



Southern California Online Academy
 Enrollment Processing Center
 2300 Corporate Park Dr.
 Suite 200
 Herndon, VA 20171

Ph. 855.602.0886
 Fx. 855.278.8918

www.k12local.com/scoa

Enrollment Forms Packet (EFP)

Please review the information below. Based on your student(s) grade and applicable circumstances, you are required to submit documentation in order to complete this step in the enrollment process. You can fax, scan and email, or mail the required paperwork .

Important Note: Please send copies, do not mail in original documents.

Fax (preferred):
 1-855-278-8918

Scan and Email:
scoafax@k12.com

Mail:
 Southern California Online Academy
 Enrollment Processing Center
 2300 Corporate Park Drive
 Suite 200
 Herndon, VA 20171

Required For?	Item	Description	Provided by?
Required for all Students	Proof of Age	Official Birth Certificate (not the hospital issued certificate)	Provided by you
	Proof of Residency	Utility bill (water, gas, electric, trash service - utility bill should not be older than 60 days old), rental or lease agreement including the signature page.	Provided by you
	Immunization Record	Copy of immunization record or card.	Provided by you
	Registration Form	Please complete and sign this form.	Provided in this packet
	McKinney-Vento Eligibility Questionnaire	Please make sure that you answer all of the questions and sign the form.	Provided in this packet
	Medical Information Card	Please complete and sign this form.	Provided in this packet
	CalPads Enrollment Form	Please complete and sign this form.	Provided in this packet
	Emergency card	Please complete and sign this form.	Provided in this packet
	Oral Examination Parent Notice	This form is for informational purposes only. No action required.	Provided in this packet
	Pesticide Notice	This form is for informational purposes only. No action required.	Provided in this packet
	Application for Free and Reduced-Price Meals	Please complete this form and submit	Provided in this packet
	Home Language Survey	Please complete and sign this form.	Provided in this packet
Required for all rising 9th -12th Grade Students	Unofficial Transcripts	You will need to request an unofficial transcript from your student's current school, which will show your student's academic standing. This is required in order to place all 10th - 12th graders. Once your student is approved, we will receive the official transcript.	Provided by you
	Commencement Senior Activity Contract	Please complete and sign this form.	Provided in this packet
Optional Form for all 9th -12th Grade Students	Opt Out Military	Please complete and sign this form if applicable to your student.	Provided in this packet
Required for student with an IEP or other Special Education needs	IEP	A copy of your student's current IEP (Individualized Education Plan). Because the IEP expires yearly, please submit the current IEP.	Provided by you
	Evaluation Report	The Evaluation Report is valid for 3 years. If you do not have a copy of your student's ER, you can request a copy from your student's current school.	Provided by you
Required for students that have a 504 plan	504 Accommodation Plan	A copy of your student's current 504 Accommodation Plan. Because the 504 expires yearly, please submit the current 504.	Provided by you

SCHOOL:	GRADE:
ENROLLMENT DATE:	CALPADS ID #:
Student Information	
<input type="checkbox"/> Female <input type="checkbox"/> Male	
Student Name: Last	First Middle
Birth date (Mo/Day/Year) Birth Country	
Address Apt. #	
City/Zip Home Phone	
Mailing Address (if different)	
Grade Level for 2013-14:	
<input type="checkbox"/> TK <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
School/Address Last Attended:	
Is student under expulsion orders from any school District?	
<input type="checkbox"/> No <input type="checkbox"/> Yes School District: _____	
Has this student ever attended any school in Riverside County?	
<input type="checkbox"/> No <input type="checkbox"/> Yes School Name: _____ Year: _____	
Date first attended school in U.S. _____	
Date first attended school in CA _____	
Special Services Student has received:	
<input type="checkbox"/> Special Reading Help	<input type="checkbox"/> Resource Specialist Program
<input type="checkbox"/> Current IEP	<input type="checkbox"/> Special Education Class
<input type="checkbox"/> ESL/Bilingual Program	<input type="checkbox"/> Speech/Language Therapy
<input type="checkbox"/> Gifted Program (GATE)	<input type="checkbox"/> Adapted PE
<input type="checkbox"/> Counseling	<input type="checkbox"/> Other _____
Ethnicity	
<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> Not Hispanic or Latino	
Race (Select all that apply, do not leave blank)	
<input type="checkbox"/> American Indian or Alaska Native	
<input type="checkbox"/> Asian (Includes Filipino)	
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Native Hawaiian or Pacific Islander	
<input type="checkbox"/> White	

