

# PARENT ACKNOWLEDGEMENT

2016-2017 SCHOOL YEAR

**Please complete and return this page and the following forms to your child's school site.**

- I acknowledge receipt of this notice from the Placentia-Yorba Linda Unified School District (PYLUSD), and have reviewed the 2016-2017 Parent Information Handbook online. I am also returning **ALL** the required forms to the school site.

**Mandatory forms:**

- Parent Acknowledgement (this page)
- Photo/Publicity Permission
- Student Network/Internet Acceptable Use Agreement (2 pages)
- Insurance Protection for Your Child
- Transportation and Medical Permission

**Optional forms:**

- Optional Form – R.E.A.C.H. Foundation*
- Optional Form – McKinney-Vento Assistance*

- I would like a paper copy of the Parent Information Handbook in the following language:

- English       Spanish

I will stop by the school to pick up the Parent Information Handbook.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
School Site

\_\_\_\_\_  
Date



**YOU MUST RETURN THIS FORM!**

# PHOTO/PUBLICITY PERMISSION

2016-2017 SCHOOL YEAR

The Placentia-Yorba Linda Unified School District (PYLUSD) is known for its outstanding and talented students. From time to time, the district would like to publicize their achievements for the purpose of positive public relations. Because these events and interviews are almost always needed at the last moment, we are requesting parental permission for the 2016-2017 school year, rather than on a case-by-case basis.

Please note that when the media is on campus, we cannot prohibit them from interviewing students or including them in photographs or news stories. This permission form is for the district to issue publicity.

Please complete and sign the form below, and return it to your child's school.

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## PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL

- I **give** my permission for my child to be featured in district-issued publicity, including district publications, the district website and announcements.
- \*I **do not give** my permission for my child to be featured in district-issued publicity, including district publications, the district website and announcements. However, I **do give** permission for my child to be included in the yearbook, honor roll and other school-issued publicity.

*\*If you do not give permission for your child to be photographed, please make sure that your child is aware of this decision.*

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Parent/Guardian Signature

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Student Name (please print)

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School Site

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Date



**YOU MUST RETURN THIS FORM!**

# STUDENT NETWORK/INTERNET ACCEPTABLE USE AGREEMENT

2016-2017 SCHOOL YEAR

The Placentia-Yorba Linda Unified School District (PYLUSD) believes that the benefits of Internet access in the form of information resources and opportunities for collaboration far exceed any disadvantages. In order to be given access to the PYLUSD network, students and their parents/guardians must sign this agreement.

## STUDENT NETWORK/INTERNET

I understand and agree to abide by rules and expectations of this contract as well as with any and all district rules and regulations that may relate to the use of technology at school, including use of the Internet and the district network. I also understand that my use of the Internet, network and electronic communications through district computers and equipment is strictly limited to educational purposes, that I am not guaranteed any rights to privacy with respect to electronic communications or Internet records, and that, from time to time, district administration may review such electronic communications or Internet records for general security purposes and in order to ensure compliance with this agreement.

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## PARENT/GUARDIAN OF STUDENT USER

I have reviewed the rules and expectations of this contract with my student. I agree to indemnify and hold PYLUSD and PYLUSD personnel harmless for the failure of any technology protection measures, violations of copyright restrictions, user mistakes, or negligence and for any damages or costs incurred.

I hereby give my student permission to use the PYLUSD network and the Internet, and I agree on my own behalf and on behalf of my student to all terms and conditions set forth in this document.

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*I **decline**, and do not give permission for my student to use the Internet at school.*

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**YOU MUST RETURN THIS FORM!**

PYLUSD recognizes that online services offer a wide variety of opportunities to further educational goals and objectives, and require responsible use by each individual. As such, every PYLUSD user should act in an ethical and legal manner consistent with district goals and objectives, and should conform to educationally appropriate use and network etiquette, which includes being polite, using appropriate language and respecting the privacy of others.

