to four hours per semester), or an employment

conference, when the pupil's absence has been requested in writing by the parent or guardian and approved by the principal or designated representative. A pupil shall also be excused from school when he or she is the custodial parent of a child who is ill or has a medical appointment during school hours. No student may have his or her grade reduced or lose academic credit for absences excused under Section 48205, when missed assignments and tests can reasonably be provided and are satisfactorily completed within a reasonable period of time. A copy of Education Code 48205 follows.

Ed. Code Sec 48205. (a) Notwithstanding Section 48200, a pupil shall be excused from school when the absence is:

- (1) Due to his or her illness.
- (2) Due to quarantine under the direction of a county or city health officer.
- (3) For the purpose of having medical, dental, opt metrical, or chiropractic services rendered.
- (4) For the purpose of attending the funeral services of a member of his or her immediate family, so long as the absence is not more than one day if the service is conducted in California and not more than three days if the service is conducted outside California.
- (5) For the purpose of jury duty in the manner provided for by law.
- (6) Due to the illness or medical appointment during school hours of a child of whom the pupil is the custodial parent.
- (7) For justifiable personal reasons, including, but not limited to, an appearance in court, attendance at a funeral service, observance of a holiday or ceremony of his or her religion, attendance at religious retreats, attendance at an employment conference, or attendance at an educational conference on the

legislative or judicial process offered by a nonprofit organization when the pupil's absence is requested in writing by the parent or guardian and approved by the principal or a designated representative pursuant to uniform standards established by the governing board.

(8) For the purpose of serving as a member of a precinct board for an election pursuant to Section 12302 of the Elections Code.

(b) A pupil absent from school under this section shall be allowed to complete all assignments and tests missed during the absence that can be reasonably provided and, upon satisfactory completion within a reasonable period of time, shall be given full credit therefor. The teacher of the class from which a pupil is absent shall determine which tests and assignments shall be reasonably equivalent to, but not necessarily identical to, the tests and assignments that the pupil missed during the absence.

(c) For purposes of this section, attendance at religious retreats shall not exceed four hours per semester.

(d) Absences pursuant to this section are deemed to be absences in computing average daily attendance and shall not generate state apportionment payments.

(e) "Immediate family," as used in this section, has the same meaning as that set forth in Section 45194, except that references therein to "employee" shall be deemed to be references to "pupil."

Ed. Code Sec. 48206.3: Pupils with Temporary Disabilities - Individual Instruction

A pupil with a temporary disability which makes attendance in the regular day classes or alternative education program in which the pupil is enrolled impossible or inadvisable shall receive individual instruction provided by the district in which the pupil is deemed to reside.

Ed. Code Sec. 48207 & 48208: Pupils with Temporary Disabilities - Residency Requirements

A pupil with a temporary disability, who is in a hospital or other health facility, excluding a state hospital, which is outside the school district in which the parent or guardian resides, shall have complied with the residency requirements for school attendance in the school district in which the hospital is located. It is the primary responsibility of the parent or guardian of the pupil with the temporary disability to notify the school district of the pupil's presence in a qualifying hospital. The pupil shall be provided with instruction no later than 5 working days after a determination is made that he or she qualifies for individual instruction.

High School Exit Exam

The California High School Exit Examination is suspended through the 2017-18 school year pursuant to Education Code 60851.5, as added by SB 172 (Ch. 572, Statutes of 2015), and therefore the notice is not currently required. There is a possibility the suspension of the exam could be subsequently reinstated.

Ed. Code Sec 48980(i): Attendance Options

Enclosed with this notice is a list of the District's current statutory attendance options and local attendance options available on both an intradistrict and interdistrict basis, together with a description of each option, a description of the application procedure, an application form, and a description of the appeal procedure available, if any. Enclosed is an explanation of the current statutory attendance options prepared by the State Department of Education.

Ed. Code Sec 48901: Smoking or Use of Tobacco or Tobacco or Nicotine Products Prohibited

Students, employees or visitors shall not be allowed to smoke, chew or possess tobacco or nicotine products, including nicotine delivery devices such as electronic cigarettes on district owned or leased buildings, in district vehicles, at school-sponsored events, held on or off district property. Smoking or use of any tobacco-related products and disposal of any tobacco-related waste are prohibited within 25 feet of any playground. (Health and Safety Code 104495).

Ed. Code Sec 49063-49070, 49070: Pupil Records; Right to Access

Parents of currently enrolled or former pupils have an absolute right to access to any and all pupil records related to their children which are maintained by school districts or private schools. The custodial parent/guardian of any student may submit a written request to correct or remove from his/her child's records any information concerning the child for reasons outlined in Administrative Regulation 5125.3. (See Board Policy 5125, Student Records, and Administrative Regulation 5125.3 Challenging Student Records)

Ed. Code Sec 49073: Directory Information

The Superintendent or designee may authorize the release of student directory information to representatives of the news media, prospective employers or non-profit organizations and military recruiters as provided by law. No directory information shall be released regarding any pupil if a parent has notified the school district in writing that the information shall not be released. (BP 5125.1, Release of Directory Information)

Notice of Privacy Policy (Education Code 51513, AR 5022, BP 6162.8)

These policies and administrative

regulation refer to the district's policy regarding student privacy; the process to opt your child out of participating in any activity described in this policy, as well as the district's responsibility to provide the approximate dates during the school year when these activities are scheduled.

Ed. Code Sec 49091.14: The Education Empowerment Act of 1998; Parental Review

The curriculum, including titles, descriptions, and instructional aims of every course offered by a public school, shall be compiled at least once annually in a prospectus. Each school site shall make its prospectus available for review upon request. When requested, the prospectus shall be reproduced and made available. School officials may charge for the prospectus an amount not to exceed the cost of duplication.

Ed. Code Sec. 49403, 48216: Immunizations

In accordance with the age/grade and dose required by the California Department of Public Health (Health and Safety Code 120335; 17 CCR 6020), as of July 1, 2019, students entering school or advancing to the 7th grade must have: 4 doses of Polio, 5 doses of DTaP, 3 doses of Hepatitis B, 2 doses of MMR, and 2 doses of Varicella. Additionally, students advancing to 7th grade must have one dose of Tdap. For additional information see shotsforschool.org.

School Health Services (AR 5141.6)

Pursuant to Health and Safety Code 104830-104865, the District shall notify all parents/guardians of the opportunity to receive the topical application of fluoride, including fluoride varnish, or other decay-inhibiting agent to the teeth during the school year. This notification may be returned by the parent/guardian to consent to the treatment or to indicate that the

student shall not receive treatment because he/she has received the treatment from a dentist or the treatment is not desired.

Ed. Code Sec. 49423: Administration of Medication at School

Upon written request from the parent and written instructions from a physician, medication may be administered to a child at school by a designated school employee. Additionally, a trained employee may administer an epinephrine auto-injector to provide emergency medical aide to any person suffering, or reasonably believed to be suffering, from potentially life-threatening symptoms of anaphylaxis at school. (See Board Policy 5141.21)

Ed. Code Sec. 49451: Exemption from Physical Examination

Upon receipt of a written request, the parent can exempt a child from all physical examinations. However, the child may be sent home if there is a good reason to believe that the child is suffering from a recognized contagious or infectious disease.

Ed. Code Sec. 49470-49473: Availability or Unavailability of Insurance Plan

Individual pupil policies for accident insurance are available through the school district for injuries to pupils of the district arising out of accidents occurring while in or on buildings and other premises of the district during the time such pupils are required to be therein or thereon by reason of their attendance upon a regular day of school or while being transported by the district to and from school or other place of instruction, or while at any other place as an incident to school-sponsored activities and while being transported to, and from and between such places. Cost of such insurance is to be borne by the parent.

Ed. Code Sec. 49480: Continuing Medication

Parents/guardians of any student on a daily medication is required to

inform the school nurse or other designated employee of the medication being taken, the current dosage, and the name of the supervising physician. With the parent/guardian's consent, the school nurse or other designated employee may communicate with the student's physician regarding the medication its effects, and may counsel school personnel regarding the possible effects of the medication on the student's physical, intellectual, and social behavior, as well as possible behavioral signs and symptoms of adverse side effectives, omission, or overdose.

Free and Reduced Price Meals (BP 3553)

The Governing Board recognizes the adequate nutrition is essential to the development, health, and learning of all students. The District shall facilitate and encourage the participation of students from low-income families in the district's food service program. The district shall provide at least one nutritionally adequate meal each school date, free of charge or at a reduced price for students whose families meet federal eligibility criteria. (*Education Code 49550, 49552).

Ed. Code Sec 51930-51939: CA Healthy Youth Act

A parent/guardian has the right to excuse their child from all or part of comprehensive sexual health education, HIV prevention education, and assessments related to that education through a passive consent ("opt-out") process. A school district shall not require active parental consent ("opt-in") for comprehensive sexual health education and HIV prevention education.

At the beginning of each school year, the District shall: (a) notify the parent/guardian about instruction; (b) advise the parent/guardian that written and audiovisual educational materials used are available for inspection; (c) advise the parent/guardian whether education will be taught by school district

personnel or by outside consultants' (d) advise the parent/guardian that they have the right to excuse their child from all or part of instruction and that in order to excuse their child, they must state their request in writing to the school district.

This section does not apply to descriptions/illustrations of human reproductive organs which may appear in any science, hygiene or health textbook.

Ed. Code Sec. 51240: Excuse from Instruction on Religious (Moral) Grounds

Whenever any part of the instruction in health, family life education or sex education conflicts with the beliefs of the parent or guardian of any pupil, the pupil, upon written request, shall be excused from the part of the training which conflicts with such religious training and beliefs.

Special Education

Federal law requires that a free and appropriate education in the least restrictive environment be offered to qualified handicapped pupils. (IDEA)

Ed. Code Sec 56040: Special Education for Handicapped Pupils

Any pupil with exceptional needs, who is eligible to receive educational and related services, shall receive such instruction or services, or both, at no cost.

Ed. Code Sec 56301: Child Find System; Policies and Procedures

Each district, special education local plan area, or county office shall establish written policies and procedures for a continuous child-find system which addresses the relationships among identification, screening, referral, assessment, planning, implementation, review and the triennial assessment. The policies and procedures shall include, but need not be limited to, written notification of all parents of their rights under this chapter, and the procedure for initiating a referral for assessment to identify individuals with exceptional needs.

Ed. Code Sec 58501: Notice of Alternative Schools California Law authorizes all school districts to provide for alternative schools. Section 58500 of the Education Code defines an alternative school as a school or separate class group within a school which is operated in a manner designed to:

(a) Maximize the opportunity for students to develop the positive values of self-reliance, initiative, kindness, spontaneity, resourcefulness, courage, creativity, responsibility, and joy.

(b) Recognize that the best learning takes place when the student learns because of his desire to learn.

(c) Maintain a learning situation maximizing student self-motivation and encouraging the student in his own time to follow his own interests. These interests may be conceived by him totally and independently or may result in whole or in part from a presentation by his teachers of choices of learning projects.

(d) Maximize the opportunity for the students, teachers and parents to cooperatively develop the learning process and its subject matter. This opportunity shall be a continuous, permanent process.

(e) Maximize the opportunity for the students, teachers, and parents to continuously react to the changing world, including, but not limited to, the community in which the school is located.

In the event any parent, pupil, or teacher is interested in further information concerning alternative schools, the county superintendent of schools, the administrative office of this district, and the pupil's office in each attendance unit have copies of the law available for your information. This law particularly authorizes interested persons to request the governing board of the district to establish alternative school programs in each district. Further, a copy shall be posted in at least two places normally visible to pupils, teachers, and visiting parents in each attendance unit for the entire month of March in each year.

Ed. Code Sec 60641, 5 CCR 863: Test Results, Purpose and Use
Within 20 working days of receiving results of standardized achievement tests, the District shall report results of tests, test purpose, individual score and intended use.

Calaveras Unified School District Drug Free Policy:

The Calaveras Unified School District Board of Trustees is committed to having drug-free schools and wishes to send a clear message that drug use or trafficking will not be tolerated on or near any school campus.

Calaveras Unified School District will address this problem by:

- 1) Providing and encouraging participation in drug-free activities.
- 2) Providing a comprehensive prevention program that includes instruction, intervention, recovering student support, and enforcement/discipline.
- 3) Supporting intervention programs that include the involvement of students, parents/guardians and community agencies/organizations.
- 4) Training personnel to identify symptoms which may indicate use of alcohol and other drugs.
- 5) Students possessing, selling and/or using alcohol or other drugs or related paraphernalia shall be subject to disciplinary procedures which may result in suspension or expulsion.

It is the desire of our staff to work in cooperation with students, parents, and community in an effort to keep our school drug and alcohol free. (Legal Reference: Board Policy and Administrative Regulation 5131.6, Alcohol and Other Drugs)

Calaveras Unified School District Policy - Tobacco-Free Schools
The Calaveras Unified School District Board of Trustees is committed to providing a healthy, safe and productive environment for its employees and students.

Therefore, the Governing Board believes it is in the best interests of students, employees and the general public to prohibit smoking and the use of all tobacco products anywhere, anytime on property that is owned, leased or rented by the district and in district vehicles or private vehicles that are used to transport students. This ban includes all school buildings, school sites, and school vehicles, by all persons, including employees, students, and visitors attending any activities, athletic events or meetings. (Legal Reference: Board Policy 3513.3 - Tobacco Free Schools)

Ed. Code 51870.5, Pupil Internet Access

A school district that provides pupils with access to the Internet and on-line services shall adopt a policy regarding such access and inform parents of "harmful matter" as defined in Penal Code Section 313 subd. (a). Such policy shall be attached to the annual notification required by Ed Code section 48980.

All students shall receive training in the proper use of each school's technological resources and shall receive copies of related district policies and regulations (see Board Policy and Administrative Regulation 6163.4 attached). Before using on-line services, students will be provided with a Use of Electronic Information Resources Agreement. Each student and parent/guardian shall sign the user contract indicating that the student understands and agrees to abide by the specified user obligations and responsibilities. Once established, a student user account will remain active at his/her school site unless revoked by district administration or staff.

Section 504 of the Rehabilitation Act of 1973: Handicapped Pupils

No pupil will be discriminated against on the basis of sex, handicap, race, color, national origin, or lack of English skills.

Reasonable accommodation is available for handicapped students if necessary. (Board Policy 0410 - Nondiscrimination in District Programs and Activities; Board Policy 6178 - Vocational Education.)

Code of Regulations, Title 5, 4622: Uniform Complaint Procedures

Board Policy (BP 1312.3) regarding Uniform Complaint Procedures is included in this packet.

Federal Register 40 CFR 763.93: Asbestos Management Plan

An updated management plan for asbestos-containing material in school buildings is available at the District Office.

HSC 324.2-324.3: Child Health and Disabilities Prevention Program

All kindergarten pupils are required to have a physical examination prior to enrollment in first grade. Free health screening may be available through the local health department. Failure to comply with this requirement or sign a waiver may result in up to five days exclusion from first grade.

Ed Code 51550, WIC 18976.5: Child Abuse Prevention Training Program

Parents have the right to refuse to allow their children to participate in a child abuse primary prevention program.

Ed. Code 48980(c): Minimum Days and Pupil-Free Staff Development Days

Parents / guardians will be informed of the District's schedule of minimum days and pupil-free staff development days. A copy of the District's ensuing school calendar is included. If additional minimum days are scheduled following circulation of this notice, parents/guardians must be notified of those dates no later than one month before the scheduled pupil free staff development day(s).

**Calif. Vehicle Code
21204/21212: Bicycle
Helmets**

The Governing Board recognizes that bicycle helmets lessen the seriousness of head injuries. The Board expects students who ride bicycles to and from school will consistently wear bicycle helmets, observe safety laws and rules, and display courtesy toward other riders and pedestrians. (Board Policy 5142.3, Student Use of Bicycles)

**34 Code of Federal Regulations
106.9: Nondiscrimination on
Basis of Sex, Disability, Ethnicity
or Lack of English Skills**

As required by law, the Superintendent or designee shall notify students and parents/guardians of the district's policy on nondiscrimination on the basis of sex, disability, ethnicity or lack of English skills and related complaint procedures. (Board Policy 0410, Nondiscrimination in District Programs and Activities; BP 1312.3, Uniform Complaint Procedures)

**Megan's Law, Section 290.4 of
the Penal Code): Availability of
Information Regarding
Registered Sex Offenders**

In accordance with Assembly Concurrent Resolution No. 72, parents/guardians are advised that the Department of Justice provides to local law enforcement agencies a CD-ROM or other electronic medium containing information regarding registered sex offenders, as required by Megan's Law, as specified. Local law enforcement agencies are required to make the CD-ROM or other electronic medium available for public viewing.

**Forwarding Education
Records, 34 CFR 99.34**

The district forwards education records to other agencies or institutions that have requested the records and in which the student seeks or intends to enroll.

Discrimination, 42 USC 6000

No pupil will be discriminated against on the basis of sex, race, color or national origin.

**Grant Program for Payment of
Advanced Placement
Examination Fees, Education
Code 52244**

The State has established a grant program for the purpose of awarding grants to cover the costs of advanced placement examination fees. This program is administered by the State Department of Education. Any economically disadvantaged pupil who is enrolled in an advanced placement course may apply to the District staff for a grant pursuant to Education Code section 52244.

**Pesticide Notification, Education
Code 17612**

Enclosed with this Notice is a notification of the name and active ingredients of all pesticide products expected to be applied at District schools during the upcoming year. Parents may register with the District if they wish to receive notification of individual pesticide applications at the school facility.

**Photographing and Videotaping
by the Media**

It is often advantageous to illustrate and publicize school activities in newspapers or on television by use of photographs or videotape of students at work, studying, or pursuing recreational interests.

Requests by the media to photograph or videotape students are well screened in advance by school district administration.

Teachers may take pictures of students for School District use for public affairs or for our web site. If you do not wish your student to be photographed or videotaped by the media, please notify the school office in writing.

**5 CCR 11523, Notice of
Proficiency Exam:**

Students in grades 11 and 12 shall be notified, early enough to enable registration for the current California High School Proficiency Examination, provided under Education Code 48412.

CSIS Participation Notification

This District is participating with the California School Information Services (CSIS) Program in the electronic transfer of student data for state reporting to the California Department of Education and to districts and/or public postsecondary institutions to which the student is transferring or applying for admission. All data maintained by the CSIS Program is in compliance with federal and state privacy and confidentiality requirements. Student information is encoded such that no personally identifiable information is retained by CSIS. The data being transferred is specific to the state reports and records transfer requirements and no additional data is reported.

The benefits of participation to the student and parent are that student records can be transferred much more promptly, and that information about student assessment and academic placement will be available at the time of transfer. Schools and districts will benefit from the streamlining and reduction of required state reporting.

Ed. Code 49455, 17CCR 2951

Vision and Hearing Screening

In accordance with the California Education Code 49455 and CCR Title 17 Section 2951, student vision screening will be provided at school entry TK/K, 2, 5 and 8th grades and to all students enrolled special education as required for their Individualized Education Plan (IEP). Student hearing screening will be provided at school entry TK/K, 2, 5, 8 and 10th grades and all students enrolled in special education as required for their Individualized Education Plan (IEP). Additionally, vision/hearing screening may be provided to any student who exhibits signs and symptoms of eye or vision/hearing problems. Parents may opt their child out of any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student, including hearing or vision screenings, or any physical exam or screening permitted or required under State law. Parents have the right to have their child's vision tested outside of school (at the parent's expense), California Education Code 49455, to meet the State law requirement.

Ed. Code (35186): Williams Case Notice

Parents and Guardians, you are hereby notified that:

1. There should be sufficient textbook and instructional materials. That means each pupil, including English Learners, must have a textbook or instructional materials, or both, to use in the classroom and to take home to complete required homework assignments.
2. School facilities must be clean, safe and maintained in good repair.

3. A complaint form may be obtained at the school office, district office or downloaded from the school website at: www.calaverasusd.com.

You may also download a copy of the California Department of Education complaint form from the following Web site: <http://www/cde/ca/gov/re/cp/uc/index.asp>

To look up CUSD Board Policy, go to www.calaverasusd.com and click onto School Board Information then Board Policy.

To look up California Education Code go to <http://www.leginfo.legislature> click onto California Law and select Education Code.