LEUSD STUDENT REGISTRATION	
2013-2014	
Family Information	
Father/Guardian Name	
Address (if different than student's)	
Employer	Phone
Employer Address	
Highest Education of Father/Guardian:	
<input type="checkbox"/> Not a High School Graduate	
<input type="checkbox"/> High School Graduate	
<input type="checkbox"/> Some College	
<input type="checkbox"/> College Graduate	
<input type="checkbox"/> Graduate School/Post Graduate training	
Mother/Guardian Name	
Address (if different than student's)	
Employer	Phone
Employer Address	
Highest Education of Mother/Guardian:	
<input type="checkbox"/> Not A High School Graduate	
<input type="checkbox"/> High School Graduate	
<input type="checkbox"/> Some College	
<input type="checkbox"/> College Graduate	
<input type="checkbox"/> Graduate School/Post Graduate Training	
Other children in the home (list oldest to youngest & age):	

Home Language Survey

Circle the language preferred for school papers to be sent home: English Spanish

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

1. What language did your child learn when she/he first began to talk: _____
2. What language does your child most frequently use at home: _____
3. What language do you use most frequently to speak to your child? _____
4. Name the language most often spoken by the adults in the home? _____

Parent/Guardian Signature & Date _____

MEDICAL INFORMATION 2013 - 2014

STUDENT LEGAL NAME: (last) _____ (first) _____ (middle) _____ **BIRTH DATE:** _____

Female Male Other Names/Nickname (if applicable): _____ **GRADE:** _____

Home Address: _____ City/Zip: _____

Home Phone: _____ Cell Phone: _____ Home Language: _____

PARENT/GUARDIAN INFORMATION:

Person(s) With Whom Student Lives: _____ Relationship (Type of Custody) _____

Mother/Guardian (Legal) Name: _____ Cell Phone: _____

Employer Name/Address: _____ Work Phone: _____

Father/Guardian (Legal) Name: _____ Cell Phone: _____

Employer Name/Address: _____ Work Phone: _____

BROTHERS/SISTERS IN LAKE ELSINORE UNIFIED SCHOOL DISTRICT FOR CURRENT SCHOOL YEAR

Name:	School	Grade:	Name:	School	Grade:

Please give name, address, phone number and relationship of persons (at least one local contact with transportation) other than parents to take your child if he/she becomes ill at school and parents are not available. Students will be released only to adults listed below. **Please notify the school office if this information changes.**

Name: _____ Relationship: _____

Address: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____ Home Phone: _____ Cell Phone: _____

IMPORTANT: PLEASE COMPLETE BOTH SIDES OF THIS CARD

Form #5100 Rev. 4/11, Southern California Online Academy

PLEASE UPDATE HEALTH INFORMATION ANNUALLY

DOES YOUR CHILD HAVE ANY HEALTH CONCERNS? NO YES Please mark box(es) below.

Please notify the Health Office if your child's health status changes or if he/she receives new immunizations.

ALLERGIES:

SEVERE/LIFE THREATENING

Epipen required at school - Form#7109*

301 Bees/Insects

302 Foods _____

(Dr. note required for special diet)

303 Medication _____

305 Other _____

ASTHMA

008 Medication used at home

309 Medication needed at school, **Form 7127***

SCOLIOSIS

037 Wears Back Brace

037 Had scoliosis surgery

OTHER CONDITIONS:

041 ADD/ADHD -no medication

026 ADD/ADHD -medication / list below

318 Eating Disorder - CONFIDENTIAL

009 Autism

007 Arthritis

012 NO Blood or Blood Products

313 Cancer-Year/Type _____

314 Cerebral Palsy

316 Cystic Fibrosis

317 Diabetes, **Form #7171***

320 Epilepsy/Seizures: type _____

022 Hearing Loss

323 Hearing Aid Used

324 Heart Condition _____

325 Hemophilia

027 Kidney Disorder _____

335 Mobility Limitations

332 Muscular Dystrophy

338 Sickle Cell Anemia

040 Tuberculosis- Treatment: Year _____

345 Organ Transplant _____

344 Visually Impaired

042 WEARS GLASSES/CONTACTS

045 Other: Explain below

MEDICATION / PLEASE LIST BELOW

028 Given at home:

Name of Medication _____

029 Given daily at school* **Form#7804**

005 Given as needed at school* **Form#7804**

Nebulizer treatment* **Form#7804**

*All medications (prescribed and over-the-counter) given during the school day **MUST have** a current **Form#7804** Authorization for Medication Administration (or equivalent) completed and signed by the physician and parent. It is recommended that a 3 day supply of medication for chronic conditions be supplied to the school by the parent/guardian case of disaster.