Users of PYLUSD network services should remember that the level of confidentiality on district-owned computers will not be the same as that expected when using their own equipment or Internet services. Electronic communications, files and other Internet records may be examined for educational and administrative purposes, and to verify that acceptable-use guidelines are being followed. PYLUSD has taken reasonable steps to ensure that the network is primarily for activities that support district goals and objectives. The district is compliant with the Children's Internet Protection Act, and maintains and updates firewalls and software to filter Internet access; however, it is possible for users of the Internet to access information that is intended for adults. Ultimately, the parent(s) and guardian(s) of minor(s) is/are responsible for setting and conveying the standards that their student should follow. Use of the district network and access to the Internet is a privilege that may be revoked at any time for inappropriate conduct. Assigned Internet and network use is for educational purposes only.

## RESPONSIBILITIES AND OBLIGATIONS

As a user of the PYLUSD network and Internet connection, I agree to:

- Be responsible for all computer and online accounts assigned to me
- Keep personal account information and passwords private
- Use only the accounts specifically assigned to me
- Use technology safely, responsibly, ethically, legally and for educational purposes
- Not access, post, submit, publish or display harmful or inappropriate material that is threatening, obscene, disruptive or sexually explicit, or that could be construed as harassment or disparagement of others based on race/ethnicity, national origin, sex, gender, sexual orientation, age, disability, religion or political beliefs
- Not disclose, use or disseminate personal information about myself or others, such as name, address, telephone number, Social Security Number or other personally identifiable information
- Not encourage or promote the use of drugs, alcohol or tobacco
- Not engage in activities that are prohibited by law, Board Policy (BP) or Administrative Regulation (AR)
- Not threaten, intimidate, harass or ridicule other students or staff
- Publish material online in accordance with applicable copyright laws giving any materials used proper credit
- Not intentionally create or distribute computer viruses
- Not attempt to harm or destroy equipment or materials
- Not manipulate the data of any other user
- Not engage in hacking or any attempts to enter unauthorized systems
- Not interfere with the ability of others to use technology
- Not read, delete, copy, modify or use another individual's identity
- Report any known misuse of the network to the responsible person
- Use technology in an acceptable manner, following all laws, district rules and regulations regarding network use, including being polite, using appropriate language and respecting others' privacy
- Take full responsibility of any electronic devices brought to school. The district is not responsible for the loss, damage or theft of any student electronic devices (BP 6020 and 5131.11)

Students who violate the Network/Internet Acceptable Use Agreement, misuse electronic resources, or violate state or federal laws may be subject to disciplinary action, loss of access privileges and/or legal action in accordance with law and BP (cf. 5144 – Discipline) (cf. 5144.1 – Suspension and Expulsion/Due Process) (cf. 5144.2 – Suspension and Expulsion/Due Process [Students with Disabilities]). PYLUSD supports the parent's or guardian's right to authorize or decline Internet access for their student.

Furthermore, I recognize that PYLUSD allows students to bring personal devices for classroom use. If I choose to allow my student to bring a device to school, I understand that PYLUSD is not responsible for the loss, theft or damage of any personal equipment. The district recommends that I purchase personal insurance to cover my equipment. A complete explanation of the PYLUSD "Bring Your Own Device" policy is available for review online at [www.pylusd.org/byod](http://www.pylusd.org/byod).

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Date



**YOU MUST RETURN THIS FORM!**

# INSURANCE PROTECTION FOR YOUR CHILD

## 2016-2017 SCHOOL YEAR

The Placentia-Yorba Linda Unified School District (PYLUSD) takes appropriate steps to protect your child from injuries. Even so, accidents can and do happen while participating in activities that take place on campus, on school trips and during extracurricular activities and sports. Please complete the form below, and return it to your child's school prior to the beginning of the year.

PYLUSD does not provide accident/medical insurance or reimbursements for school-related injuries. A variety of affordable insurance plans are available to help you in the event of an accident, and the district urges you to purchase the plan that best fits your needs. Even if you have medical insurance, these plans can help with the out-of-pocket expenses such as deductibles and/or copayments.

### **STUDENTS PARTICIPATING IN INTERSCHOLASTIC SPORTS ARE REQUIRED BY STATE LAW TO HAVE MEDICAL INSURANCE.**

A Myers-Stevens & Toohey & Co., Inc., Student Accident Insurance 2016-2017 brochure will be included in your child's school registration packet or at your school site. Carefully read this brochure. There are three levels of benefits available. The "High Option" is recommended if your child has no family coverage, or if your private coverage has a high deductible. All plans are available on a "School Time," "Tackle Football Only" or "24 Hour" (all day, every day) basis. You are urged to consider the Student Health Care Plan, which provides the broadest scope of coverage. It covers illnesses and accidents, 24 hours a day, including all sports except interscholastic tackle football.