Notification of Rights under FERPA for Elementary and Secondary Schools

The Family Educational Rights and Privacy Act (FERPA) affords parents and students who are 18 years of age or older ("eligible students") certain rights with respect to the student's education records. These rights are:

1. The right to inspect and review the student's education records within 45 days after the day any school in the Calaveras Unified School District receives a request for access. Parents or eligible students should submit to the school principal a written request that identifies the records they wish to inspect. The school official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.
2. The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA. Parents or eligible students who wish to ask the school to amend a record should write the school principal, clearly identify the part of the record they want changed, and specify why it should be changed. If the school decides not to amend the record as requested by the parent or eligible student, the school will notify the parent or eligible student of the decision and of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.
3. The right to provide written consent before the school discloses personally identifiable information (PII) from the student's education records, except to the extent that FERPA authorizes disclosure without consent. One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the school as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel) or a person serving on the school board. A school official also may include a volunteer or contractor outside of the school who performs an institutional service of function for which the school would otherwise use its own employees and who is under the direct control of the school with respect to the use and maintenance of PII from education records, such as an attorney, auditor, medical consultant, or therapist; a parent or student volunteering to serve on an official committee, such as a disciplinary or grievance committee; or a parent, student, or other volunteer assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

The Calaveras Unified School District currently discloses student information to the following vendors performing services for the district and/or providing online instructional software for students and staff at school sites:

Adobe, Inc.
CEDR Special Education Information Systems (SEIS) Classdojo.com Clever.com
Desmos.com Edpuzzle.com Edulastic Edutyping.com G Suite for Education
(Google) Geogebra.com Houghton Mifflin Harcourt Intervention and Assessment
Infinite Campus, Inc.
Flipgrid
Get Epic
Go Formative
Infinite Campus, Inc.
Khan Academy
Math Learning
McGraw Hill Education
Microsoft Education
MobyMax.com
Nearpod.com
Newsela
Padlet.com
Peardeck.com
Quizizz.com
Renaissance Learning
Savvas, Inc.
Senorwooly.com
Spelling City
TurnItIn.com.
Xello

Individual school sites may use apps not included on this list and will disclose those directly to parents.

Upon request, the school discloses education records without consent to officials of another school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for purposes of the student's enrollment or transfer.

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the [School] to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202

Exhibit

Release of Directory Information

E 5125.1

Students

PARENT/GUARDIAN NOTICE RELEASE OF DIRECTORY INFORMATION

The Family Educational Rights and Privacy Act (FERPA), a federal law, requires that Calaveras 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
- * 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 or publish yearbooks. In addition, two federal laws require districts receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA), as amended, to provide military recruiters, upon request, with students' 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 by September 30. The district has designated the following information as directory information:

1. Name
2. Address
3. Telephone number
4. Email address
5. Date of birth
6. Major field of study

7. Participation in officially recognized activities and sports
8. Weight and height of athletic team members
9. Dates of attendance
10. Degrees and awards received
11. Most recent previous school attended

The district also may disclose your child's student identification number, user identification, or other unique personal identifier used to communicate in electronic systems, provided it cannot be used to access education records without a personal identification number (PIN), password, or other factor that only the authorized user knows. Your child's social security number will not be used for this purpose.

Directory information does not include your child's citizenship status, immigration status, place of birth, or any other information indicating national origin. The district will not disclose such information without your consent or a court order.

Adoption: August 21, 2018
DISTRICT

CALAVERAS UNIFIED SCHOOL

SEARCH AND SEIZURE

Students

BP 5145.12 (a)

The Governing Board is fully committed to promoting a safe learning environment and, to the extent possible, eliminating the possession and use of weapons, illegal drugs, and other controlled substances by students on school premises and at school activities. As necessary to protect the health and welfare of students and staff, school officials may search students, their property, and/or district property under their control and may seize illegal, unsafe, or otherwise prohibited items.

(cf. 0450 - Comprehensive Safety Plan)
(cf. 3515 - Campus Security)
(cf. 3515.3 - District Police/Security Department)
(cf. 5131 - Conduct)
(cf. 5131.7 - Weapons and Dangerous Instruments)
(cf. 5144.1 - Suspension and Expulsion/Due Process)

The Board urges that employees exercise discretion and good judgment. When conducting a search or seizure, employees shall act in accordance with law, Board policy, and administrative regulation.

(cf. 0410 - Nondiscrimination in District Programs and Activities)
(cf. 1312.1 - Complaints Concerning District Employees)
(cf. 5145.3 - Nondiscrimination/Harassment)

The Superintendent or designee shall ensure that staff who conduct student searches receive training regarding the requirements of the district's policy and administrative regulation and other legal issues, as appropriate.

(cf. 4131 - Staff Development)
(cf. 4231 - Staff Development)
(cf. 4331 - Staff Development)

Individual Searches

School officials may search any individual student, his/her property, or district property under his/her control when there is a reasonable suspicion that the search will uncover evidence that he/she is violating the law, Board policy, administrative regulation, or other rules of the district or the school. Reasonable suspicion shall be based on specific and objective facts that the search will produce evidence related to the alleged violation. The types of student property that may be searched by school officials include, but are not limited to, lockers, desks, purses, backpacks, student vehicles parked on district property, cellular phones, or other electronic communication devices.

SEARCH AND SEIZURE

BP 5145.12 (b)

Students

Any search of a student, his/her property, or district property under his/her control shall be limited in scope and designed to produce evidence related to the alleged violation. Factors to be considered by school officials when determining the scope of the search shall include the danger to the health or safety of students or staff, such as the possession of weapons, drugs, or other dangerous instruments, and whether the item(s) to be searched by school officials are reasonably related to the contraband to be found. In addition, school officials shall consider the intrusiveness of the search in light of the student's age, gender, and the nature of the alleged violation.

Employees shall not conduct strip searches or body cavity searches of any student. (Education Code 49050)

Searches of individual students shall be conducted in the presence of at least two district employees.

The principal or designee shall notify the parent/guardian of a student subjected to an individualized search as soon as possible after the search.

(cf. 5145.11 - Questioning and Apprehension)

Searches of Multiple Student Lockers/Desks

All student lockers and desks are the property of the district. The principal or designee may conduct a general inspection of school properties that are within the control of students, such as lockers and desks, on a regular, announced basis, with students standing by their assigned lockers or desks. Any items contained in a locker or desk shall be considered to be the property of the student to whom the locker or desk was assigned.

Use of Contraband Detection Dogs

In an effort to keep the schools free of dangerous contraband, the district may use specially trained, nonaggressive dogs to sniff out and alert staff to the presence of substances prohibited by law or Board policy.

The dogs may sniff the air around lockers, desks, or vehicles on district property or at district-sponsored events. Dogs shall not sniff within the close proximity of students or other persons and may not sniff any personal items on those persons without their consent.

Legal Reference:

EDUCATION CODE

32280-32289 School safety plans

SEARCH AND SEIZURE

BP 5145.12 (c)

Students

35160 Authority of governing boards
35160.1 Broad authority of school districts
48900-48927 Suspension and expulsion
49050-49051 Searches by school employees
49330-49334 Injurious objects

PENAL CODE

626.9 Firearms
626.10 Dirks, daggers, knives or razor

CALIFORNIA CONSTITUTION

Article I, Section 28(c) Right to Safe Schools

COURT DECISIONS

Redding v. Safford Unified School District, (9th Cir. 2008) 531 F.3d 1071
B.C. v. Plumas, (9th Cir. 1999) 192 F.3d 1260
Jennings v. Joshua Independent School District, (5th Cir. 1989) 877 F.2d 313
O'Connor v. Ortega, (1987) 480 U.S. 709
New Jersey v. T.L.O., (1985) 469 U.S. 325
Horton v. Goose Creek Independent School District, (5th Cir. 1982) 690 F.2d 470
Zamora v. Pomeroy, (10th Cir. 1981) 639 F.2d 662

ATTORNEY GENERAL OPINIONS

83 Ops.Cal.Atty.Gen. 257 (2001)
75 Ops.Cal.Atty.Gen. 155 (1992)

Management Resources:

NATIONAL INSTITUTE OF JUSTICE PUBLICATIONS

The Appropriate and Effective Use of Security Technologies in U.S. Schools: A Guide for Schools and Law Enforcement Agencies, 1999

WEB SITES

CSBA: <http://www.csba.org>

California Attorney General's Office: <http://caag.state.ca.us>

California Department of Education, Safe Schools: <http://www.cde.ca.gov/ls/ss>

National Institute of Justice: <http://www.ojp.usdoj.gov/nij>

Second Reading/Adoption: June 30, 2009

CALAVERAS UNIFIED SCHOOL DISTRICT
San Andreas, California

HATE-MOTIVATED BEHAVIOR OR HARASSMENT

Hate-motivated behavior is any act or attempted act against a student or staff member that is motivated all or in part by hostility to the victim's race, ethnicity, gender, gender identity or religion. Specific behaviors that are not tolerated in Calaveras Unified School District include:

Racial or Ethnic Slurs

Vandalism to personal property

Force or threat of force through outright actions or intimidation

Written or verbal communication to include on-line postings, such as postings on social media, letters, notes, posters, or other writings that are bullying, harassing or offensive to specific races, ethnicities, religions, gender or gender identity

Any student who has been found to have demonstrated hate-motivated behavior shall be subject to discipline in accordance with law, school policy, Board policy, and administrative regulation.

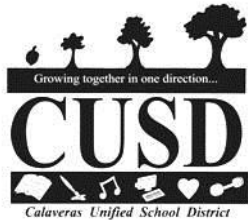
WHAT TO DO IF IT HAPPENS TO YOUR SON OR DAUGHTER

Any student who believes he or she has been harassed should immediately inform a teacher or administrator. Complaints are required in writing and must include dates, issues, description of offending action, and names of individuals and witnesses involved.

All complaints are confidential and will be reviewed and investigated through interviews geared to gathering factual information about the circumstances, the context, and the nature of the incident. All complainants will be advised of the District's complaint procedures in Board Policy 1312.3.

ENSURING A SAFE AND ORDERLY LEARNING ENVIRONMENT FOR ALL

Calaveras Unified School District is committed to maintaining a positive and reinforcing learning environment for our students, promoting an understanding of respect for human rights, diversity and tolerance in a multicultural society and to provide strategies to manage conflicts constructively. To meet this goal, we must provide a school climate that is free from harassment in any form. All children have the right to flourish in a safe and orderly environment and should feel welcome and supported on District campuses, regardless of race, national origin, religion, gender or gender identity.



"DRESS FOR SUCCESS"

Dear Parent:

As a new school year begins, I would like our students to become aware and proud of the importance of "dressing for success." It assists students in preparing for life -- the post-secondary world, and developing a professional workplace attitude.

While we value individualism, we want our students to value education and respect for oneself and others. Dressing and grooming in a manner that calls attention to oneself creates a disruptive learning environment and, at times, an unsafe learning environment in the realm of gang-related, hate-related, anti-social-related, no sexual connotations or references to alcohol, drugs or tobacco, logos, clothing and accessories. This type of dress is prohibited and unacceptable at Calaveras Unified School District.

Specifically, here are some examples of dress/grooming that are prohibited:

- *No revealing or suggestive clothing (no cleavage showing, no bare midriffs, torn clothing with skin showing through, no fishnet material, no see-through material with undergarments showing, no undergarments hanging out of pants or at the bottom of shorts). Students should not wear clothing that is revealing or suggestive. All clothing should be appropriate for a school setting.*
- *No gang-related items (doo-rags, bandanas, tagged items, gangscript tattoos, hats, clothing or jewelry, "colors")*

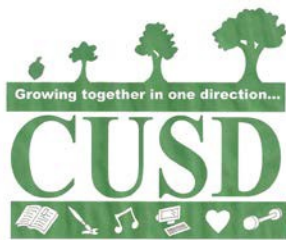
Note: If clothing, accessories or grooming disrupts the educational process and it is not listed above, or is identified by law enforcement as promoting unlawful activities, CUSD reserves the right to decide what is deemed appropriate.

Thank you for working with us and teaching your child to set a positive learning environment at our schools by having students "Dress for Success."

Sincerely,

Mark Campbell
Superintendent

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July 1, 2021

Dear Families:

We are pleased to inform you that your child will have the opportunity to participate in the *Teen Talk Middle School* course in their 8th Grade Science class during 2nd Semester. *Teen Talk Middle School* is a comprehensive sexuality education program developed by trained professionals in the field of sexuality education at Health Connected.

Teen Talk Middle School is a comprehensive sexuality education course designed to provide an open forum for teenagers to ask questions and get medically-based, accurate, and unbiased information. *Teen Talk Middle School* complies with California Education Codes 51930-51939 (California Healthy Youth Act of 2015) and meets the California *Health Education Content Standards* under *Growth, Development, and Sexual Health*.

Teen Talk Middle School covers the following areas:

- Values Clarification
- Sexual and Reproductive Anatomy
- Abstinence/Not Having Sex
- **Parent/Guardian Communication * BE PREPARED FOR A HOMEWORK ASSIGNMENT WHICH INVOLVES YOUR CHILD DISCUSSING THESE ISSUES WITH YOU.**
- Healthy Relationships
- Birth Control, including a condom demonstration
- Pregnancy Options
- Sexually Transmitted Infections, including HIV
- Sexual Safety, Consent, and the Law
- Sexuality Identity & Gender
- Sex in the Media
- Communication and Decision-Making
- Human Trafficking

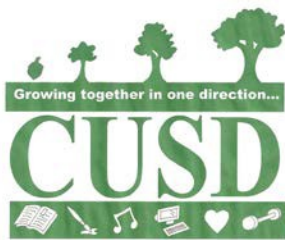
A pre-/post-assessment will be administered at the beginning and end of the course. The assessment tests sexual health knowledge that will be covered during the course as well as questions about student comfort and confidence in communicating about sexual health topics with peers, partners, and trusted adults.

You can examine instructional materials, including assessments, at the school office. If you have questions, please see your child's teacher or principal. State law allows you to remove your student from any portion of a comprehensive sexual health education course. If you do not want your student to participate in this sexual health course, please provide a note to your student's 8th Grade Science class teacher by January 8th.

The goal of a comprehensive sexual health education program is to help students learn the facts and use their knowledge to make good decisions now and later in life.

Sincerely,

Mark Campbell
Superintendent



July 1, 2021

Dear Families:

We are pleased to inform you that your child will have the opportunity to participate in the *Teen Talk High School* course in their Physical Education class during 2nd Semester. *Teen Talk High School* is a comprehensive sexuality education program developed by trained professionals in the field of sexuality education at Health Connected (www.health-connected.org)

Teen Talk High School is a comprehensive sexuality education course, designed to provide an open forum for teenagers to ask questions and get medically-based, unbiased, and accurate information. *Teen Talk High School* complies with California Education Codes 51930-51939 (California Healthy Youth Act of 2015) and meets the California Health Education Content Standards under "Growth, Development and Sexual Health."

Teen Talk High School covers the following topics:

- Values Clarification
- Sexual and Reproductive Anatomy
- Abstinence/Not Having Sex
- **Parent/Guardian Communication *BE PREPARED FOR A HOMEWORK ASSIGNMENT WHICH INVOLVES YOUR CHILD DISCUSSING THESE ISSUES WITH YOU.**
- Healthy Relationships
- Birth Control, including a condom demonstration
- Pregnancy Options
- Sexually Transmitted Infections, including HIV
- Sexual Safety, Consent, and the Law
- Sexual Identity & Gender
- Sex in the Media
- Communication and Decision-Making
- Human Trafficking

A pre/post-assessment will be administered at the beginning and end of the course. The assessment covers sexual health knowledge that will be covered during the course as well as questions about student comfort and confidence in communicating about sexual health topics with peers, partners, and trusted adults.

You can examine instructional materials, including assessments, at the school office. If you have questions, please see your child's teacher or principal. State law allows you to remove your student from any portion of a comprehensive sexual health education course. If you *do not want your student to participate* in this sexual health course, please give a note to your student's 9th Grade Human Geography teacher by January 8th.

The goal of a comprehensive sexual health education program is to help students learn the facts and to make good decisions now, and later in life.

Sincerely,

Mark Campbell
Superintendent

Statewide Testing Notification

California students take several mandated statewide tests. These tests provide parents/guardians, teachers, and educators with information about how well students are learning and becoming college and career ready. The test results may be used for local, state, and federal accountability purposes.

The California Assessment of Student Performance and Progress (CAASPP) tests consist of the following:

- **Smarter Balanced Assessment Consortium Assessments**

The Smarter Balanced computer adaptive assessments are aligned with the Common Core State Standards (CCSS). English language arts/literacy (ELA) and mathematics tests are administered in grades three through eight and grade eleven to measure whether students are on track to college and career readiness. In grade eleven, results from the ELA and mathematics assessments can be used as an indicator of college readiness.

- **California Science Tests (CAST)**

The computer-based CAST measures students' achievement of the California Next Generation Science Standards (CA NGSS) through the application of their knowledge and skills of the Science and Engineering Practices, Disciplinary Core Ideas, and Crosscutting Concepts. The CAST is administered to all students in grades five and eight and once in high school (i.e., grade ten, eleven, or twelve).

- **California Alternate Assessments (CAAs)**

Only eligible students—students whose individualized education program (IEP) identifies the use of alternate assessments—may participate in the administration of the CAAs. Test examiners administer the computer-based CAAs for ELA, mathematics, and science one-on-one to students. Students in grades three through eight and grade eleven will take the CAA for ELA and mathematics. Test items developed for ELA and mathematics are aligned with the CCSS and are based on the Core Content Connectors.

Students in grades five and eight and once in high school (i.e., grade ten, eleven, or twelve) will take the CAA for Science. The CAA for Science embedded performance tasks are based on alternate achievement standards derived from the CA NGSS. Students taking the CAA for Science will take three embedded performance tasks in spring 2019.

- **California Spanish Assessment (CSA) for Reading/Language Arts**

The optional CSA for Reading/Language Arts in Spanish is aligned with the California Common Core State Standards en Español. This computer-based test allows students to demonstrate their Spanish skills in listening, reading, and writing mechanics.

Pursuant to California *Education Code* Section 60615, parents/guardians may annually submit to the school a written request to excuse their child from any or all of the CAASPP assessments.

English Language Proficiency Assessments for California

The ELPAC is aligned with the 2012 California English Language Development Standards. It consists of two separate English Language Proficiency (ELP) assessments: one for the initial identification of students as English learners and the other for the annual summative assessment to identify students' English language proficiency level and to measure their progress in learning English.

Physical Fitness Test

The physical fitness test for students in California schools is the FitnessGram®. The main goal of the test is to help students in starting lifelong habits of regular physical activity. Students in grades five, seven, and nine take the fitness test.

Notificación de Exámenes Estatales

Los estudiantes de California presentan varios exámenes estatales requeridos. Estos exámenes brindan a los padres/tutores, maestros y educadores información sobre qué tan bien los estudiantes están aprendiendo y preparándose para ingresar a la universidad o ejercer una profesión. Los resultados de los exámenes podrían usarse con fines de rendición de cuentas locales, estatales y federales.

Los Exámenes del Rendimiento y Progreso de los Estudiantes de California (CAASPP) consisten en lo siguiente:

- **Exámenes del Smarter Balanced Assessment Consortium**

Los exámenes adaptables mediante computadora de Smarter Balanced están alineados con los Estándares Académicos Fundamentales Estatales (CCSS). Los exámenes de artes del lenguaje inglés y lectoescritura (ELA) y matemáticas se aplican desde el tercero al octavo y undécimo grado para medir si los estudiantes están en vías a su preparación para ingresar a la universidad o ejercer una profesión. En el undécimo grado, los resultados de los exámenes de ELA y matemáticas se pueden utilizar como un indicador de la preparación para el ingreso a la universidad.

- **Exámenes de Ciencias de California (CAST)**

Los nuevos CAST basados en la computadora miden el logro de los estudiantes de los Estándares de las Ciencias de la Siguiete Generación de California (CA NGSS) mediante la aplicación de sus conocimientos y habilidades en las prácticas de ciencias e ingeniería, ideas básicas disciplinarias y conceptos transversales. Los CAST se aplican a todos los estudiantes en el quinto y octavo grado y una vez en la escuela preparatoria (es decir en décimo, undécimo o duodécimo grado).

- **Exámenes Alternativos de California (CAA)**

Sólo los estudiantes que cumplen los requisitos —estudiantes cuyos programas de educación individualizados (IEP) identifican el uso de los exámenes alternativos— podrán participar en los CAA. Los examinadores aplican los CAA basados en la computadora en ELA, matemáticas y ciencias de forma individual a los estudiantes. Los estudiantes desde el tercero al octavo y undécimo grado presentarán los CAA de ELA y matemáticas. Los elementos de los exámenes elaborados para ELA y matemáticas están alineados con los CCSS y se basan en los Conectores del Contenido Básico.

Los estudiantes en el quinto y octavo y una vez en la preparatoria (es decir, en el décimo, undécimo o duodécimo grado) presentarán los CAA de ciencias. Las tareas de desempeño integradas de los CAA de ciencias tienen como base los estándares de logro alternativos derivados de los CA NGSS. Los estudiantes

que presentan los CAA de ciencias presentarán tres tareas de desempeño integradas en la primavera de 2019.

- **Examen de Español de California (CSA) para Lectura/Artes del Lenguaje**

El CSA opcional para lectura/artes del lenguaje en español está alineado con los Estándares Académicos Fundamentales de California en Español. Este examen basado en la computadora permite a los estudiantes demostrar sus habilidades de español en comprensión auditiva, lectura y mecanismo de la escritura.

De conformidad con la sección 60615 del *Código de Educación* de California, los padres o tutores pueden presentar anualmente ante la escuela una petición por escrito para excusar a su hijo de uno o todos los exámenes de CAASPP.

Exámenes del Dominio del Idioma Inglés para California

Los ELPAC están alineados con los Estándares del Desarrollo del Idioma Inglés de California de 2012. Constan de dos exámenes separados de Dominio del Idioma Inglés (ELP): uno para la identificación inicial de los estudiantes como estudiantes de inglés como segundo idioma y el otro para la evaluación sumativa anual para identificar el nivel de dominio del inglés de los estudiantes y para medir su progreso en el aprendizaje del inglés

Examen de Aptitud Física

El examen de aptitud física para los estudiantes de las escuelas de California es el FitnessGram®. El principal objetivo de este examen es ayudar a los estudiantes a que inicien su adquisición de hábitos de actividad física regular para toda la vida. Los estudiantes en el quinto, séptimo y noveno grado participan en el examen de aptitud.

Calaveras Unified School District

P.O. Box 788
San Andreas, CA 95249

Authorization for Administration of Medication During School Hours

THIS FORM MUST BE COMPLETED BEFORE ANY MEDICATION CAN BE ADMINISTERED AT SCHOOL

The California Education Code section 49423 permits the school nurse or other designated school personnel to assist students who are required to take medication during the school day. This service is provided to enable the student to be functional at school and participate in the educational program.

- Medication must be in the container in which it was purchased with the pharmacy label attached, and must be prescribed to the student to whom it will be administered. No medication (including over-the-counter medication) will be given at school without a current authorized health care provider prescription.
- Parent/guardian is responsible to ensure that the medication supply is delivered to school by an individual legally authorized to be in possession of the medication. Parent/guardian must pick up any outdated or unused medication.
- Parent/guardian is responsible to provide all necessary supplies and equipment.
- Parent/guardian may terminate this consent for administration of medication at any time.
- The renewal of this medication order is needed whenever the prescription changes and at the beginning of each school year.
- Please refer to Board Policy 5141.21 for additional information.

STUDENT: _____ **DOB:** _____ **GRADE:** _____ **SCHOOL** _____

PHYSICIAN AUTHORIZATION (all blanks **must be completed** by a California licensed physician, surgeon, dentist, optometrist, podiatrist, nurse practitioner, nurse midwife, or physician assistant – CA Code of Reg. Title 5, Sec 601[a]):

Name of Medication:	Method of administration:		
Dosage (mg.):	Time(s) to be taken:		
Start Date:	End Date:		
Diagnosis / Justification: (Nature of condition requiring medication during the regular school day)			
Precaution – Possible reactions:			
California Code of Regulations §605 states that a student with an existing medical condition that requires frequent monitoring, testing or treatment may be allowed to self-administer this service.			
Student is authorized to carry, and is able to self-administered prescription for asthma or diabetes auto-injectable or epinephrine (authorized licensed healthcare provider initials: _____).			
My signature below provides authorization for the above written order. I understand that the medication will be given in accordance with state laws and regulations by unlicensed designated school personnel under the training and supervision provided by the school nurse. This authorization is for a maximum of one year. If changes are indicated, I will provide new written authorization. Authorizations may be faxed.			
Authorized Healthcare Provider's Signature:	Date:	License Number:	NPI Number:
Authorized Healthcare Provider Name (please print):	Phone Number:	Fax Number:	

I the undersigned, the parent/guardian of the above named pupil, authorize the school nurse or other designated school personnel to administer the medication as directed by the delegating healthcare provider. I understand that the school nurse/designated employee has my permission to communicate with the prescribing licensed health care provider on matters related to this medication. I will: 1) Provide the necessary medication, supplies, and equipment; 2) notify the school nurse/designee if there are any changes to this order.

Parent/Guardian Signature _____ **Date** _____ **Phone Number** _____

Reviewed by Credentialed School Nurse Signature _____ **Date** _____

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Asthma Orders - CUSD

PARENT CONSENT AND AUTHORIZED HEALTH-CARE PROVIDER AUTHORIZATION for Independent Management of Asthma & Quick-Relief Medication in the Educational Settings and Sponsored Events

Student: _____	DOB: _____	Date: _____
District/Site: _____	Teacher/Rm: _____	Grade: _____

1. **Quick-relief medication (inhaler):** _____ 2 puffs 4 puffs

2. **Take medication when these signs & symptoms occur:** cough wheeze chest tightness
 shortness of breath other: _____

- If symptoms are not relieved within 15 minutes or ___ minutes, then repeat quick-relief medication. Student will contact designated staff for assistance.
- Medication may be repeated after ___ hours if symptoms reoccur. Student will contact designated staff for assistance.

3. Asthma is triggered by exercise. Take medication at least ___ minutes before exercise.

4. **Possible side effects:** _____

5. **Additional medical orders:** _____

Authorized Health-Care Provider Authorization for Management in the Educational Setting

My signature below provides authorization for the above written orders. I understand all procedures will be implemented in accordance with state laws and regulations.

_____ (Initial here) I authorize unlicensed designated school personnel, under the training and supervision provided by the credentialed school nurse, may provide this procedure. This authorization is for a maximum of one year. If changes are indicated, I will provide new written authorization. Authorizations may be faxed.

***Authorized Health-Care Provider Name** _____ ***NPI Number** _____

Signature _____ **Date** _____

Phone _____ **Address** _____ **City** _____ **Zip** _____

Supervising Physician Name _____ **NPI Number** _____

Phone _____ **Address** _____ **City** _____ **Zip** _____

I request that the credentialed school nurse provide me with a copy of the completed Individualized Health-Care Plan (IHP).

Authorization to Carry and Self-administer Quick- Relief (albuterol) Inhaler

It is my opinion the student may carry on their person and self-administer prescribed quick-relief inhaler to treat acute asthma symptoms, as needed, in accordance with health-care provider's orders.

Yes
 No

Health-Care Provider Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Parent Consent for Authorization and Management in the Educational Setting

I (we) the undersigned, the parent(s)/guardian(s) of the above-named student, request the specialized physical health-care service be administered to my (our) child in accordance with state laws and regulations.

I (we) will:

1. provide the necessary supplies and equipment;
2. notify the credentialed school nurse if there is a change in child's health status or attending authorized health-care provider; and
3. notify the credentialed school nurse immediately and provide new written consent/authorization for any changes in the above authorization.

I (we) give consent for the school nurse to communicate with the authorized health-care provider when necessary.
I (we) understand I (we) will be provided a copy of my child's completed Individualized Health-Care Plan (IHP).

Parent(s)/Guardian(s) Signature: _____ **Date** _____

_____ **Date** _____

Reviewed by credentialed school nurse (signature) _____ **Date** _____

Credentialed school nurse has informed principal about health-care services provided for this student.

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Epi Pen MD Orders - CUSD

Student:	DOB:	Date:
District/Site:	Teacher/Rm:	Grade:

<p>1. Allergens or factors causing anaphylactic reaction: _____ _____</p> <p>2. Student's most common signs and symptoms: _____</p> <p>3. Student's typical reaction time after allergen exposure: <input type="checkbox"/> <10 min. <input type="checkbox"/> <30 min. <input type="checkbox"/> <hour <input type="checkbox"/> > an hour</p> <p>4. History of anaphylactic reaction: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Student has asthma: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Administer EAI when:</p> <p><input type="checkbox"/> Student has <u>any</u> of the following severe symptoms after eating their allergen or being stung:</p> <ul style="list-style-type: none"> • Short of breath/wheezing/coughing • Pale/bluish color skin • Tight/hoarse throat • Trouble breathing/swallowing • Hives (many) / redness over body • Vomiting/diarrhea (combined with other symptoms) • Confusion/altered consciousness/agitation/ feeling of impending doom • Weak pulse • Fainting/dizziness <p><input type="checkbox"/> Student has more than one <u>mild</u> symptom.</p> <p><input type="checkbox"/> Student has definite exposure to allergen; no immediate symptoms noted.</p> <p><input type="checkbox"/> Student has one mild symptom</p> <ul style="list-style-type: none"> • Itchy nose, sneezing, itchy mouth. • A few hives. • Mild stomach nausea or discomfort. 	<p>7. Medication: Epinephrine Auto-injector (EAI) IM: <input type="checkbox"/> 0.3 mg (adult: >66 pounds) <input type="checkbox"/> 0.15 mg (Jr: 33 to <66 pounds)</p> <p>8. Administer 2nd dose 15 minutes after 1st dose if symptoms persist or recur: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Administer the following medication after EAI:</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Antihistamine: Name: _____ Dose: _____ Route: _____</p> <p><input type="checkbox"/> Other: Name: _____ Dose: _____ Route: _____</p> <p>10. Administer antihistamine if student has <u>one mild</u> symptom:</p> <ul style="list-style-type: none"> • Itchy nose, sneezing, itchy mouth. • A few hives. • Mild stomach nausea or discomfort. <p>Name: _____ Dose: _____ Route: _____</p>
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Authorized Health-Care Provider Authorization for Management in the Educational Setting

My signature below provides authorization for the above written orders. I understand all procedures will be implemented in accordance with state laws and regulations.

_____ (Initial here) I authorize unlicensed designated school personnel, under the training and supervision provided by the credentialed school nurse, may provide this procedure. This authorization is for a maximum of one year. If changes are indicated, I will provide new written authorization. Authorizations may be faxed.

***Authorized Health-Care Provider Name** _____ ***NPI Number** _____

Signature _____ **Date** _____

Phone _____ **Address** _____ **City** _____ **Zip** _____

Supervising Physician Name _____ **NPI Number** _____

Phone _____ **Address** _____ **City** _____ **Zip** _____

I request that the credentialed school nurse provide me with a copy of the completed Individualized Health-Care Plan (IHP).

Authorization to Carry and Self-administer Epinephrine Auto-injector (EAI)

It is my opinion that the student may carry on their person and self-administer prescribed EAI to treat anaphylactic reaction, as needed, in accordance with health-care provider's orders.

Yes

No

Health-Care Provider Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Parent Consent for Authorization and Management in the Educational Setting

I (we) the undersigned, the parent(s)/guardian(s) of the above-named student, request that the specialized physical health-care service be administered to my (our) child in accordance with state laws and regulations.

I (we) will:

1. provide the necessary supplies and equipment;
2. notify the credentialed school nurse if there is a change in child's health status or attending authorized health-care provider; and
3. notify the credentialed school nurse immediately and provide new written consent/authorization for any changes in the above authorization.

I (we) give consent for the credentialed school nurse to communicate with the authorized health-care provider when necessary.

I (we) understand that I (we) will be provided a copy of my child's completed Individualized Health-Care Plan (IHP).

Parent(s)/Guardian(s) Signature: _____ **Date** _____

_____ **Date** _____

Reviewed by credentialed school nurse (signature) _____ **Date** _____

Credentialed school nurse has informed principal about health-care services provided for this student.

MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

1. School or Agency	2. Site Name	3. Site Phone Number	
4. Name of Child or Participant		5. Age or Date of Birth	
6. Name of Parent or Guardian		7. Phone Number	
8. Description of Child or Participant's Physical or Mental Impairment Affected:			
9. Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:			
10. Indicate Food Texture for Above Child or Participant:			
<input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed			
11. Foods to be Omitted and Appropriate Substitutions:			
Foods To Be Omitted		Suggested Substitutions	
12. Adaptive Equipment to be Used:			
13. Signature of State Licensed Healthcare Professional*	14. Printed Name	15. Phone Number	16. Date

***For this purpose, a state licensed healthcare professional in California is a licensed physician, a physician assistant, or a nurse practitioner.**

The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
(2) fax: 202-690-7442; or
(3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

INSTRUCTIONS

1. **School or Agency:** Print the name of the school or agency that is providing the form to the parent.
2. **Site:** Print the name of the site where meals will be served.
3. **Site Phone Number:** Print the phone number of site where meal will be served.
4. **Name of Child or Participant:** Print the name of the child or participant to whom the information pertains.
5. **Age of Child or Participant:** Print the age of the child or participant. For infants, please use date of birth.
6. **Name of Parent or Guardian:** Print the name of the person requesting the child or participant's medical statement.
7. **Phone Number:** Print the phone number of parent or guardian.
8. **Description of Child or Participant's Physical or Mental Impairment Affected:** Describe how the physical or mental impairment restricts the child or participant's diet.
9. **Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:** Describe a specific diet or accommodation that has been prescribed by the state healthcare professional.
10. **Indicate Texture:** If the child or participant does not need any modification, check "Regular".
11. **Foods to be Omitted:** List specific foods that must be omitted (e.g., exclude fluid milk).
Suggested Substitutions: List specific foods to include in the diet (e.g., calcium-fortified juice).
12. **Adaptive Equipment to be Used:** Describe specific equipment required to assist the child or participant with dining (e.g., sippy cup, large handled spoon, wheel-chair accessible furniture, etc.).
13. **Signature of State Licensed Healthcare Professional:** Signature of state licensed healthcare professional requesting the special meal or accommodation.
14. **Printed Name:** Print name of state licensed healthcare professional.
15. **Phone Number:** Phone number of state licensed healthcare professional.
16. **Date:** Date state licensed healthcare professional signed form.

Citations are from Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act (ADA) of 1990, and ADA Amendment Act of 2008:

A person with a disability is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

Physical or mental impairment means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory; speech; organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

Major bodily functions have been added to major life activities and include the functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

"Has a record of such an impairment" means a person has, or has been classified (or misclassified) as having, a history of mental or physical impairment that substantially limits one or more major life activities.

Type 2 Diabetes Information

The California Department of Education developed this type 2 diabetes information in collaboration with the California Department of Public Health, American Diabetes Association, California School Nurses Organization, and Children's Hospital of Orange County.

Description

Type 2 diabetes is the most common form of diabetes in adults.

- Until a few years ago, type 2 diabetes was rare in children, but it is becoming more common, especially for overweight teens.
- According to the U.S. Centers for Disease Control and Prevention (CDC), one in three American children born after 2000 will develop type 2 diabetes in his or her lifetime.

Type 2 diabetes affects the way the body is able to use sugar (glucose) for energy.

- The body turns the carbohydrates in food into glucose, the basic fuel for the body's cells.
- The pancreas makes insulin, a hormone that moves glucose from the blood to the cells.
- In type 2 diabetes, the body's cells resist the effects of insulin, and blood glucose levels rise.
- Over time, glucose reaches dangerously high levels in the blood, which is called hyperglycemia.
- Hyperglycemia can lead to health problems like heart disease, blindness, and kidney failure.

Risk Factors Associated with Type 2 Diabetes

It is recommended that students displaying or possibly experiencing the risk factors and warning signs associated with type 2 diabetes be screened (tested) for the disease.

Risk Factors

Researchers do not completely understand why some people develop type 2 diabetes and others do not; however, the following risk factors are associated with an increased risk of type 2 diabetes in children:

- **Being overweight.** The single greatest risk factor for type 2 diabetes in children is excess weight. In the U.S., almost one out of every five children is overweight. The chances are more than double that an overweight child will develop diabetes.
- **Family history of diabetes.** Many affected children and youth have at least one parent with diabetes or have a significant family history of the disease.
- **Inactivity.** Being inactive further reduces the body's ability to respond to insulin.
- **Specific racial/ethnic groups.** Native Americans, African Americans, Hispanics/Latinos, or Asian/Pacific Islanders are more prone than other ethnic groups to develop type 2 diabetes.
- **Puberty.** Young people in puberty are more likely to develop type 2 diabetes than younger children, probably because of normal rises in hormone levels that can cause insulin resistance during this stage of rapid growth and physical development.

Warning Signs and Symptoms Associated with Type 2 Diabetes

Warning signs and symptoms of type 2 diabetes in children develop slowly, and initially there may be no symptoms. However, not everyone with insulin resistance or type 2 diabetes develops these warning signs, and not everyone who has these symptoms necessarily has type 2 diabetes.

- Increased hunger, even after eating
- Unexplained weight loss

- Increased thirst, dry mouth, and frequent urination
- Feeling very tired
- Blurred vision
- Slow healing of sores or cuts
- Dark velvety or ridged patches of skin, especially on the back of the neck or under the arms
- Irregular periods, no periods, and/or excess facial and body hair growth in girls
- High blood pressure or abnormal blood fats levels

Type 2 Diabetes Prevention Methods and Treatments

Healthy lifestyle choices can help prevent and treat type 2 diabetes. Even with a family history of diabetes, eating healthy foods in the correct amounts and exercising regularly can help children achieve or maintain a normal weight and normal blood glucose levels.

- **Eat healthy foods.** Make wise food choices. Eat foods low in fat and calories.
- **Get more physical activity.** Increase physical activity to at least 60 minutes every day.
- **Take medication.** If diet and exercise are not enough to control the disease, it may be necessary to treat type 2 diabetes with medication.

The first step in treating type 2 diabetes is to visit a doctor. A doctor can determine if a child is overweight based on the child's age, weight, and height. A doctor can also request tests of a child's blood glucose to see if the child has diabetes or pre-diabetes (a condition which may lead to type 2 diabetes).

Types of Diabetes Screening Tests That Are Available

- **Glycated hemoglobin (A1C) test.** A blood test measures the average blood sugar level over two to three months. An A1C level of 6.5 percent or higher on two separate tests indicates diabetes.
- **Random (non-fasting) blood sugar test.** A blood sample is taken at a random time. A random blood sugar level of 200 milligrams per deciliter (mg/dL) or higher suggests diabetes. This test must be confirmed with a fasting blood glucose test.
- **Fasting blood sugar test.** A blood sample is taken after an overnight fast. A fasting blood sugar level less than 100 mg/dL is normal. A level of 100 to 125 mg/dL is considered pre-diabetes. A level of 126 mg/dL or higher on two separate tests indicates diabetes.
- **Oral glucose tolerance test.** A test measuring the fasting blood sugar level after an overnight fast with periodic testing for the next several hours after drinking a sugary liquid. A reading of more than 200 mg/dL after two hours indicates diabetes.

Type 2 diabetes in children is a preventable/treatable disease and the guidance provided in this information sheet is intended to raise awareness about this disease. Contact your student's school nurse, school administrator, or health care provider if you have questions.

References:

American Diabetes Association Clinical Journal
 Helping Children with Diabetes Succeed: A Guide for School Personnel
 KidsHealth
 Mayo Clinic
 National Library of Medicine and National Institutes of Health's MedLine
 Centers for Disease Control and Prevention

Questions: Coordinated School Health and Safety Office | 916-319-0914

INFORMACIÓN SOBRE LA DIABETES TIPO 2

Descripción:

La diabetes tipo 2 es la forma más común de diabetes en los adultos.

- Algunos años atrás, la diabetes tipo 2 era poco frecuente en los niños, pero se está haciendo cada vez más común, especialmente en adolescentes con sobrepeso.
- Según los Centros para el Control y la Prevención de Enfermedades de los EE. UU. (conocidos en inglés como CDC), uno de cada tres niños estadounidenses nacidos después del año 2000 desarrollará diabetes tipo 2 en algún momento de su vida.

La diabetes tipo 2 afecta la capacidad del cuerpo para usar el azúcar (glucosa) como fuente de energía.

- El cuerpo convierte los carbohidratos de los alimentos en glucosa, que es el combustible básico de las células del cuerpo.
- La insulina, una hormona que se produce en el páncreas, transporta la glucosa desde la sangre hacia las células.
- En el caso de la diabetes tipo 2, las células del cuerpo resisten los efectos de la insulina y se elevan los niveles de glucosa en la sangre.
- Con el tiempo, la glucosa alcanza niveles peligrosamente altos en la sangre, lo que se denomina hiperglicemia.
- La hiperglicemia puede causar problemas de salud tales como enfermedad cardíaca, ceguera e insuficiencia renal.

Factores de riesgo asociados con la diabetes tipo 2:

Se recomienda que a los alumnos que presenten o posiblemente experimenten factores de riesgo y signos de advertencia relacionados con la diabetes tipo 2, se les realicen estudios (pruebas) para detectar esta enfermedad.

Factores de riesgo:

Los investigadores no comprenden totalmente por qué algunas personas desarrollan diabetes tipo 2 y otras no. Sin embargo, los siguientes factores de riesgo se asocian con un aumento de los riesgos de desarrollar diabetes tipo 2 en niños:

- **Sobrepeso.** El factor de riesgo más importante de la diabetes tipo 2 en los niños es el exceso de peso. En los EE. UU., aproximadamente uno de cada cinco niños tiene sobrepeso. Las posibilidades de que un niño con sobrepeso desarrolle diabetes tipo 2 son más del doble.