Complete the application included in your child's school registration packet, enclose payment and follow the instructions on the brochure. Keep this brochure in a safe place in case your child gets hurt.

If you have any questions, call the plan administrator, Myers-Stevens & Toohey & Co., Inc., at 949-348-0656 or 800-827-4695.

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## **THIS FORM MUST BE SIGNED AND RETURNED TO THE SCHOOL**

### **2016-2017 STUDENT ACCIDENT DECLARATION OF PARENT OR GUARDIAN**

I, the undersigned, understand I am responsible for my child's medical and hospital bills, and declare as follows:

I am a parent/guardian of \_\_\_\_\_, a student attending \_\_\_\_\_  
(print name of student) (print name of school)  
school within the Placentia-Yorba Linda Unified School District of Orange County, California.

Please check as applicable:

- I decline to purchase the Myers-Stevens & Toohey Co., Inc., Student Accident policy because said student now has, and will continue to have, insurance protection for medical and hospital expenses resulting from accidental bodily injuries during the forthcoming school year.

Name of Insurance Company \_\_\_\_\_

- I will purchase the Myers-Stevens & Toohey Co., Inc., Student Accident policy.
- I do not have insurance for medical and hospital expenses.

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

Home Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_



**YOU MUST RETURN THIS FORM!**

# TRANSPORTATION AND MEDICAL PERMISSION

2016-2017 SCHOOL YEAR

## Emergency Medical and Waiver of Claims for Transportation of Students

Education Code (EC) Section 35350 prohibits the Placentia-Yorba Linda Unified School District (PYLUSD) from transporting any student without the written permission of the parent or guardian, unless it is an emergency arising from illness or accident to the student. During the school year, your child may wish, or be asked, to participate in certain field trips and extracurricular activities necessitating him/her to be transported. Such transportation may be provided by school district-owned vehicles, chartered vehicles or privately-owned vehicles.

### PLEASE COMPLETE THE FOLLOWING AND RETURN TO:

School Site: \_\_\_\_\_

RE: Emergency Medical and Waiver of Claims for Transportation of Students

I request that (full name of student) \_\_\_\_\_ be permitted to participate in school activities requiring him/her to be transported during the current school year.

(Full name of student) \_\_\_\_\_ is in good physical condition, but should he/she become ill or injured during any trip or activity, he/she may receive necessary first aid.

He/she **MAY - MAY NOT** (circle one) receive medical attention by a duly licensed physician.

He/she **MAY - MAY NOT** (circle one) be admitted to a hospital in case of emergency.

As stated in EC Section 35330, I understand that I hold PYLUSD, its officers, agents and employees harmless from any and all liability or claims that may arise out of, or in connection with, my child's participation in this activity.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address, City, ZIP

Telephone Number: \_\_\_\_\_ Other Emergency Telephone Number: \_\_\_\_\_

### EMERGENCY MEDICAL INFORMATION

*Note: The information below in no way limits or modifies the authorization given.*

\_\_\_\_\_  
Doctor

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Street Address, City, ZIP

Christian Science Practitioner: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_ Allergic to: \_\_\_\_\_

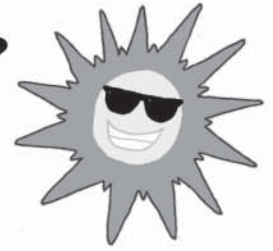
**If you wish to purchase student accident, medical and hospitalization insurance, contact your school office.**



**YOU MUST RETURN THIS FORM!**

# How Bright Can Our Children's Future Be?

For just a dollar a day, it can shine a lot brighter!



The R.E.A.C.H. Foundation works to provide Academic, Athletic and Arts Enrichment for EVERY student at ALL of our PYLUSD schools. Here's just a short list of our events and planned activities:

- Kids in Need • Prom Wear Upcycle Program
- Teacher Grants • District Spelling Bee
- Annual ShamRock 'n Run 5K/2K Event
- Middle School Intramural Track Event
- ArtWorks • PAC Seat Dedication

Learn more about the R.E.A.C.H. Foundation and how donating \$1 a day helps ensure our students get the enrichment programs needed for them to REACH their greatest potential.