- **Antecedentes familiares de diabetes.** Muchos niños y jóvenes que se ven afectados por esta enfermedad tienen al menos uno de sus padres con diabetes o tienen antecedentes familiares significativos de la enfermedad.
- **Inactividad.** La falta de actividad reduce aún más la capacidad del cuerpo de responder a la insulina.
- **Determinados grupos raciales o étnicos.** Los indios nativos americanos, los afroamericanos, los hispanos/latinos o los asiáticos/nativos de las islas del Pacífico son más propensos a desarrollar diabetes tipo 2 que otros grupos étnicos.
- **Pubertad.** Los jóvenes en la etapa de la pubertad tienen más posibilidades de desarrollar diabetes tipo 2 que los niños, quizás debido al aumento normal de los niveles de hormonas que puede causar resistencia a la insulina durante esta etapa de rápido crecimiento y desarrollo físico.

Signos de advertencia y síntomas asociados con la diabetes tipo 2:

En los niños, los signos de advertencia y los síntomas de la diabetes tipo 2 se desarrollan lentamente, y al comienzo puede que no se presente ningún síntoma. Sin embargo, no todas las personas con resistencia a la insulina o con diabetes tipo 2 presentan los siguientes signos de advertencia, y no todas las personas que presentan los siguientes síntomas tienen necesariamente diabetes tipo 2.

- **Mayor apetito, aun después de comer.**
- **Pérdida de peso inexplicable.**
- **Más sed, boca seca y necesidad de orinar frecuentemente.**
- **Mucho cansancio.**
- **Visión borrosa.**
- **Cicatrización lenta de llagas o cortes.**
- **Zonas de piel arrugada u oscura, aterciopelada, especialmente detrás del cuello o debajo de los brazos.**
- **Periodos irregulares o desaparición del periodo, y/o crecimiento excesivo de vello en el rostro y en el cuerpo, en el caso de las niñas.**
- **Presión sanguínea alta o niveles anormales de grasa en la sangre.**

Tratamientos y métodos de prevención de la diabetes tipo 2:

Un estilo de vida saludable puede ayudar a prevenir y tratar la diabetes tipo 2. Aun en caso de tener antecedentes familiares de diabetes, el consumo de alimentos sanos en cantidades adecuadas y el ejercicio regular pueden ayudar a los niños a alcanzar o mantener un peso y un nivel de glucosa en la sangre normales.

- **Consumir alimentos sanos.** Realice buenas elecciones de los alimentos. Consuma alimentos bajos en grasa y calorías.
- **Realizar más actividad física.** Aumente su actividad física hasta llegar, al menos, a 60 minutos diarios.
- **Tomar medicamentos.** Si la dieta y el ejercicio no son suficientes para controlar la enfermedad, quizá sea necesario tratar la diabetes tipo 2 con medicamentos.

El primer paso para tratar esta enfermedad es visitar a un médico. El médico puede determinar si el niño tiene sobrepeso según su edad, peso y estatura. Además, el médico puede solicitar pruebas de glucosa en sangre para analizar si el niño tiene diabetes o pre-diabetes (una afección que puede causar diabetes tipo 2).

Tipos de pruebas disponibles de detección de la diabetes:

- **Prueba de la hemoglobina glicosilada (A1C).** Es una prueba de sangre que mide el nivel promedio de azúcar en sangre durante dos o tres meses. Un nivel de A1C de 6.5 por ciento o mayor en dos pruebas diferentes es señal de diabetes.
- **Prueba de azúcar en sangre aleatoria (no en ayunas).** Se extrae una muestra de sangre en cualquier momento. Un nivel de azúcar en sangre aleatoria de 200 miligramos por decilitro (mg/dL) o mayor puede indicar diabetes. Esta prueba debe confirmarse con un examen de glucosa en sangre en ayunas.
- **Prueba de azúcar en sangre en ayunas.** Se extrae una muestra de sangre luego de una noche de ayuno. Un nivel de azúcar en sangre en ayunas menor que 100 mg/dL se considera normal. Un nivel que varíe entre 100 y 125 mg/dL se considera pre-diabetes. Un nivel de 126 mg/dL o mayor en dos pruebas distintas es indicador de diabetes.
- **Prueba de tolerancia oral a la glucosa.** Es un examen que mide el nivel de azúcar en sangre después de una noche de ayuno y se realizan pruebas periódicas durante unas horas después de haber tomado un líquido azucarado. Un nivel de más de 200 mg/dL después de dos horas es señal de diabetes.

La diabetes tipo 2 en los niños es una enfermedad que puede prevenirse y tratarse. La información de este folleto tiene como objetivo crear conciencia acerca de esta enfermedad. Si tiene alguna pregunta, comuníquese con el proveedor de servicios de salud, el administrador de la escuela o la enfermera de la escuela del estudiante.

Referencias en línea en inglés:

American Diabetes Association Clinical Journal (Publicación clínica de la Asociación Estadounidense para la Diabetes)

<http://clinical.diabetesjournals.org/content/23/4/181.full>

Helping Children with Diabetes Succeed: A Guide for School Personnel (Cómo ayudar a que los niños con diabetes vivan satisfactoriamente: Guía para el personal de la escuela)

http://www.ndep.nih.gov/media/Youth_NDEPSchoolGuide.pdf

KidsHealth.Org

<http://kidshealth.org/parent/medical/endocrine/type2.html>

The Mayo Clinic (Clínica Mayo)

<http://www.mayoclinic.com/health/type-2-diabetes-in-children/DS00946>

National Library of Medicine (NLM) and National Institutes of Health's (NIH) MedLine (Medline de los Institutos Nacionales de Salud [conocidos en inglés como NIH] y la Biblioteca Nacional de Medicina [conocida en inglés como NLM])

<http://www.nlm.nih.gov/medlineplus/ency/article/000313.htm>

US Centers for Disease Control and Prevention (Centros para el Control y la Prevención de Enfermedades de los EE. UU.)

<http://www.cdc.gov/diabetes/projects/cda2.htm>



CALIFORNIA IMMUNIZATION REGISTRY – REGION IV

DISCLOSURE STATEMENT: ATTENTION PATIENTS OR PARENTS

We are authorized members of California Immunization Registry – Region IV. The Immunization Registry permits the sharing of a computer record of you or your child's immunizations and Tuberculosis (TB) screening tests no matter where they are given. At any time you and your doctor can see what immunizations/TB tests you or your child has received and which immunizations are needed now. It will help you and your doctor protect you or your child from serious illness like polio, whooping cough, measles and meningitis.

The information in the Immunization Registry is confidential. Your information will **ONLY** be shared with (a) Health care providers (i.e. doctors, clinics or hospitals), to help in deciding what vaccines you or your child needs; to phone or send you a reminder when a vaccine is due; and tally numbers of patients who are or are not up-to-date on their vaccines, (b) Schools or child care centers, to help you prove you or your child has had the vaccines required for entry, (c) WIC clinics, to let you know if your child has a vaccine dose due, (d) Health Care Plans, to help process insurance payments, (e) the San Joaquin County Health Information Exchange (SJC HIE), and (f) the California State Department of Public Health Immunization Branch.

This is the information the Immunization Registry will keep about your or your child:

- Name and date of birth
- Names of parents or guardians
- Sex (male or female)
- Current address and phone (only healthcare providers can view this information)
- Types of vaccines/TB tests and dates given
- Any serious reactions to immunizations/TB tests
- Limited additional information that may help identify you or your child accurately

Patient and Parent Rights

It's your legal right to ask:

- not to share your (or your child's) registry immunizations/TB test records with others besides your doctor*
- not to get appointment reminders from the Registry
- to look at a copy of your or your child's immunization/TB test registry records
- who has seen the registry records or to have the doctor change any mistakes

If you DO want your or your child's records in the registry, do nothing. You're all done.

If you DO NOT want your doctor's office to share your immunization/TB test information with other registry users, request a "Refusal Form" from your doctor's office.

For more information about your rights, please contact your healthcare provider.

For more information about the Immunization Registry, please call (209) 468-2292.

**By law, public health officials can also look at the registry, in the case of a public health emergency.*



REGISTRO DE VACUNACIÓN DE CALIFORNIA – REGIÓN IV

DECLARACIÓN DE REVELACIÓN: PARA PACIENTES O PADRES DE FAMILIA

Somos miembros autorizados del Registro de Vacunación de California – Región IV. El Registro de Vacunación permite que se compartan datos electrónicos de vacunación y de pruebas de detección de tuberculosis de usted y de su hijo independientemente de donde se hayan administrado. Usted y su doctor pueden ver en cualquier momento qué vacunas les dieron y qué pruebas de tuberculosis les hicieron a usted o a su hijo y qué vacunas se tienen que dar ahora. Ayudará a usted y a su doctor a protegerlos a usted y a su hijo contra enfermedades serias como la poliomielitis, tos ferina, sarampión y meningitis.

La información del Registro de Vacunación es confidencial. Su información **SOLO** se compartirá con (a.) profesionales de la salud (o sea doctores, clínicas u hospitales), para ayudar a decidir qué vacunas necesitan usted o su hijo; para llamarlo por teléfono o enviarle un recordatorio de que le toca recibir una vacuna; y, contar cuántos pacientes están o no al día con sus vacunas, (b.) escuelas o guarderías de niños, para ayudar a demostrar que usted o su hijo han recibido las vacunas requeridas para ingresar, (c.) las clínicas WIC, para informarles si a su hijo le hace falta una dosis de una vacuna, (d.) planes de atención de la salud, para ayudar a procesar pagos de seguros (e.) el Intercambio de Información de Salud del Condado de San Joaquin (SJC HIE, en inglés) y (f.) la División de Vacunación del Departamento de Salud Pública del Estado de California.

La siguiente es la información que el Registro de Vacunación mantendrá sobre usted o su hijo:

- Nombre y fecha de nacimiento
- Nombres de los padres de familia o tutores
- Sexo (masculino o femenino)
- Dirección y teléfono actuales (solo los profesionales de la salud pueden ver esta información)
- Tipos de vacunas y pruebas de tuberculosis administradas y las fechas
- Reacciones serias a vacunas o pruebas de tuberculosis, si corresponde
- Otra información limitada que pueda ayudar a identificar correctamente a usted o a su hijo

Derechos de pacientes y padres

Tiene derecho legal a pedir lo siguiente:

- Que los datos en el registro de vacunaciones y pruebas de tuberculosis de usted y de su hijo se compartan solo con su doctor*
- Que el Registro no le envíe recordatorios de citas
- Ver una copia de los datos de vacunación y de pruebas de tuberculosis de usted y de su hijo que figuren en el Registro
- Que le digan quiénes han visto los datos en el Registro o que su doctor corrija cualquier error

Si DESEA que sus datos o los de su hijo estén en el Registro, no haga nada. Eso es todo.

Si NO DESEA que el consultorio de su doctor comparta sus datos de vacunación e información sobre sus pruebas de tuberculosis con otros usuarios del Registro, pida en el consultorio de su doctor que le den un “Formulario de rechazo”.

Para más información sobre sus derechos, póngase en contacto con su profesional de la salud.

Para más información sobre el Registro de vacunación, llame al (209) 468-2292.

**Por ley, si hay una emergencia de salud pública los funcionarios de salud pública pueden ver el Registro.*

Administrative Regulation

Immunizations

AR 5141.31

Students

Required Immunizations

Upon a student's registration at a district school, the Superintendent or designee shall provide the student's parents/guardians a written notice summarizing the state's immunization requirements.

The Superintendent or designee shall not unconditionally admit any student to a district school, preschool, or child care and development program for the first time nor admit or advance any student to grade 7, unless the student has been fully immunized. The student shall present documentation of full immunization, in accordance with the age/grade and dose required by the California Department of Public Health (CDPH), against the following diseases: (Health and Safety Code 120335; 17 CCR 6025)

1. Measles, mumps, and rubella
2. Diphtheria, tetanus, and pertussis (whooping cough)
3. Poliomyelitis (polio)
4. Hepatitis B
5. Varicella (chickenpox)
6. Haemophilus influenza type b (Hib meningitis)
7. Any other disease deemed appropriate by CDPH

(cf. 5141.22 - Infectious Diseases)

(cf. 5148 - Child Care and Development)

(cf. 5148.3 - Preschool/Early Childhood Education)

(cf. 6170.1 - Transitional Kindergarten)

However, full immunization against hepatitis B shall not be a condition by which the Superintendent or designee shall admit or advance any student to grade 7. (Health and Safety Code 120335)

A student who qualifies for an individualized education program (IEP), unless otherwise exempt, shall be fully immunized in accordance with Health and Safety Code 120335 and this regulation. However, the district shall continue to implement the student's IEP and shall not prohibit the student from accessing any special education and related services required by the student's IEP

regardless of whether the student is fully immunized. (Health and Safety Code 120335)

(cf. 6159 - Individualized Education Program)

School personnel shall record information for each student regarding all doses of required immunizations and the status of all requirements in accordance with 17 CCR 6070. The school records shall be based on the student's immunization record provided by the student's health care provider, from the student's previous school immunization record, or through the California Immunization Registry (CAIR). (17 CCR 6070)

Exemptions

Exemption from one or more immunization requirements shall be granted under any of the following circumstances:

1. A medical exemption is submitted using the standardized form developed by CDPH and transmitted using CAIR which includes, but is not limited to, a description of the medical basis for which the exemption for each individual immunization is sought and whether the medical exemption is permanent or temporary. (Health and Safety Code 120372)

A student who has a medical exemption issued prior to January 1, 2020 shall be allowed to continue enrollment until the next grade span, except that after July 1, 2021, a student may not be admitted or advanced to grade 7 unless the student has been immunized or a medical exemption form filed as stated above. (Health and Safety Code 120370)

A temporary exemption shall not exceed one year, and all medical exemptions shall not extend beyond the grade span. (Health and Safety Code 120372)

If a student's medical exemption is revoked by CDPH on the basis that the exemption does not meet applicable criteria for medical exemptions, the student shall continue in attendance and, within 30 calendar days of the revocation, commence the immunization schedule required for conditional admittance pursuant to 17 CCR 6050, as described below. (Health and Safety Code 120372)

The student's parent/guardian may appeal a revocation to the Secretary of California Health and Human Services. If a revocation is appealed, the student shall continue in attendance and shall not be required to commence the immunization schedule required for conditional admittance provided the appeal is filed within 30 calendar days of the revocation. (Health and Safety Code 120372, 120372.05)

2. The student's parent/guardian filed with the district, before January 1, 2016, a letter or written affidavit stating that an immunization is contrary to the student's personal beliefs, in which case the student shall be exempted from the immunization until the student enrolls in the next applicable grade span requiring immunization (birth to preschool, grades K-6, grades 7-12). (Health and Safety Code 120335)

(cf. 6141.2 - Recognition of Religious Beliefs and Customs)

When a student transfers to a different school within the district or transfers into the district from another school district in California, the student's personal beliefs exemption filed before January 1, 2016, shall remain in effect until the next applicable grade span. A student transferring from a school outside the district shall present a copy of the personal beliefs exemption upon enrollment. When a student transfers into the district from outside California and presents a personal beliefs exemption issued by another state or country prior to January 1, 2016, the Superintendent or designee may consult with legal counsel regarding the applicable immunization requirements.

3. The student is enrolled in an independent study program pursuant to Education Code 51745-51749.6 and does not receive classroom-based instruction. (Health and Safety Code 120335)

(cf. 6158 - Independent Study)

Conditional Enrollment

The Superintendent or designee may conditionally admit a student with documentation from an authorized health care provider that the student has not received all the immunizations required for the student's age group, but has commenced receiving doses of all required vaccines and is not due for any other doses at the time of admission. The Superintendent or designee shall notify the student's parents/guardians of the date by which the student must complete all the remaining doses as specified in 17 CCR 6035. (Health and Safety Code 120340; 17 CCR 6035)

(cf. 5145.6 - Parental Notifications)

In addition, a transfer student may be conditionally admitted for up to 30 school days while the student's immunization records are being transferred from the previous school. If such documentation is not presented within 30 days, the student shall be excluded from school until the required immunizations have been administered. (17 CCR 6035)

The Superintendent or designee shall immediately enroll homeless students, foster youth, and students of military families even if their immunization records are missing or unavailable at the time of enrollment. School or district staff shall work with the student's prior school to obtain the student's immunization records or shall ensure that the student is properly immunized. (Education Code 48853.5, 49701; Health and Safety Code 120341; 42 USC 11432)

(cf. 6173 - Education for Homeless Children)

(cf. 6173.1 - Education for Foster Youth)

(cf. 6173.2 - Education of Children of Military Families)

The Superintendent or designee shall review the immunization record of each student admitted conditionally every 30 days until that student has received all the required immunizations. If the student does not receive the required immunizations within the specified time limits, the student

shall be excluded from further attendance until the immunizations are received. (Health and Safety Code 120375; 17 CCR 6040, 6070)

Exclusions Due to Lack of Immunizations

If an enrolled student who was previously believed to be in compliance with immunization requirements is subsequently discovered to not be in compliance with requirements for unconditional or conditional admission, the Superintendent or designee shall notify the parent/guardian that evidence of proper immunization or an appropriate exemption must be provided within 10 school days. This notice shall refer the parent/guardian to the student's usual source of medical care or, if the student has no usual source of medical care, then to the county health department or school immunization program, if any. (Education Code 48216; 17 CCR 6040)

(cf. 5112.2 - Exclusions from Attendance)
(cf. 5141.6 - School Health Services)

The Superintendent or designee shall exclude from further attendance an enrolled student who fails to obtain the required immunization within 10 school days following the parent/guardian's receipt of the notice specified above. The student shall remain excluded from school until documentation is provided indicating that the student has received a dose of each required vaccine due at that time. (17 CCR 6040, 6055)

The student shall also be reported to the attendance supervisor or principal.

Exclusion Due to Exposure to Disease

If the district has good cause to believe that a student has been exposed to a disease listed in the section "Required Immunizations" above and the student's documentation of immunization does not show proof of immunization against that disease, that student may be temporarily excluded from the school until the local health officer is satisfied that the student is no longer at risk of developing or transmitting the disease. (Health and Safety Code 120370)

Records

Each student's immunization record shall be retained as part of the student's mandatory permanent student record. District staff shall maintain the confidentiality of immunization records and may disclose such information to state and local health departments only in accordance with law. (Health and Safety Code 120375, 120440; 17 CCR 6070)

(cf. 5125 - Student Records)

The district shall also retain in the mandatory student record any physician or health officer statement, personal beliefs letter or affidavit, reason for conditional enrollment, or any other documentation related to the student's immunization record or exemptions.

At least annually, the Superintendent or designee shall file a written report on the immunization status of new students with CDPH and the local department of public health on forms prescribed by CDPH. (Health and Safety Code 120375; 17 CCR 6075)

Audits

If an audit reveals deficiencies in the district's reporting procedures, the Superintendent or designee shall present the Board with a plan to remedy such deficiencies.

Adoption: February 16, 2021

CALAVERAS UNIFIED SCHOOL DISTRICT
San Andreas, CA 95249

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Daily Self Screening Tool

To be completed by students, staff, and service providers before arriving at any school site

CUSD Health Services: Belinda Brager, MSN, RN, PHN, CSN **209-754-2322** bbrager@calaveras.k12.ca.us



Symptom

Answer

→ Temperature over 100.4	<input type="radio"/>	<input type="radio"/>
→ New Onset Cough	<input type="radio"/>	<input type="radio"/>
→ Shortness of breath	<input type="radio"/>	<input type="radio"/>
→ Fatigue	<input type="radio"/>	<input type="radio"/>
→ Muscle or body aches	<input type="radio"/>	<input type="radio"/>
→ Headache	<input type="radio"/>	<input type="radio"/>
→ New loss of taste or smell	<input type="radio"/>	<input type="radio"/>
→ Sore throat	<input type="radio"/>	<input type="radio"/>
→ New onset congestion or runny nose	<input type="radio"/>	<input type="radio"/>
→ Nausea or vomiting	<input type="radio"/>	<input type="radio"/>
→ Diarrhea	<input type="radio"/>	<input type="radio"/>
→ Contact with someone diagnosed with COVID-19 in the past 2 weeks	<input type="radio"/>	<input type="radio"/>

If you answered **YES** to any of the above questions **STAY HOME!**

Contact your medical provider. See the Guidance for Return to Work or School for additional instructions.

At the guidance of our local Public Health Department, each day prior to a student’s participation in on-campus instruction or activities, the attached *Daily Student Home Screening* must be completed. At this time there is no requirement to submit this form to the school.

Situation	Actions		
Student has a “yes” response to any question	<ul style="list-style-type: none"> • Contact your medical provider* • Notify your school of illness related absence <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <ul style="list-style-type: none"> • If no COVID-19 testing is needed student may return <ul style="list-style-type: none"> ○ 72 hours after student is fever free and symptoms improved without the use of fever reducing medications <li style="text-align: center;">OR ○ Medical provider provides a note indicating that student is clear to return to school sooner as symptoms are not related to contagious illness </td> <td style="width: 50%; padding: 5px;"> <ul style="list-style-type: none"> • If COVID-19 testing is completed <ul style="list-style-type: none"> ○ Follow the instructions provided regarding self-isolation pending test results ○ Provide appropriate documentation to Health Services** </td> </tr> </table>	<ul style="list-style-type: none"> • If no COVID-19 testing is needed student may return <ul style="list-style-type: none"> ○ 72 hours after student is fever free and symptoms improved without the use of fever reducing medications <li style="text-align: center;">OR ○ Medical provider provides a note indicating that student is clear to return to school sooner as symptoms are not related to contagious illness 	<ul style="list-style-type: none"> • If COVID-19 testing is completed <ul style="list-style-type: none"> ○ Follow the instructions provided regarding self-isolation pending test results ○ Provide appropriate documentation to Health Services**
<ul style="list-style-type: none"> • If no COVID-19 testing is needed student may return <ul style="list-style-type: none"> ○ 72 hours after student is fever free and symptoms improved without the use of fever reducing medications <li style="text-align: center;">OR ○ Medical provider provides a note indicating that student is clear to return to school sooner as symptoms are not related to contagious illness 	<ul style="list-style-type: none"> • If COVID-19 testing is completed <ul style="list-style-type: none"> ○ Follow the instructions provided regarding self-isolation pending test results ○ Provide appropriate documentation to Health Services** 		
Household is notified by public health department to quarantine	<ul style="list-style-type: none"> • Current county procedures require a 10-day minimum home quarantine from date of possible exposure • Please provide clearance documentation to Health Services** or contact Health Services if you did not receive instructions on when to discontinue quarantine. 		
Student tests positive for COVID-19	<ul style="list-style-type: none"> • Notify Health Services** and provide related documentation 		

*If you do not have a medical provider please contact Health Services for assistance with local resources.

**We are dedicated to promotion of your student’s privacy. Please provide all COVID-19 related documentation directly to Health Services.

Upon arrival students will be screened by designated staff. If indicated, you will be expected to pick-up your student within a reasonable time frame. Please ensure emergency contact on file with the school is current.

If your student’s attendance on campus is restricted they may continue to access any virtual/distance learning options.

This is one of the methods that the school district has implemented at the direction of local and state guidelines to reduce the risk of students and staff coming into contact with COVID-19. It is through a combination of mitigating efforts that schools can continue to provide in-person instruction and activities. Your help is greatly appreciated.

TO GO OR NOT TO GO TO SCHOOL, THAT IS THE QUESTION

Sometimes it is difficult to know when to keep your student home from school due to illness. Here are some guidelines to help you decide.

STAY HOME IF:

Fever 101°F or higher (should be fever free for 24 hours before returning to school).

Nausea and/or vomiting.

Rashes – any body rash not related to allergic contact especially if accompanied by fever.

Thick, yellowish discharge from eye(s).

Infectious Conjunctivitis (pink eye) – may return 24 hours after starting antibiotic.

Cold sores or fever blisters – lesions must be dry to attend school unless student has age and maturity to use good hygiene.

Severe diarrhea

Head lice – may return after being treated.

Ringworm – may return when treatment is started.

Impetigo – may return 24 hours after treatment is started and lesions are dry.

Scabies – may return 24 hours after being treated.

Chickenpox – may return when ALL blisters are dry and crusted, usually 7-10 days.

Strep Throat – May return 24 hours after treatment is started and no fever for 24 hours.

Asthma – if needing a nebulizer (breathing) treatment more frequently than every 2 hours.

Upper respiratory infections such as cold or bronchitis – keep home if have excessive cough, large amounts of yellow/green nasal discharge, or too ill to function adequately in the classroom. Much depends on individual circumstances depending on the student's age, hygiene habits, and developmental level.

REASONS NOT TO STAY HOME:

Allergies

Constipation with or without abdominal pain

Cold without a fever (see explanation above)

Asthma (unless needing a breathing treatment more frequently than every 2 hours)

Cold/Cough unless accompanied by fever

Temperature less than 100°F (see above)

Stomachache

Poison Oak (if there is drainage, it should be covered by clothing or a dressing)

Minor Anxiety

Homework is not done

There are only four reasons an absence is excused: (Education Code 48205):

1. Pupil's personal illness (not parent or sibling)
2. Quarantine directed by county or city health officer
3. Having medical, dental, optometrical, or chiropractic services rendered
4. Attending funeral services of a member of the pupil's immediate family

When a student has had **14 absences** in the school year for illness, a physician must verify any further absences for illness. (Board Policy Administrative Regulations 5113)

****Please remember that if your student needs to take medication at school both the parent and the physician must complete a "Medication Required During School Hours" form. This form is necessary for all medication both prescriptions and over-the-counter.**

If you have any questions regarding these guidelines contact the school or the district nurse at 754-2322.

Resources:

Amador County Unified School District: "To Go Or Not To Go To School That Is The Question"

American Academy of Pediatrics: [Red Book](#)

CUSD Board Policy 5113

Calaveras County Public Health Department

California Department of Health Services

California Education Code: 46010-46014, 46100-46119, 46140-46147, 48205

Code of Regulations, Title 5: 306, 420-421

National Association of School Nurses: "Pediculosis in the School Community" www.nasn.org

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See if you can get help paying for your health insurance

Covered California is where you can get quality, affordable health coverage. You may even get help paying for it.

As part of the Affordable Care Act (ACA), Covered California is a program where lawfully present Californians and their families can compare quality health plans and choose the one that works best for their health needs and budget. Covered California is the only place where you can get financial help to pay for your health insurance.



Your notes:

Are you eligible? Find out here.



Maximum Annual Household Income to Qualify for Financial Help

FAMILY SIZE	MEDI-CAL	COVERED CALIFORNIA
1	\$17,609	\$76,560
2	\$23,792	\$103,440
3	\$29,974	\$130,320
4	\$36,156	\$157,200
5	\$42,339	\$184,080
6	\$48,521	\$210,960

You may be eligible for low or no-cost Medi-Cal.

You may be eligible for financial help through Covered California.

All numbers listed above are estimates. For larger households, please visit the Shop and Compare tool at CoveredCA.com to find out if your family qualifies.

Enrollment deadlines

FOR COVERAGE EFFECTIVE ON	COMPLETE ENROLLMENT BY	PAY YOUR PREMIUM
January 1, 2021	December 15, 2020	Make sure to pay your first bill on time, and continue to make monthly payments by the due date on your invoice.
February 1, 2021	January 31, 2021	

Avoid a tax penalty and ensure your coverage for 2021 by enrolling by January 31, 2021. Medi-Cal enrollment is year-round.

Have questions? We can help.

CoveredCA.com | 800.300.1506





Averigua si puedes obtener ayuda para pagar tu seguro médico

Covered California es el lugar donde puedes obtener cobertura de salud de calidad y a bajo costo. Hasta podrías obtener ayuda para pagarla.

Como parte de la Ley de Cuidado de Salud a Bajo Precio (ACA, por sus siglas en inglés), Covered California es un programa donde la mayoría de los residentes legales de California y sus familias pueden comparar planes de salud de calidad y elegir el que mejor se ajuste a sus necesidades de salud y presupuesto. Covered California es el único lugar en donde puedes obtener ayuda económica para pagar tu seguro médico.



¿Calificas? Entérate aquí.



Ingreso familiar anual máximo para calificar para ayuda económica

TAMAÑO FAMILIAR	MEDI-CAL	COVERED CALIFORNIA
1	\$17,609	\$76,560
2	\$23,792	\$103,440
3	\$29,974	\$130,320
4	\$36,156	\$157,200
5	\$42,339	\$184,080
6	\$48,521	\$210,960

Podrías calificar para Medi-Cal a bajo o sin costo alguno.

Podrías calificar para ayuda económica a través de Covered California.

Las cantidades mostradas son solo estimaciones. Para familias más grandes, visita la herramienta de Buscar y Comparar en CoveredCA.com/espanol para saber si tu familia califica.

Tus notas:

Fechas límites de inscripción

PARA QUE LA COBERTURA EMPIECE EL

COMPLETA TU INSCRIPCIÓN ANTES DEL

PAGA TU PRIMA

1 de enero de 2021

15 de diciembre de 2020

Asegúrate de pagar tu primera factura a tiempo y continúa haciendo los pagos mensuales antes de la fecha de vencimiento en tu factura.

1 de febrero de 2021

31 de enero de 2021

Evita una multa de impuestos y asegura tu cobertura para el 2021 inscribiéndote antes del 31 de enero de 2021. La inscripción en Medi-Cal es todo el año.

¿Tienes preguntas? Te podemos ayudar.

CoveredCA.com/espanol | 800.300.0213



School is not a spectator sport. From hopping and skipping to an active campus life, our commitment to protecting kids starts as early as kindergarten.

That's why we're here!



SISC

Self-Insured Schools of California

Mail Payments and Claims to:
SISC Student Accident Coverage
P.O. Box 1847
Bakersfield, CA 93303-1847

Questions? Call (661) 636-4495.

POLICY EXCLUSIONS AND LIMITATIONS FOR ACCIDENT PLAN

Benefits will not be paid for: a) loss or expense caused by, contributed to, or resulting from: or b) treatment, services or supplies for, at, or related to:

1. Disease or illness.
2. Participation in the practice or play of tackle football.
3. Self-inflicted injury or injuries.
4. Orthodontics (braces or retainers) for any reason or damage to or loss of orthodontics or retainers.
5. Artificial aids such as eyeglasses, contact lenses, hearing aids, or refraction examinations or prescriptions for the same.
6. Services or treatment rendered by a Physician, nurse or any other person who is: (a) employed or retained by the Beneficiary, or (b) a member of the Beneficiary's immediate family.
7. Injury sustained where the Beneficiary is the operator of any motorized vehicle.
8. Injury sustained in the course of work while job shadowing or working for wages or profit.
9. Injury from any poison, gas or fumes voluntarily taken, administered, absorbed or inhaled; or while being intoxicated, or from the use of any controlled substance or drug unless that drug is prescribed by a physician
10. Injury due to war, act of war, taking part in a riot or from fighting (except in self-defense).
11. Injury sustained from any act or forbearance to act by the student while he or she is committing or attempting to commit a felony.
12. Injury sustained while (or participating in) animal riding, ballooning, club bicycle riding, bob-sledding, boxing, bungee jumping, flight in an ultra-light aircraft, glider flying, hang gliding, martial arts, parachuting, parasailing, riding in a rodeo, roller blading, sail planing, skate boarding, scuba diving, shooting firearms, skydiving or surfing of any kind.

continued

13. Injury where the student is attending, as a spectator, a non-required, after-regular-school-hours, school sponsored activity including but not limited to back to school nights, dances, open houses and sports activities.

EXCESS PROVISION

Even if you have other insurance, the Plan may cover unpaid balances, deductibles and pay those eligible medical expenses not covered by other insurance. Benefits will be paid on the unpaid balances after your other insurance has paid. No benefits are payable as primary for any expense incurred for Injury which has been paid or is payable by other valid and collectible insurance. Covered Medical Expenses exclude amounts not covered by the primary carrier due to penalties imposed as a result of the Covered Person's failure to comply with policy provisions or requirements.

UNDERWRITTEN BY SISC

SISC Supplemental Student Accident Coverage
P.O. Box 1847
Bakersfield, CA 93303-1847

Questions? Call (661) 636-4495.

A joint powers authority administered by the Kern County Superintendent of Schools, Mary C. Barlow, Superintendent

Rev. 4/2019

SISC SUPPLEMENTAL STUDENT ACCIDENT COVERAGE



Kids will
be kids.

Coverage that pays up
to \$25,000 for accidental
injury while attending school
and while participating in school
sponsored activities.



SISC

Self-Insured Schools of California
Schools Helping Schools

SISC Supplemental Student Accident Coverage

SISC provides a Self-Insured Basic Plan that provides up to \$2,500 for accidental injury, at no cost to you, while attending school and participating in school sponsored activities and athletics. High school tackle football is excluded. **The coverage outlined in this brochure will pay in excess of the \$2,500 paid under the basic plan provided by SISC.**

ONE TIME PAYMENT: \$25.00

SISC SUPPLEMENTAL STUDENT ACCIDENT COVERAGE:

- During the regular school term, on school premises while school is in session
- Direct and uninterrupted travel to and from home and scheduled classes in a school furnished vehicle
- School sponsored and supervised sports excluding high school tackle football
- Travel to and from school sponsored and supervised sports while in a school furnished vehicle
- Coverage is effective from the date the application and premium are received by SISC until June 30
- Coverage can be purchased any time throughout the year
- Checks and money orders accepted (DO NOT SEND CASH)

FACTS ABOUT THE POLICY:

1. TRANSFERABILITY: The policy continues in force anywhere in the US if the beneficiary should relocate to another SISC II member district prior to the expiration of coverage.
2. Coverage is only available to enrolled students in SISC II member districts.
3. CANCELLATION: Coverage under the Policy will not be cancelled, and accordingly, premiums may not be refunded after acceptance by SISC.
4. The Master Policy on file with the SISC office is a non-renewable one year term policy.
5. This is a limited benefit policy.
6. INITIAL ENROLLMENT: Coverage is effective the date correct application and premium are received by SISC.
7. LATE ENROLLMENT: There is no premium reduction for any individual who enrolls late in the year.
8. Your cancelled check or money order stub is your only receipt and notification of coverage. A wallet card is provided as a convenience but is not proof of coverage.
9. Return of check by the bank for any reason will immediately invalidate insurance coverage.

DEFINITIONS:

Injury means bodily injury which is: 1) directly and independently caused by specific accidental contact with another body or object; 2) unrelated to any pathological, functional, or structural disorder; 3) a source of loss; and 4) sustained while the Covered Person is covered under this policy. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity.

PRIVACY POLICY:

We know that your privacy is important to you and we strive to protect the confidentiality of your non public personal information. We do not disclose any non public personal information to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non public personal information.

Direct questions and Mail Payments and Claims to:
 SISC Student Accident Coverage
 P.O. Box 1847
 Bakersfield, CA 93303-1847
 (661) 636-4495

Keep this brochure for future reference. Individual policies and ID cards will not be sent to you.



MAXIMUM BENEFITS PAID AS SPECIFIED BELOW:

Usual & Customary (U&C)

The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit specified below for each Injury. Provided that treatment by a qualified, licensed Physician begins within 30 days from the date of Injury, benefits will be paid for Covered Medical Expenses incurred within 52 weeks from the date of Injury. Any supply or service not specifically listed is not covered. Policy benefits are not payable as primary for any expenses incurred which are paid or payable by other valid and collectible insurance.

MAXIMUM BENEFIT	\$25,000 per injury
Coinsurance (Plan Pays)	80% of U&C except as noted below
Coinsurance (You Pay)	20% of U&C except as noted below
Hospital Room & Board/ Miscellaneous	80% of U&C / \$1,250 aggregate per day
Emergency Room Use of room and supplies, initial treatment must be rendered within 72 hours of the injury.	80% of U&C, up to \$1,000 maximum
Surgeon	80% of U&C
1. Assistant Surgeon	20% of surgeons allowance
2. Anesthetist	20% of surgeons allowance
Surgical Facility	80% of U&C / \$2,500 maximum
Doctor Charges Not including surgery or Chiropractic. Benefits are limited to one visit per day.	80% of U&C, up to \$50
Physiotherapy/Chiropractic Benefits are limited to one visit per day.	80% of U&C/maximum 15 visits aggregate
X-Rays	80% of U&C
MRI/CT	80% of U&C to \$750 Aggregate
Orthopedic Braces & Appliances	80% of U&C up to \$1,000 maximum
Land Ambulance to nearest hospital	80% of U&C
Lab	80% of U&C
Prescription drugs (accident related)	80% of U&C
Injections (accident related)	80% of U&C
Dental Benefits are paid on injury to sound and natural teeth only. (No orthodontia or dental implant benefits of any kind).	80% of U&C / \$2,500 maximum

Details of these benefits may be found in the Master Policy on file at the SISC office.

Application for SISC Supplemental Student Accident Coverage

STUDENT'S LAST NAME	FIRST NAME	MI
DATE OF BIRTH		GRADE
ADDRESS		
CITY	STATE	ZIP
PHONE		
NAME OF SCHOOL DISTRICT (REQUIRED TO PROCESS)		
NAME OF SCHOOL		
SIGNATURE OF PARENT OR GUARDIAN		DATE

APPLICATION PROCEDURE

- Complete and detach the enrollment form
- Make check or money order for \$25 payable to SISC. DO NOT SEND CASH.
- Mail Application and payment to:
 SISC Student Accident Coverage
 P.O. Box 1847
 Bakersfield, CA 93303-1847
- Your cancelled check or money order stub will be your receipt

SISC Supplemental Student Accident Coverage

STUDENT'S NAME
Coverage is effective from the date the application and premium are received by SISC until June 30
SCHOOL DISTRICT:
(THIS CARD IS FOR APPLICANT'S CONVENIENCE ONLY AND IS NOT PROOF OF COVERAGE)

La escuela no es un deporte para espectadores. De dar saltitos a brincos y hasta tener una vida escolar activa en el plantel escolar, nuestro compromiso de proteger a los niños empieza desde la edad pre-escolar.

Es por eso que estamos aquí!

EXCUSIONES Y LIMITACIONES DEL PLAN PARA ACCIDENTES

Los beneficios no se pagarán por: a) la pérdida o un gasto ocasionado por, contribuido a, o que haya resultado debido a: o b) tratamiento, servicios o suministros por, en, o relacionados con:

1. Enfermedad o dolencia.
2. Participación en la práctica o juego de fútbol Americano de tackleo (tackle football).
3. Lesión o lesiones auto-infligidas.
4. Tratamiento de Ortodoncia (frenos o retenedores) por cualquier motivo o daño a o pérdida de los frenos o retenedores.
5. Ayuda artificial, tales como lentes de aumento, pupilentes, audífonos, exámenes de refracción o recetas médicas para los mismos.
6. Servicios o tratamientos proveídos por un médico, una enfermera o cualquier otra persona quien sea (a) empleado o contratado por el Beneficiario, o (b) un miembro de la familia inmediata del Beneficiario.
7. Una lesión que se sufre cuando el Beneficiario es el conductor de cualquier automóvil.
8. Una lesión que se sufre durante el transcurso de trabajo al estar como aprendiz observando un trabajo o al estar trabajando para recibir un salario o ganancias.
9. Una lesión ocasionada por envenenamiento, gas, o vapores ingeridos voluntariamente, ya sea suministrados, absorbidos o inhalados; o al estar intoxicado, o debido al consumo de cualquier sustancia regulada, o droga al menos de que esa droga sea recetada por un médico.
10. Una lesión ocasionada debido a una guerra, acto de guerra, ocasionada por participar en un motín o debido a una pelea (salvo en defensa propia).
11. Una lesión sufrida debido a un acto de renuncia a actuar por parte del estudiante mientras el o ella está cometiendo o intentando cometer un delito mayor.
12. Una lesión sufrida al estar: (o al estar participando en) cabalgando, montando en globo aerostático, andando en bicicleta con un club en grupo, deslizándose sobre la nieve, boxeando, participando en un salto de bungee (salto de caída libre), volando en una aeronave ultra ligera, volando en planeador, volando en un deslizador, practicando artes marciales, lanzándose en paracaídas, practicando paravelismo, cabalgando en una charreada,

continued

patinando sobre ruedas en línea, andar volando sin motor, buceando, disparando armas de fuego, practicando paracaidismo o surf de cualquier tipo.

13. Cualquier lesión que sufra algún estudiante que esté como espectador de alguna actividad escolar que no sea obligatoria, patrocinada por la escuela, después del horario de clases, incluyendo la noche de orientación para padres (al reinicio de las clases), la recepción para padres y estudiantes, bailes y actividades deportivas, entre otros.

DISPOSICIÓN ADICIONAL

Aunque tenga otro seguro médico, el Plan podrá cubrir saldos pendientes, deducibles y los gastos médicos que sean elegibles que no cubra otro seguro. Después de que su compañía aseguradora haya pagado lo que le corresponde, este plan cubrirá el saldo pendiente. Debido a que este es un plan suplementario, a este plan no se le considerará ser el plan principal ni se hará responsable de pagar ningún gasto ocasionado por lesiones las cuales haya cubierto el seguro médico principal en vigor. Este plan no pagará ninguna cantidad por gastos médicos que no cubra la compañía aseguradora principal debido a recargos pendientes cuando la persona asegurada no cumplió con las disposiciones o los requisitos de la póliza.

PLAN GARANTIZADO POR SISC

SISC Supplemental Student Accident Coverage
P.O. Box 1847
Bakersfield, CA 93303-1847

¿Preguntas? Favor de comunicarse al (661) 636-4495.