[facebook.com/REACHFoundation](https://facebook.com/REACHFoundation)

[info@reach4pylud.org](mailto:info@reach4pylud.org)

[reach4pylud.org](http://reach4pylud.org)

<b>One Calendar Year</b> <b>\$1 per day</b> <b>for 365 days</b>	<b>One School Year</b> <b>\$1 per day</b> <b>for 180 days</b>	<b>Half a School Year</b> <b>\$1 per day</b> <b>for 90 days</b>	<b>One Month</b> <b>\$1 per day</b> <b>for 30 days</b>	<b>Any Amount</b> <b>Convenient for You</b>
<p>(1) Select your donation amount, (2) complete the entire form, (3) keep a copy of this form for your records and (4) send bottom portion below cutting line with check or appropriate payment instructions to address above.  <b>*For your convenience, a secure on-line credit card payment system donation option is available at reach4pylud.org.</b></p> <p style="text-align: center;"><b>ON BEHALF OF OUR PYLUSD STUDENTS - THANKS FOR YOUR SUPPORT!</b></p>				



Here is my contribution to R.E.A.C.H. for a brighter future for our children				
Name		Student(s)	School/Organization	
Household Address (if paying by credit card, please provide billing address)				
City		State	Zip	
Email		Phone		
<input type="checkbox"/> \$365 <input type="checkbox"/> \$180 <input type="checkbox"/> \$90 <input type="checkbox"/> \$30 <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> Check enclosed made to R.E.A.C.H. Foundation. Mail to: 21520 Yorba Linda Bl. Suite G503, Yorba Linda CA 92887 <input type="checkbox"/> One-time charge to Credit Card for the amount selected			
	*Credit Card #:	*Name on Card:	*Expiration Date:	*CSV#
<input type="checkbox"/> You have permission to add my name to the sponsor website on reach4pylud.org				

**Questions? Call us at 714-323-9706**

R.E.A.C.H. Foundation is a non-profit 501(c)(3) Education Foundation - Tax ID # 45-2399389

*This program is not affiliated with the school or school district. The school district does not endorse or sponsor this activity.*

# Placentia Yorba Linda Unified School District McKinney Vento Assistance Act Confidential Enrollment Form

Please fill out and return **only** if you are living in one of the transitional situations that are described in the list below.\* If your family lives adequately in a single family home, rented home, or apartment, and it is the only family that lives there, you do not need to fill out this form.

This form assists school personnel in complying with the legal guidelines for school enrollment for children who meet the eligibility criteria for services provided under the McKinney-Vento Assistance Act (Title X, Part C of the No Child Left Behind Act). Services **may** include access to tutoring and counseling, as well as help with school necessities such as school supplies, uniforms and backpacks. **Please fill out one form per family in the household.**

Please list all PYLUSD students living in your home: Today's Date: \_\_\_\_\_

Name	Grade	Birthdate	School

Parent/Guardian Name \_\_\_\_\_ Unaccompanied Youth? Y N  
(Last Name) (First Name)

Address \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ or ( ) \_\_\_\_\_

**\*PLEASE CHECK THE FOLLOWING LIVING SITUATION THAT APPLIES TO THE STUDENT:**

- \_\_\_\_\_ Living with friends or relatives, or renting a room from another family, due to economic circumstances, loss of housing, or similar reason
- \_\_\_\_\_ Living in a shelter or transitional housing
- \_\_\_\_\_ Living in a hotel or motel
- \_\_\_\_\_ Living in a campground, park, garage, or your car

*I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

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

**For District Office Use Only**

Food and Nutrition Services	Fax # 717-528-5101	date: _____
Transportation	Bus Pass issued? ____ yes ____ no	date: _____
Backpack/School Supplies	Issued? ____ yes ____ no	date: _____
Christmas Gift Program	Included? ____ yes ____ no	date: _____
Tutoring Program	Enrolled? ____ yes ____ no	date: _____
McKinney Vento Liaison Signature: _____		date: _____

**\*School sites: Please copy this form and place into your McKinney Vento binder for later use. Send original by scan, fax or district mail (but not all three) to Jon Matson @ the Assessment Center.**