Una agencia conjunta administrada por el Superintendente de Escuelas,
Mary C. Barlow, Superintendente

Rev. 4/2019

COBERTURA SUPLEMENTARIA PARA ACCIDENTES ESTUDIANTILES SISC



Los niños
niños son.

Cobertura que paga hasta \$25,000 por cada lesión accidental al estar asistiendo a clases y participando en actividades patrocinadas por la escuela.



Envíe Pagos y Reclamos a:
SISC Student Accident Coverage
P.O. Box 1847
Bakersfield, CA 93303-1847

¿Preguntas? Llame al (661) 636-4495



Cobertura Suplementaria Para Accidentes Estudiantiles Sisc

SISC provee un Plan Básico Auto-asegurado que proporciona hasta \$2,500 por lesión accidental, sin costo a usted, siempre y cuando el estudiante esté asistiendo a la escuela y participando en actividades escolares y deportivas patrocinadas por la misma. Se excluye el fútbol Americano de tackleo de la escuela preparatoria (tackle football). La cobertura que se describe en este folleto pagará en exceso de los \$2,500 pagados bajo el plan básico que proporciona SISC.

UN SOLO PAGO: \$25.00

COBERTURA SUPLEMENTARIA SISC PARA ACCIDENTES ESTUDIANTILES:

- Durante el plazo escolar regular, en el plantel escolar mientras las clases estén en sesión
- Viajes directos e ininterrumpidos a, y entre la casa y clases programadas dentro de un auto proporcionado por la escuela
- Deportes patrocinados y supervisados excluyendo el fútbol Americano de tackleo de la escuela preparatoria
- Mientras este viajando hacia, durante o después de tales actividades dentro de un auto proporcionado por la escuela
- La cobertura estará vigente a partir de la fecha en que SISC reciba la solicitud y el pago de la prima hasta el 30 de junio
- La cobertura se puede adquirir en cualquier momento durante el año
- Se aceptan cheques y giros postales (FAVOR DE NO MANDAR DINERO EN EFECTIVO)

DATOS DE LA PÓLIZA:

1. CAPACIDAD DE TRANSFERENCIA: La póliza sigue en vigor en cualquier parte de los Estados Unidos si el beneficiario se muda a otro distrito que sea miembro del SISC II, siempre y cuando sea antes de que caduque la cobertura.
2. La cobertura solo es disponible para estudiantes matriculados en distritos que sean miembros del SISC II.
3. CANCELACIÓN: La cobertura de la Póliza no se cancelará, y según corresponda, los pagos de primas no se reembolsarán después de que SISC los acepte.
4. La Póliza Maestra archivada con la oficina de SISC es una póliza no renovable de un año de duración.
5. Es una póliza de beneficios limitados.
6. INSCRIPCIÓN INICIAL: La cobertura entra en vigor en la fecha en que la SISC reciba la solicitud y el pago de la prima.
7. INSCRIPCIÓN TARDÍA: No habrá reducción del pago de la prima para cualquier persona que se inscriba tarde en el año.
8. Su cheque cancelado o talón de giro postal es su único recibo y notificación de cobertura. Se le proporciona una tarjeta para su cartera pero no es prueba de cobertura.
9. La devolución de un cheque por parte del banco, por cualquier motivo, resultará en que la cobertura del seguro se cancele.

DEFINICIONES:

Una lesión corporal es aquella que sea: 1) directa e independientemente ocasionada por un contacto accidental específico con otro cuerpo u otro objeto; 2) no relacionada a un trastorno patológico, funcional o estructural; 3) el origen de una pérdida; y 4) se sufrió mientras la persona con cobertura esté cubierta por ésta póliza. Se considerará que una sola lesión equivale a todas las que se hayan sostenido en un accidente, incluyendo todas las enfermedades relacionadas y síntomas recurrentes de las mismas. Una lesión no incluye una pérdida que sea el resultado total o parcial, directo e indirecto de una enfermedad u otra dolencia corporal.

POLÍTICA DE CONFIDENCIALIDAD:

Sabemos que su privacidad es importante para usted y nos esforzamos para proteger la privacidad de sus datos personales confidenciales. No divulgamos ningún dato personal confidencial a nadie, salvo como lo permita o requiera la ley. Mantenemos medidas apropiadas físicas, electrónicas y previsiones procesales para garantizar la seguridad de sus datos personales confidenciales.

Envíe preguntas, pagos y reclamos a:
SISC Student Accident Coverage
P.O. Box 1847
Bakersfield, CA 93303-1847
(661) 636-4495

Favor de guardar este folleto para consultarlo en el futuro. No recibirá pólizas individuales del seguro o tarjetas de identificación.



BENEFICIOS MÁXIMOS SE PAGARÁN SEGÚN LO INDICADO:

Normal & Habitual (N&H)

La Póliza brinda beneficios en caso de una pérdida debido a una lesión siempre y cuando esté cubierta, hasta alcanzar el Beneficio Máximo indicado (véase la gráfica) para cada una. Los beneficios por los Gastos Médicos Cubiertos realizados 52 semanas a partir de la fecha de la lesión los pagará el plan si el tratamiento lo proporciona un médico acreditado y calificado comenzando en un plazo de 30 días a partir de la fecha en que sufrió la lesión. No se cubrirá ningún suministro o servicio que no esté listado específicamente. Debido a que este es un plan suplementario, a este plan no se le considerará ser el plan principal ni se hará responsable de pagar ningún gasto ocasionado por lesiones las cuales haya cubierto el seguro médico principal en vigor.

BENEFICIO MAXIMO	\$25,000 por cada lesión
Coseguro (El plan paga)	80% de N&H salvo como se indique abajo
Coseguro (Usted paga)	20% de N&H salvo como se indique abajo
Habitación dentro del Hospital & Comida/Otros	80% de N&H/\$1,250 pago total por día
Sala de Urgencias El uso del cuarto y suministros, el tratamiento inicial se debe proveer dentro de un plazo de 72 horas comenzando cuando sostuvo la lastimadura.	80% de N&H, hasta un máximo de \$1,000
Cirujano	80% de N&H
1. Cirujano Auxiliar	20% de la cantidad permitida para el cirujano
2. Anestesiólogo	20% de la cantidad permitida para el cirujano
Instalación Quirúrgica	80% de N&H/\$2,500 máximo
Cobros del Doctor Sin incluir cirugía o quiropráctico. Los beneficios se limitan a una cita por día.	80% de N&H, hasta \$50
Fisioterapia/Quiropráctico	80% de N&H/un máximo de 15 citas en total
Rayos X	Rayos X
MRI/CT (Imágen de resonancia magnética/tomografía computarizada)	80% de N&H hasta un total de \$750
Férulas & Aparatos Ortopédicos	80% de N&H, un máximo de \$1,000
Ambulancia en carretera al hospital más cercano	80% de N&H
Laboratorio	80% de N&H
Medicamentos recetados (relacionados al accidente)	80% de N&H
Inyecciones (accident related)	80% de N&H
Servicios dentales: Beneficios se pagan únicamente por dientes naturales sanos. El Plan no cubre beneficios de ortodoncia de ningún tipo.	80% de N&H/\$2,500 máximo

Los detalles acerca de estos beneficios los puede encontrar en la Póliza Maestra archivada en la oficina SISC.

Application for SISC Supplemental Student Accident Coverage

APPELLIDO DEL ESTUDIANTE / NOMBRE / INICIAL DEL SEGUNDO NOMBRE

FECHA DE NACIMIENTO GRADO ESCOLAR

DOMICILIO

CIUDAD ESTADO CODIGO POSTAL

NUMERO DE TELEFONO

NOMBRE DEL DISTRITO ESCOLAR (SE REQUIERE PARA PROCESAR LA SOLICITUD)

NOMBRE DE LA ESCUELA

FIRMA DEL PADRE O GUARDIAN FECHA

PROCEDIMIENTO DE LA SOLICITUD

- Llene la solicitud y despegue el formulario de inscripción
- Extienda el cheque o el giro postal por \$25 dólares a SISC. FAVOR DE NO MANDAR DINERO EN EFECTIVO.
- Envíe la Solicitud y el pago a:
SISC Student Accident Coverage
P.O. Box 1847
Bakersfield, CA 93303-1847
- Su cheque cancelado o el talón del giro postal serán su recibo

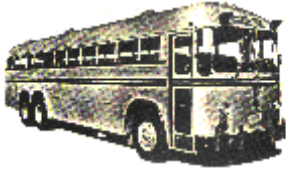
SISC Supplemental Student Accident Coverage

NOMBRE DEL ESTUDIANTE

La cobertura entra en vigor a partir de la fecha en que SISC reciba la solicitud y el pago de la prima hasta el 30 de junio

DISTRITO ESCOLAR

(ESTA TARJETA ES SOLO PARA EL SOLICITANTE Y NO ES PRUEBA DE COBERTURA)



**CALAVERAS UNIFIED
SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT
P.O. Box 788
San Andreas, CA. 95249**



**Transportation Phone Numbers
(209) 754-2315
FAX (209) 754-2166**

Transportation Rules and Agreement Form

Responsibilities While Riding on School Bus

In order that all students in the Calaveras Unified School District who use school buses for home to school transportation as well as other trips understand the rules and regulations governing their conduct on school buses, it is requested that the student, his or her parent/guardian, and the District enter an agreement as a condition to bus riding privileges.

5 CCR, Section 14103

(a) Pupils transported in a school bus or in a school pupil activity bus shall be under the authority of, and responsible directly to, the driver of the bus, and the driver shall be held responsible for the orderly conduct of the pupils while they are on the bus or being escorted across a street, highway or road. Continued disorderly conduct or persistent refusal to submit to the authority of the driver shall be sufficient reason for a pupil to be denied transportation.

Violations of the following rules will be grounds for a citation if other corrective action is unsuccessful.
Any violation of the law is grounds for immediate and/or complete suspension of bus riding privileges

Rules for Riding the Bus:

1. Seatbelts are to be worn at all times.
2. There is to be no bullying on the bus.
3. CUSD is not responsible for lost, stolen, or broken electronic devices.
4. There is to be no tobacco products or nicotine delivery devices on the bus.
5. There is to be no unnecessary conversation with the bus driver.
6. There is to be no profanity, offensive, or abusive language or gestures.
7. There is to be no excessively loud talking, singing or whistling.
8. There is to be no eating, drinking, or gum chewing on the bus.
9. No glass containers are to be brought on the bus.
10. There is to be no spitting or throwing of objects.
11. All parts of the body must be kept inside the bus.
12. Students are to remain seated while on the bus unless directed to move by the driver.
13. There is to be no spiked or cleated footwear worn in the bus.
14. Feet must be kept off the seats.
15. No live animals are to be brought on the bus except for service dogs.
16. There is to be no abusive body contact (slapping, hitting, poking, shoving, pulling hair, fighting, etc.) in the bus or when loading or unloading the bus.
17. There are to be no unauthorized exits from the bus. Emergency doors and windows are not to be used to exit the bus except in the event of an emergency.
18. Students are not to engage in any activity on the bus that might be hazardous to the safety and welfare of themselves or other students and the driver or which might be distracting to the driver.
19. All riders will need to show their bus pass upon boarding and upon request by school staff member.
20. Students must arrive at their stop five minutes prior to the scheduled time.
21. Skate boards must be contained and placed under the bus or in the trunk.

Special Note: Students are subject to being recorded on video cameras at any time they are riding a school bus. These recordings may be used in disciplinary proceedings and matters captured by the camera may be referred to local law enforcement.

Rules for Loading the Bus:

1. Students must be at the designated bus stop 5 minutes before the bus is scheduled to arrive. The bus stop is designated by the Transportation Department.
2. Students who have an assigned Red Light pick-up shall wait for the bus to arrive, display proper warnings and be escorted by the driver across the road.
3. Students must cross the road in front of the bus, never behind the bus.
4. Students shall always stand a safe distance off the road and never in the road while waiting for the bus.
5. While at the bus stop, students should:
 - A. Conduct themselves in an orderly manner.
 - B. Avoid littering.
 - C. Respect nearby private property rights.

Rules for Unloading the Bus:

1. Students must use the service entrance door while unloading and not the emergency exit door. The emergency exit is to be used only in emergency situations.
2. Students who must cross the road after getting off the bus should cross at least twelve (12) feet in front of the bus while being escorted by the driver.
3. Students should walk across the road, never run.
4. Students should not ask to be let off at stops other than their assigned stop unless they have a note signed by their parent.

Disciplinary Action:

Following a verbal and a written warning the bus driver may issue a citation for breaking the rules. The driver will indicate the severity of the offense as A, B, or C on the citation form. Certain serious offenses, such as fighting, climbing out of a window or emergency exit, extreme profanity, bullying etc., will result in an automatic minimum "A" citation with or without the verbal or written warning. Offenses involving a serious violation of safety/ may result in immediate "C" offense and suspension of bus riding privileges.

Message to Parents or Guardians of Children That Are Passengers on Buses

Parents or guardians are ultimately accountable for the behavior of their minor children. The drivers need your cooperation and support in their efforts to enforce the rules that are essential to the safety and security of your children. While the drivers represent you in a parent-like role, the students must obey them regarding the rules for students the same as if you, the parents or guardians, were enforcing them.

PARENTS OR GUARDIANS- Please sign and return to the bus driver or school office in order for your child to continue to be eligible for transportation with Calaveras Unified School District.

I have read, understood, and have explained this document to my child in terms of what is expected while riding a Calaveras Unified School Bus. We agree to do our part in creating a safe and secure environment on the bus.

STUDENT'S NAME _____

PARENT OR GUARDIAN'S SIGNATURE

DATE

Home Phone Number

Work Phone Number

School

SCHOOL BUS PASS APPLICATION

2021-2022 SCHOOL YEAR

Must Be Filled Out Every Year

ALL Payment types need to fill this form out completely and return to CUSD Transportation Department,
P.O. Box 788 – San Andreas, CA 95249

Questions? Call us at 754-2315 or go to our website: www.calaverasusd.com

PAYMENT MAY BE MADE ON THE PARENT PORTAL

E-mail notification to treeder@calaveras.k12.ca.us

Parent/Guardian Name: (print)			Processed Date	Fee
Home Phone			Receipt #	
Cell Phone	Work Phone		Chk Amt	Chk # Cash
Address			Accepted By:	
Apt. #			Mail Walk In Online	
City/Zip			REPLACEMENT PASSES	
<p>By signing below I confirm I have read and will adhere to the CUSD transportation regulations concerning the transportation of students and the rules that are enforced on District buses for the safety of students. I also verify the information contained in this document is true and correct. I understand falsification of information is cause for the revocation of bus service without refund. I further understand the bus pass must be displayed when boarding the bus and a \$10.00 PROCESSING CHARGE will be assessed for replacement passes for any reason. I further understand that my signature commits me to paying the entire amount due.</p>			Request Date: _____	
			Name(s) of Student _____	
			Amt. Paid: _____	
			Pmt. Made By: _____	
Signature of Parent/Guardian: _____			Check # _____ Cash: _____	
Date			Notes:	

Student(s) Information All student(s) information must be completed. Students will be assigned a stop, relative to your home address, if one is not listed below.

NAME	GRADE	SCHOOL	BUS STOP/ROUTE #

On Reverse: Free & Reduced Guidelines – Refund Policy – Discipline/Denial Policy

Type of Service/Fees

Students:	One	Two	Three	Four	Five	Add'l	You must show proof of income to be eligible for free or reduced bus passes. Please fill out the Household Economic Survey Check here if you receive county services <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> (price of half off regular price)
Annual Service	\$200	\$380	\$560	\$650	\$740	\$90	
Round Trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> OFFICE USE ONLY Verified: <input type="checkbox"/> Free <input type="checkbox"/> Reduced (1/2 Off) <input type="checkbox"/> Documents Attached Type of Documents: _____
Punch Cards (20 one-way trips) \$30 X _____ = \$ _____ (Subject to space available) Lost punch cards: \$30 to replace							
PAYMENT TYPE: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Online							
Semester Payment Plan: <input type="checkbox"/> 1st Semester <input type="checkbox"/> 2nd Semester (Due January 3)							
\$25 Charge for Returned Checks							

FREE or REDUCED RATES: MUST BE ELIGIBLE UNDER FEDERAL INCOME REGULATIONS, APPLICATIONS MUST BE COMPLETE AND INCLUDE REQUIRED DOCUMENTATION AS FOLLOWS:

- Earnings/Wages/Salary - Current paycheck stub or letter from Employer (on business stationery) stating gross wages paid and how often paid.
- Social Security/Pension/Retirement - Social Security Benefit letter or Pension Award letter.
- Unemployment Compensation/Disability or Workers Compensation - Copy of Award letter or check stub.
- Welfare Payments - Benefit letter from Welfare Department stating current eligibility and amount of award. (Passport of Services)
- Child Support/Alimony - Court decree or agreement.
- All Other Income- If you have any other type of income, provide documents showing amounts of income and how often it is received.
- Self-Employment - Copies of last 12 months of bank statements and the last year's annual Federal Tax Return.
- No Income - If you have no income, provide a brief note explaining how you provide food, clothing, and housing and when you expect an income. Include last year's Federal Tax Return.

REFUND POLICY

Requests for refunds must be submitted on the appropriate form, available at the District Office.

1. After a student leaves the District, refunds will be prorated, based on the number of quarters the student was enrolled in the District and able to utilize services.
2. After paying transportation fees a student has been determined to be eligible for Free or Reduced fees.
3. No refund will be issued for students who are ill or who are suspended from the bus or school for disciplinary reasons or due to Board action.
4. A written request for refund along with the bus pass must be sent directly to the Transportation Department and should contain the following information: Name of student, date that the pass would no longer be used, reason for the refund, school of attendance and address where the refund is to be sent. **No refunds will be made for punch cards.**

Students will be required to show their transportation pass when boarding the bus (both a.m. and p.m.)

The student must have the pass ready to show the driver before boarding the bus. The passes may be attached to the student's backpack for safety, but the student must show the pass when boarding the bus. Parents must select a bus stop from the District's approved list of bus stops. Possession of a current pass entitles a student to ride to and from the designated school and bus stop on the assigned bus. Reassignment to a different bus or a different stop can be accomplished through written request to the Transportation Department. If the parent does not indicate a bus stop location on the application, transportation staff will assign a bus stop. Per transportation rules and regulations, **students planning to get off the bus anywhere other than their assigned bus stop, must present a note from their parent/guardian to their driver.**

DENIED SERVICE – Students will not be able to board the bus without the previous years pass or a receipt showing payment made for the current year pass.

RFID cards will be provided to students at the time that the pass is issued. These need not be replaced every year. There is a \$10.00 replacement fee for these cards



Calaveras Unified School District

Acceptable Use Policy (AUP) for District Computer Systems Information for all Staff and Students

The District's Acceptable Use Policy ("AUP") is to prevent unauthorized access and other unlawful activities by users online, prevent unauthorized disclosure of or access to sensitive information, and to comply with the Children's Internet Protection Act ("CIPA"). As used in this policy, "user" includes anyone using the computers, Internet, email, chat rooms and other forms of direct electronic communications or equipment provided by the District (the "network"). Only current students or employees are authorized to use the network.

The District will use technology protection measures to block or filter, to the extent practicable, access of visual depictions that are *obscene, pornographic, and harmful to minors* over the network. The District reserves the right to monitor users' online activities and to access, review, copy, and store or delete any electronic communication or files and disclose them to others as it deems necessary. Users should have no expectation of privacy regarding their use of District property, network and/or Internet access or files, including email.

Acceptable Uses of the District Computer Network or the Internet

Each year the District must verify that a student has signed the acknowledgment page of this policy in order for the student to use the computer network and to have Internet Access. Each school site must keep this page on file. A student who is under 18 must have a parent or guardian sign this page and schools must keep it on file. Once signed the permission/acknowledgement page remains in effect until revoked by the parent, or the student loses the privilege of using the District's network due to violation of this policy or is no longer a CUSD student. Employees and other users are required to follow this policy. Even without signature, all users must follow this policy and report any misuse of the network or Internet to a teacher, supervisor or other appropriate District personnel. Access is provided primarily for education and District business. Staff may use the Internet, for incidental personal use during duty-free time. By using the network, users have agreed to this policy. If a user is uncertain about whether a particular use is acceptable or appropriate, the user should consult a teacher, supervisor or other appropriate District personnel.

In addition, each year a student must pass a basic Netiquette class verified by the school site at which the student attends. Netiquette, or network etiquette, is the contemporary term for the proper way to communicate and interact with each other using email over the Internet. Netiquette training will include but is not limited to:

- Becoming familiar with CUSD's AUP
- Common courtesy in written communication
- Asking permission to forward attachments or emails

Unacceptable Uses of the Computer Network or Internet

These are examples of inappropriate activity on the District web site, but the District reserves the right to take immediate action regarding activities (1) that create security and/or safety issues for the District, students, employees, schools, network or computer resources, or (2) that expend District resources on content the District in its sole discretion determines lacks legitimate educational content/purpose, or (3) other activities as determined by District as inappropriate.

Violating any state or federal law or municipal ordinance, such as: Accessing or transmitting pornography of any kind, obscene depictions, harmful materials, materials that encourage others to violate the law, confidential information or copyrighted materials;

- **Criminal activities** that can be punished under law;
- **Selling or purchasing** illegal items or substances;
- **Obtaining and/or** using anonymous email sites; spamming; spreading viruses;
- **Causing harm** to others or damage to their property, such as:
 1. Using profane, abusive, or impolite language; threatening, harassing, or making damaging or false statements about others or accessing, transmitting, or downloading offensive, harassing, or disparaging materials;
 2. Deleting, copying, modifying, or forging other users' names, emails, files, or data; disguising one's identity, impersonating other users, or sending anonymous email;
 3. Damaging computer equipment, files, data or the network in any way, including intentionally accessing, transmitting or downloading computer viruses or other harmful files or programs, or disrupting any computer system performance;
 4. Using any District computer to pursue "hacking," internal or external to the District, or attempting to access information protected by privacy laws; or
 5. Accessing, transmitting or downloading large files, including "chain letters" or any type of "pyramid schemes".
- **Engaging in uses that** jeopardize access or lead to unauthorized access into others' accounts or other computer networks, such as:
 1. Using another's account password(s) or identifier(s);
 2. Interfering with other users' ability to access their account(s); or
 3. Disclosing anyone's password to others or allowing them to use another's account(s).



Calaveras Unified School District

Acceptable Use Policy (AUP) for District Computer Systems Information for all Staff and Students

- **Using the network** or Internet for Commercial purposes:
 1. Using the Internet for personal advertising, promotion, or financial gain; or
 2. Conducting for-profit business activities and/or engaging in non-government related fundraising or public relations activities such as solicitation for religious purposes, lobbying for personal political purposes.

Student Internet Safety

1. Students under the age of eighteen should only access District accounts outside of school if a parent or legal guardian supervises their usage at all times. The student's parent or guardian is responsible for monitoring the minor's use;
2. Students shall not reveal on the Internet personal information about themselves or other persons. For example, students should not reveal their name, home address, telephone number, or display photographs of themselves or others;
3. Students shall not meet in person anyone they have met only on the Internet; and
4. Students must abide by all laws, this Acceptable Use Policy and all District security policies.

What Cyberbullying is and NOT allowed

- **Flaming.** Online fights using electronic messages with angry or vulgar language.
- **Harassment.** Repeatedly sending nasty, mean, an insulting messages.
- **Denigration.** "Dissing" someone online. Sending or posting gossip or rumors about a person to damage his or her reputation or friendships.
- **Impersonation.** Pretending to be someone else and sending or posting material to get that person in trouble or damage their reputation.
- **Outing.** Sharing someone's secrets or embarrassing information or images online.
- **Trickery.** Tricking someone into revealing secrets or embarrassing information and then sharing it online.
- **Exclusion.** Intentionally and cruelly excluding someone.
- **Cyberstalking.** Repeated, intense harassment and denigration that includes threats or creates significant fear.

Penalties for Improper Use

The use of a District account is a privilege, not a right, and misuse will result in the restriction or cancellation of the account. Misuse may also lead to disciplinary and/or legal action for both students and employees, including suspension, expulsion, dismissal from District employment, or criminal prosecution by government authorities. The District will attempt to tailor any disciplinary action to the specific issues related to each violation.

- **Software:** CUSD laptops are provided with district standard software (e.g., operating system, Microsoft Office Professional, site licensed software) and access to CUSD networks only for work-related projects. All installations of software **MUST** go through the tech department, with a copy of the license agreement.
- **Privacy:** System users should have no expectation of privacy in the contents of files and records maintained on district equipment. Do not use equipment for personal use.
- **Negligence:** Staff members may be held personally responsible for abuse or negligence. Staff members are to report any instance of theft or vandalism to the immediate supervisor within twenty-four (24) hours.
- **Network Security:** The district uses network management technology to protect equipment and systems from viruses and related security violations. Users may not use *types of knowledge* to bypass the district filter and/or firewall.
- **Technical Assistance:** The District cannot provide technical assistance and maintenance for applications or hardware not identified in the standard CUSD image for laptops.
- **Data Security:** The district provides secured, encrypted access to student records across the Internet. Some of the data stored in our student, fiscal, and employee information systems are sensitive. Personal data that could be used in identity theft such as social security numbers or addresses, whether for students or adults, **may never be stored on computers.**

Disclaimer



Calaveras Unified School District
 Acceptable Use Policy (AUP) for District Computer Systems
 Information for all Staff and Students

The District makes no guarantees about the quality of the services provided and is not responsible for any claims, losses, damages, costs, or other obligations arising from use of the network or accounts. Any additional charges a user accrues due to the use of the District's network are to be borne by the user. The District also denies any responsibility for the accuracy or quality of the information obtained through user access. Any statement, accessible on the computer network or the Internet, is understood to be the author's individual point of view and not that of the District, its affiliates, or employees.

Student Information

I have read, understand, and agree to abide by the provisions of the Acceptable Use Policy of the Calaveras Unified School District.		
Site Location:		
	<i>Student Name</i>	<i>Parent Name</i>
Name (print clearly):		
Signature:		

Employee Information

I have read, understand, and agree to abide by the provisions of the Acceptable Use Policy of the Calaveras Unified School District.				
District Site Location:				
Staff Type:		<i>Circle one:</i>	<i>CUSD</i>	<i>CCOE</i>
				<i>District Contracted</i>
Name (print clearly):				
Signature:				

Parents/Students: *Please return this form to the school or office where it will be kept on file. It is required for all staff and students that will be using a computer network and/or Internet access.*

Employees: *Please return to the Personnel Department*

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TECHNOLOGY TOOLS IN THE CLASSROOM

As you may have heard, our district is engaged in an exciting technology initiative that will allow us to better instill our students with 21st century skills and provide greater differentiation in instruction. As part of this initiative we are piloting new technology tools including iPads and Chromebooks in many of our classrooms. Combined with the proper framework of software and curricular content, these mobile devices have great potential to be an effective, collaborative classroom tool.

As part of this implementation, our students in grades two through twelve have been provided with restricted "Google Apps for Education" accounts. These accounts allow students to communicate and collaborate with their teachers and fellow students in a variety of ways. One of these ways is through a limited email account using the Google Mail system. A student Google Mail account allows the student to send and receive emails to staff members and fellow students, but does not allow them to send email to any email address outside of the district or to receive email from outside of the district. Should the student attempt to email anyone outside of the district, it simply does not get sent. Should someone outside the district attempt to email the student, it is not received.

Rules for student network use are found in the Acceptable Use Policy (AUP) included in the "Annual Notice to Parents," (Back to School Packet) distributed at the start of each school year.

Another collaborative tool included in the Google Apps for Education suite is Google Drive, which allows students to create, share and collaboratively edit a variety of documents. Using Google Drive, students can simultaneously edit a document needed for a class project and collaborate with each other online while doing so. These tools allow teachers to make a variety of learning materials available to students online, as well as to deliver quizzes and exams on the computer. All of these online tools are available to students when they are using devices in the classroom and when they have Internet access at home; however, no student is required to have Internet access at home in order to complete assignments. Whether they are using the accounts at school or at home, all the restrictions on email still apply.

As stated in the Acceptable Use Policy (AUP), student email is not guaranteed to be private. All email from students is electronically monitored for violations of the Acceptable Use Policy, and student email is automatically archived. In the event that a violation of the AUP is suspected, district network staff can retrieve archived emails and provide them to school administrators for review. We have also had some inquiries about parent access to these accounts. If you want to review your student's account, we encourage you to have your student provide you with the password. If this is a problem, the district can always reset the password, prevent the student from being able to change it, and share the password with both parent and student.

We believe these Internet applications and others, such as MobyMax, Renaissance Learning, NewsELA, and EduTyping will be beneficial to our students, and we are combining this initiative with classroom training on responsible Internet use. If you have any questions about this program, please feel free to contact your school. If you no longer wish your child to have access to these tools, please send a written notice to your child's school indicating that you do not want him or her to have access to Internet based software tools.

Calaveras Unified School District
<http://www.calaverasusd.com>

CALAVERAS UNIFIED SCHOOL DISTRICT

**P.O. Box 788
SAN ANDREAS, CA 95249
(209) 754-2300
Fax: (209) 754-2215**

SCHOOL ATTENDANCE ALTERNATIVES

The Calaveras Unified School District offers the following school attendance alternatives in accordance with California law:

- **Alternative Attendance Within the District (AB 1114)**

Information and instructions are enclosed for completing an Intradistrict Attendance Application for a child who wishes to attend a district school other than the school in the attendance area of residence current available. See Board Policy and Administrative Regulation 5116.1 and Notice to Parents/Guardians Regarding Intradistrict Attendance Options.

- **Interdistrict Transfers (Ed Code 46600)**

Interdistrict Transfers under Ed Code 46600-46221 allows two or more districts to enter into an agreement for the transfer of students to another district. See Board Policy and Administrative Regulation 5117.



Calaveras Unified School District

3304 Highway 12, Bldg. B
P.O. Box 788
San Andreas, CA 95249
(209) 754-2300
www.calaveras.k12.ca.us

Superintendent's Office

July 2021

Dear Parents and Guardians:

Every Day Counts in a child's education. Every day a student misses school, they get more than two days behind their peers, because they must make up missed learning and catch up with new learning at the same time. Every day a student is in school, he/she raises their chance to score well on tests. Every day a student goes to school, they learn a little more about responsibility. **Every Day Counts** toward funding for school supplies too. Schools no longer receive money for excused absences. Schools will now only receive funding for students who are actually in class. Every day a student misses school, even for excused absences, the school loses about \$30.00 in income.

Calaveras Unified School District is working hard toward becoming the best district in Calaveras County. We are proud of the giant steps we are taking toward improving student achievement. We have some of the highest graduation requirements in the county, as well as rigorous academic criteria that every high school student must meet to advance to the next grade. More than 70% of our seniors move on to a two or four-year college.

But our work is not done and we need your help. We want to ensure that every student can meet our rigorous academic criteria and graduation requirements.

Please support our efforts to make Calaveras Unified School District the best in Calaveras County by helping to get our students to school every day. You can do this by:

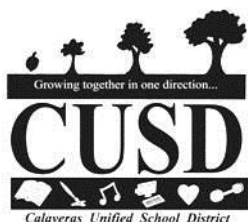
- planning your family vacations during the summer months or when school is on holiday breaks
- teaching your child to be on time for school each day
- making sure your child stays home only when he or she is sick
- asking your child's doctors to schedule appointments before or after school hours
- bringing your child to school before and after his daytime doctor appointment

We know you want the very best education for your child, and we do too. By understanding that **Every Day Counts**, together we can give your child the very best.

Yours truly,

Mark Campbell
Superintendent

CUSD---Make Every Moment and Every Day Matter for Every Student



Calaveras Unified School District

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Superintendent's Office

STATE SCHOOL ATTENDANCE ACCOUNTING PROCEDURES

State school attendance accounting procedures have changed in an effort to improve student attendance. Research and tests clearly show that a vast majority of student failure is a result of irregular attendance. We, at CUSD, believe that it is important for our students who will someday be entering the world of work, to learn that punctuality and excellent attendance are keys to job retention and success. The following required attendance laws will be enforced at CUSD.

- It remains the responsibility of the parent/guardian to make phone calls or to provide notes to the school in order to justify student absences.
- Saturday School is held at Toyon Middle School (TMS) and Calaveras High School (CHS). Students that attend TMS and CHS with justified absences will be offered make-up Saturday School in order to receive teacher help in completing required assignments and activities. A justified absence includes illness, medical appointments that cannot be scheduled after school hours, death in the immediate family and required court appearance.
- Toyon Middle School and Calaveras High School students with unjustified absences (any absence other than those listed above) will be required to attend Saturday School to make up for their violation of the state's mandatory attendance law.
- Student absences that exceed 10% of instructional time in a particular grading period may be considered grounds for failure. Saturday School attendance is considered make up for any type of absences.

We thank you in advance for your help in increasing student instructional time. This is consistent with the desire of our governor, legislature, and local school board's joint effort to increase student learning time.



Calaveras Unified Nutritional Services

P.O Box 788
San Andreas, CA 95249
(209) 754-2120

https://www.calaverasusd.com/departments/nutritional_services



Free Meals for ALL children in school year 21-22

All CUSD sites serve breakfast and lunch.

Students on campus will have access to free meals.

IMPORTANT: We need YOUR help to QUALIFY for SUPPLEMENTAL EDUCATION FUNDING!

Submit your *Household Economic Survey* * - It's simple!



***ONLINE via Campus Parent Portal**

It's Safe and Secure - All Information is strictly confidential.

https://www.calaverasusd.com/parents/infinite_campus_parent_portal

Select More/Meal Benefits to begin the application process.

***Or, complete a Hard Copy:**

The Economic Survey form is available for printing:

https://www.calaverasusd.com/departments/nutritional_services/economic_survey

If your child is Direct Certified through the County, you will be notified by US mail and therefore it is not necessary to complete the Economic Survey. You may use your letter to qualify for the free or reduced-price bus pass, College prep test fees or for other programs in the community that honor school meal student eligibility.

You will need a Parent Portal account to submit your economic survey online. Do not use a student portal account or the data submission will be rejected. Contact your school office or Technology Services to assist you with setting up your account. Parent Portal information is available at https://www.calaverasusd.com/parents/infinite_campus_parent_portal

Only **one survey per household** is needed. Return hard copies to any school office or kitchen, or mail to Nutritional Services at the above address. You can also scan and email a .pdf or take a picture with your phone and email to mhernandez@calaveras.k12.ca.us
An adult household member must sign the form.



This institution is an Equal Opportunity Provider and Employer.



Calaveras Unified Nutritional Services

P.O Box 788
San Andreas, CA 95249
(209) 754-2120

https://www.calaverasusd.com/departments/nutritional_services



Comidas gratuitas para TODOS los niños en el año escolar 21-22

Todos los sitios de CUSD sirven desayuno y almuerzo. Los estudiantes del campus tendrán acceso a comidas gratuitas.

IMPORTANTE: ¡Necesitamos SU ayuda para CALIFICAR para FINANCIAMIENTO DE EDUCACIÓN SUPLEMENTARIO!

Envíe su Encuesta económica familiar *: ¡es sencillo!



*** EN LÍNEA en el Portal de Padres del Campus**

Es seguro y protegido: toda la información es estrictamente confidencial.

https://www.calaverasusd.com/parents/infinite_campus_parent_portal

Seleccione Más / Beneficios de comidas para comenzar el proceso de solicitud.

*** O complete una copia impresa:**

El formulario de la Encuesta Económica está disponible para imprimir:

https://www.calaverasusd.com/departments/nutritional_services/economic_survey

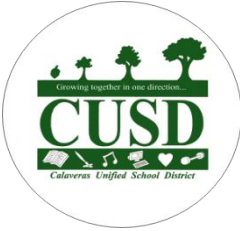
Si su hijo tiene certificación directa a través del condado, se le notificará por correo de los EE. UU. Y, por lo tanto, no es necesario que complete la Encuesta económica. Puede usar su carta para calificar para el pase de autobús gratuito o de precio reducido.

Necesitará una cuenta del Portal para padres para enviar su encuesta económica en línea. No utilice una cuenta del portal de estudiantes o la presentación de datos será rechazada. Comuníquese con la oficina de su escuela o con los Servicios de Tecnología para que lo ayuden a configurar su cuenta. La información del portal para padres está disponible en https://www.calaverasusd.com/parents/infinite_campus_parent_portal

Solo se necesita una encuesta por hogar. Devuelva las copias impresas a la oficina de la escuela o la cocina, o envíelas por correo a los Servicios de Nutrición a la dirección anterior. También puede escanear y enviar por correo electrónico un .pdf o tomar una foto con su teléfono y enviar un correo electrónico a mhernandez@calaveras.k12.ca.us Un miembro adulto del hogar debe firmar el formulario.



This institution is an Equal Opportunity Provider and Employer.



Calaveras Unified School District

P.O Box 788
San Andreas, CA 95249
(209) 754-2300
www.calaverasusd.com

We need **YOUR** help!

Complete a **Household Economic Survey!**

Information is Confidential



School Funding

Increased funding to ensure students receive the educational support they need.



Help CUSD qualify for supplemental and concentration grant funding under LCFF.



SAT, ACT, AP Test Fees

Get discounts on fees for college prep tests.

Option 1.

Submit Online

- Log in to your Campus Parent Portal.
- Scroll to More/Meal Benefits and start the 'application' process.
- For help with portal access visit www.calaverasusd.com and click on the Parent Portal Link.

Option 2.

Complete a Hard Copy

- Available from any school office or,
- Print from www.calaverasusd.com
- Go to Departments/Nutritional Services and click on Economic Survey
- Send via email or US Mail:
- Scan and email a .pdf or
- Take a picture with your phone and email to: mhernandez@calaveras.k12.ca.us
- or Mail USPS: Melanie Hernandez
PO Box 788
San Andreas, CA 95249

Option 3.

Over the Phone

- Parents can call and answer a few quick questions over the phone.
- Call (209) 754-2120
Melanie Hernandez
Student Eligibility
Nutritional Services
mhernandez@calaveras.k12.ca.us

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2021/2022 CALAVERAS USD Household Economic Survey (One per Household)

In lieu of this form submit your information SECURELY ONLINE through your Campus Parent Portal under More/Meal Benefits.
<https://calaverasusd.infinitecampus.org/campus/portal/calaverasUnified.jsp>

ALL CHILDREN RECEIVE SCHOOL MEALS AT NO CHARGE FOR THE 21-22 SCHOOL YEAR

COMPLETION OF THIS SURVEY DOES NOT AFFECT STUDENT'S ABILITY TO RECEIVE NO COST MEALS - DATA IS USED TO DETERMINE ADDITIONAL EDUCATION FUNDING. THIS INFORMATION IS KEPT STRICTLY CONFIDENTIAL .

SECTION A. CHILDREN INFORMATION All Households Complete This Section. Enter all children's personal (earned) gross income, if any, and how often received.

Circle the correct Income Codes: W=Weekly, E=Every 2 Weeks, T=Twice a Month, M=Monthly, Y=Yearly.

Racial and Ethnic Identities (optional) 1. Circle one Ethnic Identity: N=Not Hispanic/Latino or H=Hispanic/Latino 2. Circle one or more racial identities: (Regardless of ethnicity)

A=Asian, W=White, B=Black or African American, I=American Native or Alaska Native, P=Native Hawaiian or other Pacific Islander. A Foster Child is under the legal responsibility of a foster care agency or court.

CHILDREN: LAST NAME, FIRST NAME	SCHOOL (Write "NONE" if not in school)	GRADE	Date of Birth (Optional)	Racial and Ethnic Identities: (Optional)		MARK "X" If Foster Child	Mark "X" if No Income	Child's Personal Earned Income	Source of Income (Work)?	Paid How Often? (Circle)	Enter Benefit TYPE: CalFresh, CalWORKs or FDPIR	Enter Benefit CASE NUMBER
				Circle One Ethnic Identity	Circle one or more							
①				N OR H	A W B I P	<input type="checkbox"/>	<input type="checkbox"/>	\$		W E T M Y		
②				N OR H	A W B I P	<input type="checkbox"/>	<input type="checkbox"/>	\$		W E T M Y		
③				N OR H	A W B I P	<input type="checkbox"/>	<input type="checkbox"/>	\$		W E T M Y		
④				N OR H	A W B I P	<input type="checkbox"/>	<input type="checkbox"/>	\$		W E T M Y		
⑤				N OR H	A W B I P	<input type="checkbox"/>	<input type="checkbox"/>	\$		W E T M Y		
⑥				N OR H	A W B I P	<input type="checkbox"/>	<input type="checkbox"/>	\$		W E T M Y		

If the child you are applying for is Homeless, Migrant, or Runaway, contact the school and CIRCLE appropriate letter: H M R
 Households with a Benefit Case Number for CalFresh/CalWORKs for a child listed above: skip Section B and complete Section C.

SECTION B. ALL OTHER HOUSEHOLD MEMBERS: Enter Gross Income Under each Income Type that the Household Member Receives and how often the Income is Received.

Use the following Income Codes for each amount: W=Weekly, E=Every 2 Weeks, T=Twice a Month, M=Monthly, Y=Yearly. If No Income, You MUST Mark the "No Income box." DO NOT Leave Blank.

Adult's Full Name (Do not repeat names from Section A)	MARK "X" If No Income	Gross Earnings from Work Before Deductions, Include All jobs	Paid How Often?	Indicate Pay from Pensions, Retirement, Social Security, VA benefits	Income Source?	Paid How Often?	Welfare Benefits, Child Support, Alimony Payments	Income Source?	Paid How Often?	Any Other Income, Including Temporary Income	Income Source?	Paid How Often?	Enter Benefit Type: CalFresh, CalWORKs or FDPIR	Enter Benefit Case Number
<i>EXAMPLE: Richard Larath</i>	<input type="checkbox"/>	\$ 199.98	W	\$ 141.65	Pension	Y	\$ 99.99	Child Support	M	\$ 550.00	Rental Income	M		
①	<input type="checkbox"/>	\$		\$			\$			\$				
②	<input type="checkbox"/>	\$		\$			\$			\$				
③	<input type="checkbox"/>	\$		\$			\$			\$				
④	<input type="checkbox"/>	\$		\$			\$			\$				
⑤	<input type="checkbox"/>	\$		\$			\$			\$				

SECTION C. CONTACT INFORMATION, CERTIFICATIONS, AND SIGNATURE:

I certify (promise) that all of the above information is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of state funds and school officials may verify the information on the application at any time, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and federal laws.

Printed name of adult household member completing this form _____

Signature of adult household member completing this form _____

Date _____

Street Address, Apt #, etc. _____

City _____

State _____

Zip _____

Home Phone Number _____

Cell Phone Number _____

E-mail Address _____

DO NOT Write Below This Line - For District Use Only:

Application Status:

Approved based on:
 Income

Denied based on:
 Income Too High
 Incomplete

HSLD Size: _____ HSLD Income: \$ _____

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

_____ Determining Official's Signature _____ Date _____

_____ Confirming Official's Signature _____ Date _____

_____ Verification Official's Signature _____ Date _____

TODOS LOS NIÑOS RECIBIRÁN COMIDAS ESCOLARES GRATUITAS EN EL AÑO ESCOLAR 21-22

LOS DATOS DE ESTA ENCUESTA SE UTILIZAN PARA FINANCIAR LA EDUCACIÓN

SECCIÓN A. INFORMACIÓN DE NIÑOS Todas las Familias Completen Esta Sección. Anote el ingreso bruto (ganado) personal de todos los niños, por cantidad, y qué tan seguido es recibido al colocar un círculo alrededor de los Códigos de Ingresos correctos: S=Semanal, C=Cada 2 semanas, D=Dos veces al mes, M=Mensualmente, A=Anualmente. Identidades Raciales y Étnicas (opcional) 1. Encierre en un círculo una Identidad Étnica: N=No Hispano/Latino o H=Hispano/Latino 2. Encierre en un círculo una o más identidades raciales: (Independientemente de la etnia) A=Asiático, B=Blanco, N=Negro o Afroamericano, I=Indígena Americano o Nativo Alaska, P=Nativo Hawaiano u otro Isleño Pacífico

APELLIDO, NOMBRE	ESCUELA (Escriba "NINGUNA" si no está en la escuela)	AÑO EN LA ESCUELA	Fecha de Nacimiento (Opcional)	Identidades Raciales y Étnicas: (Opcional)		MARQUE "X" si Niño Acogido	Marque "X" si No Hay Ingreso	Ingreso Ganado Personal del Niño	Fuente del Ingreso ¿(Trabajo)?	¿Qué Tan Seguido Se Le Paga? (Encierre)	ANOTE el Tipo de Beneficio: CalFresh, CalWORKs, Kin-GAP, FDIPIR	ANOTE el Número de Caso del Beneficio
				Encierre en un círculo Una Identidad Étnica	Encierre en un círculo una o más Identidades Raciales							
①				N o H	A B N I P	<input type="checkbox"/>	<input type="checkbox"/>	\$		S C D M A		
②				N o H	A B N I P	<input type="checkbox"/>	<input type="checkbox"/>	\$		S C D M A		
③				N o H	A B N I P	<input type="checkbox"/>	<input type="checkbox"/>	\$		S C D M A		
④				N o H	A B N I P	<input type="checkbox"/>	<input type="checkbox"/>	\$		S C D M A		
⑤				N o H	A B N I P	<input type="checkbox"/>	<input type="checkbox"/>	\$		S C D M A		

Si el niño por quien solicita Carece de Hogar, Migrante, o Eufugitivo, contacte la Familias presentando una solicitud con un Número de Caso del Beneficio para CalFresh/CalWORKs para CADA niño o un miembro Adulto de la familia, por favor brinque a la Sección C y complete.

Un Niño Acogido está bajo la responsabilidad legal de una agencia de cuidado de crianza temporal o del tribunal.

SECCIÓN B. TODOS LOS OTROS MIEMBROS DE FAMILIA: Anote el Ingreso Bruto Bajo Cada Tipo de Ingreso Cada Miembro de la Familia Recibe y "Qué Tan Seguido" se Recibe el Ingreso al usar los siguientes Códigos de Ingreso: S=Semanal, C=Cada 2 semanas, D=Dos veces al mes, M=Mensualmente, A=Anualmente. Si No Hay Ingreso, Usted TIENE QUE Marcar la "caja Sin Ingreso". NO la Deje en Blanco.

Nombre y Apellido Completo del Adulto (No repita nombres de la Sección A)	MARQUE "X" Si No Hay Ingreso	Ganancias Brutas del Trabajo Antes de Deducciones, Incluya Todos los Trabajos	¿Qué Tan Seguido Se Le Paga?	Indique Pago de Pensiones, Jubilación, Seguro Social, Beneficios VA	¿Fuente del Ingreso?	¿Qué Tan Seguido Se Le Paga?	Beneficios de Asistencia Social, Manutención de Niños, Pagos de Pensión Alimenticia	¿Fuente del Ingreso?	¿Qué Tan Seguido Se Le Paga?	Cualquier Otro Ingreso Incluyendo Ingreso Temporal	¿Fuente del Ingreso?	¿Qué Tan Seguido Se Le Paga?	Anote el Tipo de Beneficio: CalFresh, CalWORKs, Kin-GAP, FDIPIR	Anote el Número de Caso del Beneficio
<i>Richard, Larath</i>	<input type="checkbox"/>	\$ 199.98	S	\$ 141.65	Pensión	A	\$ 99.99	Manutención de Niños	M	\$ 550.00	Ingreso por Rentas	M		
①	<input type="checkbox"/>	\$		\$			\$			\$				
②	<input type="checkbox"/>	\$		\$			\$			\$				
③	<input type="checkbox"/>	\$		\$			\$			\$				
④	<input type="checkbox"/>	\$		\$			\$			\$				
⑤	<input type="checkbox"/>	\$		\$			\$			\$				

SECCIÓN C. INFORMACIÓN DE CONTACTO, CERTIFICACIONES, Y FIRMA:

Este formulario puede ser entregado a cualquier hora del día escolar.

Yo certifico (prometo) que toda información antedicha es verídica y correcta y que todo ingreso es reportado. Tengo entiendo que esta información se da en conexión con el recibir fondos estatales y los funcionarios escolares pueden verificar la información en la solicitud a cualquier hora, y que falsedad intencionada de la información me puede sujetar a enjuiciamiento bajo las leyes aplicables Estatales y federales.

Nombre y apellido escrito en letra de molde del miembro adulto de la familia completando este formulario

Firma del miembro adulto de la familia completando este formulario

Fecha

_____ X _____

Domicilio de Calle, # Apt., etc. Ciudad Estado Zona Postal Núm. Tel. de Casa Núm. Tel. Celular Domicilio Electrónico

NO Escriba Abajo de Esta Línea - Sólo Para Uso Escolar:

Estado de Solicitud: No. de personas en fam.: _____ Ingreso anual de la fam.: \$ _____

Firma del Funcionario Determinando y Fecha

- Aprobada basado en:
 - Ingreso

Firma del Funcionario Confirmando y Fecha

- Negada basado en:
 - Ingreso muy elevado
 - Incompleta

Factores de Conversión del Ingreso Anual: Semanal X 52, Cada 2 semanas X 26, Dos veces al mes X 24, Mensualmente X 12

Firma del Funcionario Verificando y Fecha

Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027)

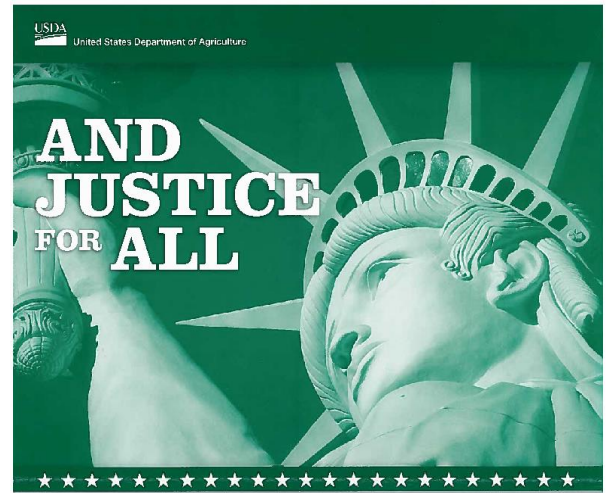
found online at :

http://www.ascr.usda.gov/complaint_filing_cust.html and at any

USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.



USDA
United States Department of Agriculture

AND JUSTICE FOR ALL

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2800 (voice and TDD) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information is available in languages other than English.

To file a complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax:
(202) 690-7442; or

email:
program.intake@usda.gov

This institution is an equal opportunity provider.

Conforme a las leyes federales y a los derechos civiles, reglamentos y políticas del Departamento de Agricultura de los Estados Unidos (U.S. Department of Agriculture, USDA), se prohíbe a esta institución discriminar por motivo de raza, color, nacionalidad, sexo, edad, discapacidad y represión o tortura represalia por actividades realizadas en el pasado relacionadas con los derechos civiles. (No todos los principios de prohibición se aplican a todos los programas).

Las personas discapacitadas que requieren medios alternos para que se les comunique la información de un programa (por ejemplo, braille, letra agrandada, grabación de audio, lenguaje de señas estadounidenses, etc.) deberán comunicarse con la agencia estatal o local responsable de administrar el programa o el TARGET Center de USDA al (202) 720-2800 (voz y TDD) o comunicarse con el USDA a través del Servicio Federal de Transmisión de Información al (800) 877-8339. La información del programa también está disponible en otros idiomas además del inglés.

Para presentar una queja por alegada discriminación, complete el formulario de quejas por discriminación del programa del USDA, AD-3027, que podrá encontrar en línea en http://www.ascr.usda.gov/sites/default/files/docs/2012/Spanish_Form_508_Compliant_6_8_12_0.pdf o en cualquier oficina del USDA o escriba una carta dirigida al USDA que incluya toda la información solicitada en el formulario. Para solicitar una copia del formulario de presentación de quejas, comuníquese al (866) 632-9992. Envíe su formulario o carta completada al USDA por correo:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax:
(202) 690-7442; o

correo electrónico:
program.intake@usda.gov

Esta institución ofrece igualdad de oportunidades.

7/16/16 (45) (Final) (04/16) (Rev. 12/16) (2016)

Kids Place After School Programs

After School Program

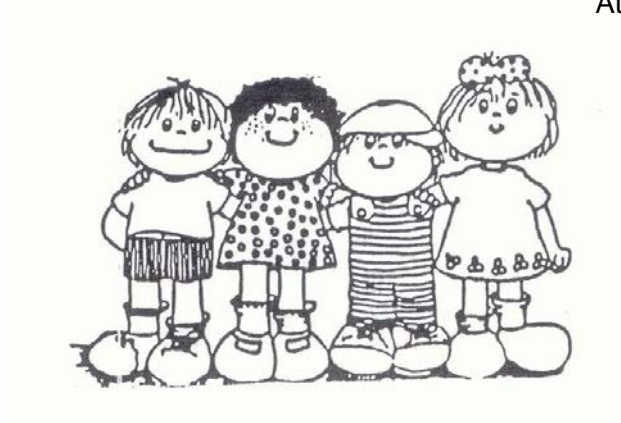
2:00-6:00 PM

Monday through Thursday
12:00-6:00 PM on Friday

Program for School Breaks: (Fall and Spring)

7:15 AM-6:00 PM

Monday through Friday
At Jenny Lind Elementary only

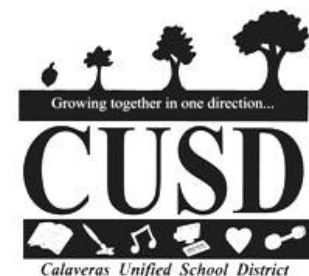


- A safe environment for your children while you work
- Homework Help
- Nutritious Snacks
- Arts & Crafts
- Service Projects
- Highly qualified staff
- Indoor/Outdoor Games

CALAVERAS UNIFIED SCHOOL DISTRICT

JLE, call Debra at 754-2274
VSE, call Michelle at 754-2287
WPE, call Emilie at 754-2255
SAE, call Valerie at 754-2286

*Child care subsidies may be available
through Resource Connection. Please call
754-3048 for more information*





Calaveras Unified School District

Maintenance & Operations

P.O. Box 788

3304 A Highway 12

San Andreas CA 95249

(209) 754-2334 Fax (209) 754-5361

2021-2022 Notification of Pesticide Use

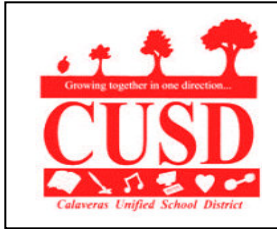
Dear Parents, Guardians and Staff;

To meet the requirement of the Healthy School Act of 2000, the Calaveras Unified School District (CUSD), is required to provide annual written notification to staff, parents and guardians regarding the intended applications of pest and weed management products. For the 2020-2020 school year, CUSD may apply the following pest and weed management products as necessity dictates during periods when students are not present:

Product	EPA ID	Active Ingredient
Gly Star Pro	42750-MO-001	Glyphosate
Impede	48498	Glyphosate
The End Wasp and Hornet Spray	11694-109	Tetramethrin, Permethrin, Piperonyl Butoxide
Terro Ant Bait	149-8	Sodium Tetraborate
Zep	1270-256	Delthmethrin
Raid Wasp & Hornet Spray	4822-553	Prallethrin Cypermethrin
Essentria IC3	Exempt	Exempt
Cy-Kick CS	499-304	Cyfluthrin
Tengard	70506-6	Permethrin
Kaput	72500-2	3-Alpha-Acetylbenzyl-4-Hydroxycoumarin
ZP Rodent Bait	12455-18	Zinc Phosphide
Ace Wasp & Hornet Killer	9688-325	Prallethrin, Cypermethrin
NexGen Vinilla Killa	1088-92-68909	Piperonyl Butoxide, Permethrin, Tetramethrin
Hot Shot Fogger	9688-254-8845	Tetramethrin, Cypermethrin
Combat Quick Kill Bait	64240-34	Fipronil
Spectricide – Weed Stop for Lawns	478-121-845	2, 4-D, dimethylamine salt; Mecoprop-p, dimethylamine salt; Dichlorprop-p, dimethylamine salt

For additional information on pest and weed management products, you may access the California Department of Pesticide Regulation website at www.cdpr.ca.gov

If you would like to register with the school district to receive notification of individual pest and weed management product applications, please send a self- address envelope, including appropriate postage, to the address listed above.



Calaveras Unified School District

P.O. Box 788
San Andreas, CA 95249
(209) 754-2300
www.calaveras.k12.ca.us

Office of the Superintendent

July 2021

Subject: Asbestos Activities, 2021-2022

Dear Parents/Guardians, Students and Staff:

In 1987 Congress enacted the Asbestos Hazard Emergency Response Act (AHERA) to establish requirements for management of asbestos in public and nonprofit elementary and secondary schools. The act set standards for training, maintenance, abatement, inspections, surveillance, notifications and recordkeeping. A compliance program was initiated by the district in 1989. For all schools containing asbestos, periodic surveillance of known or assumed asbestos containing materials is conducted at six month intervals to determine any change in condition. Deterioration or damage is corrected through the AHERA operations and maintenance program, and preventative maintenance is routinely performed. AHERA requires this annual notice be promulgated to advise parents, students and staff of the status of the asbestos program.

In the previous 12 months, no areas were noted at any site accessible to students and staff that required any action other than normal maintenance and custodial care. No asbestos abatement activities are planned for the coming year.

Joe Cruz is the AHERA designated person for Calaveras Unified School District. Documents kept in school administrative offices include the asbestos management plans, inspection reports and records of surveillance, training, maintenance and abatement. Copies of the plan may be obtained for a nominal charge. If you have any questions about the asbestos program or the AHERA legislation, please contact Joe Cruz, Supervisor of Maintenance & Operations, at (209) 754-2331. This letter is being sent to parents, guardians and students in the Back-to-School packet as well as to the President of the PTA at each school, the President of the Teachers Association and the President of the Classified Employees Association for dissemination teachers and classified employees.

Sincerely,

Mark Campbell
Superintendent

DIRECTORY OF SCHOOLS AND OFFICES

DISTRICT ADMINISTRATIVE OFFICES

(209) 754-2300 FAX: (209) 754-2215

Superintendent, Mark Campbell, 754-2301

Executive Assistant to the Superintendent, Kimberly Hayes, 754-2339

Chief Business Official, Talibah Al-Rafiq, 754-2332

Director of Personnel, Kathy Griggs, 754-2336

Director of Educational Services, Grades K-5, Jeff Crane, 754-2333

Director of Educational Services, Grades 6-12, Kathy Griggs 754-2336

Chief Technology Officer, Ric Stitt, 754-2306

Welfare & Attendance Administrator, Rene Malamed, 754-1811

Maintenance/Operations Supervisor, Joe Cruz, 754-2331

Transportation Supervisor, Tessie Reeder, 754-2326

Health Services Coordinator/Credentialed Nurse, Belinda Brager, 754-2322

Director of Child Development Services, Alissa Bain, 754-2318

Manager, Food Service, Judy Mossa 754-2122; FAX 754-2142

CALAVERAS HIGH SCHOOL/ GOLD STRIKE HIGH SCHOOL

350 High School Street, P.O. Box 607 San Andreas, CA 95249

(209) 754-1811

Amy Hasselwander, Principal

Jordan Whitford, Assistant Principal

Alissa Clifton, Academic Counselor

Christine Snow, Academic Counselor

JENNY LIND ELEMENTARY

5100 Driver Road

Valley Springs, CA 95252

(209) 754-2350

Kassandra Domingo, Principal

MOKELUMNE HILL ELEMENTARY

850 Hwy 26

Mokelumne Hill, CA 95245

(209) 754-2140

Heather James, Teaching Principal

SAN ANDREAS ELEMENTARY 255

Lewis Avenue, P.O. Box 67

San Andreas, CA 95249

(209) 754-2365

Dan Mayers, Principal

SIERRA HILLS EDUCATION CENTER

501 Gold Strike Road, P.O. Box 178

San Andreas, CA 95249

(209) 754-2123

Rene Malamed, Principal (Alternative Education)

TOYON MIDDLE SCHOOL

3412 Double Springs Road

Valley Springs, CA 95255

(209) 754-2137

Matt Medellin, Principal

Jana Durham, Assistant Principal

VALLEY SPRINGS ELEMENTARY

240 Pine Street

Valley Springs, CA 95252

(209) 754-2141

Traci Woelffer, Principal

WEST POINT ELEMENTARY

54 Bald Mountain Road, P.O. Box 96

West Point, CA 95255

(209) 754-2255

Katherine Hood, Teaching Principal

CALAVERAS UNIFIED SCHOOL DISTRICT

P.O. Box 788, 3304 Highway 12
San Andreas, CA 95249
Phone: 209-754-2300, Fax: 209-754-2215

EMERGENCY INFORMATION

**Tune to 92.7 FM after 5:30 a.m.
(KVML Sonora) 736-9350**

**Tune to 93.5 FM after 5:30 a.m.
(KKBN Sonora) 736-9350**

**Tune to 1340 AM or 96.5 FM
(KVGJ Jackson) 754-3745**

KVGJ Hometown Radio

KXTV Channel 10

KCRA-TV Channel 3

**Please see the following websites where any emergency
announcements will be posted:**

www.calaverasusd.com

www.kvgjradio.com

www.calaverasenterprise.com

www.MyMotherLode.com

**You may also dial 754-2321 (choose option 1) for daily updated
information from the Transportation Department.**

**If bus routes are going to be delayed or altered due to weather, you will
receive an automated phone call to the number that you have on file
with the school.**

EARLY DISMISSAL BECAUSE OF SEVERE WEATHER:

**Because of the difficulty in contacting parents, early dismissal will take place only
in extreme emergency. Every effort will be made to contact parents by telephone.
Parents may wish to notify the school of an alternate or emergency shelter in case
of early dismissal and parent absence from home *before* such a situation occurs.
Please contact school to make special arrangements.**