SPECIAL PROCEDURES NEEDED AT SCHOOL (may require a doctor's order)

Catheterization Tracheostomy/suctioning Diapering/Toileting assistance Gastrostomy tube/Ostomy OTHER _____

Comments / list by numbers: _____

Name of Physician: _____ **Phone:** _____

Address: _____ **Type of Insurance:** _____ **Policy Number:** _____

Dear Parent/Guardian: Your signature below authorizes the Southern California Online Academy to obtain medical care or necessary emergency treatment for serious injury, accident, or illness (at your expense) with your physician, or emergency room physician of the school's choice. In the event emergency treatment is necessary, the School District will be held harmless in all decisions.

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



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EMERGENCY INFORMATION 2013-2014

Please give name, address, phone number and relationship of persons (at least one local contact with transportation) other than parents to take your child if he/she becomes ill at school and parents are not available. Students will be released only to those persons listed below.

Please notify the school office if this information changes.

Name: _____ Relationship: _____

Address: _____ Home Phone: _____ Cell Phone/ Pager: _____

Name: _____ Relationship: _____

Address: _____ Home Phone: _____ Cell Phone/ Pager: _____

Name: _____ Relationship: _____

Address: _____ Home Phone: _____ Cell Phone/ Pager: _____

Daycare: _____ Phone: _____

Address: _____

DISASTER PREPAREDNESS PLAN INFORMATION: In Case Of Disaster: Earthquake, Flood, Bomb Attack, Etc.

YOUR CHILD WILL ONLY BE RELEASED TO THOSE PERSONS LISTED ABOVE.

MEDIA RELEASE/CONSENT: My signature below indicates that I have been informed of the possibility my child's name and/or photo may be used for publication in a site or district publication (including yearbooks) within Lake Elsinore Unified School District and Southern California Online Academy and I give my permission for my child's name and/or photo to be used. (This does NOT include district/school websites)

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

Form #5002, Rev. 4/11, Southern California Online Academy



Permission to Share Your Child's School Immunization Information with the California Immunization Registry (CAIR)

Immunizations or 'shots' prevent serious diseases. Keeping track of your child's shots can be hard, especially if more than one doctor gave them. The California Immunization Registry (CAIR) is a secure computer system that doctors and authorized health care providers use to keep track of your child's shots. If you change doctors, your new doctor can use the registry to see your child's shot record. CAIR is supported by the California Department of Public Health.

How does CAIR help you?

- Keeps track of all your child's shots, so he/she doesn't miss any or get too many
- Gives you a copy of your child's most up-to-date shot record (from the doctor)
- Helps child care or school officials confirm that your child got shots needed to start child care or school
- Helps your doctor send you reminders when your child needs shots

How does CAIR help your school?

Under California law, schools, child care, and other agencies may use CAIR only to:

- See which shots children in their programs have received or need
- Make sure children have all shots needed to start child care or school

What information can be shared in CAIR?

- Your child's name, sex, birth date, and birthplace
- Parents' or guardians' names
- Details about your child's shots, such as vaccine type and date given
- Limited non-medical information to correctly identify your child

Your child's information is safe! What's entered in CAIR is treated like private medical information. Under California law, *only* your doctor's office, health plan, or public health department may see your address and phone number. Misuse of the registry can be punished by law.

Parent and Guardian Rights

It's your legal right to:

- Say no, if you don't want to share shot information from your child's school record with CAIR
- Change your mind later if you want to stop or start sharing your child's shot information with CAIR
- Look at a copy of your child's shot record in CAIR and ask your doctor to correct any possible mistakes
- Know who has looked at your child's CAIR record

If you want information from your child's school record shared with CAIR, please SIGN and DATE below.

Parent/Guardian Signature

Today's Date

Child's Full Name (please print)
(MM/DD/YYYY)

____/____/_____
Child's Birth Date

Mother's First and Last Names (please print)

Child sex: M F
(circle)

If you DO NOT want your child's shot records shared with CAIR, do nothing. You're all done.

For more information, call 866-434-8774



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**Southern California Online Academy
 CALPADS Student Enrollment Information**

 Legal Last Name (on birth certificate) First Name Middle Name (no initials)

 Grade Birth Date Student's Alias (Also Known As)

 Birth City Birth State Birth Country

Schools Previously Attended (List most recent first)

 Name of School City State Dates Attended

 Name of School City State Dates Attended

 Name of School City State Dates Attended

 Name of School City State Dates Attended

 Name of School City State Dates Attended

Has the student previously been enrolled in any Lake Elsinore Unified School District School?

School _____ Grade _____

School _____ Grade _____

School _____ Grade _____

School _____ Grade _____

Parent Signature _____ Date _____

Office Use

Previous Schools Entered in Schools Attended History: _____ Date Entered: _____
 CALPADS/State ID _____ List only if known



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HS Students Only

ACCESS TO STUDENT INFORMATION BY MILITARY OR COLLEGE RECRUITERS

Name of Student: _____ School: _____

Dear Parent/Guardian and Secondary Students:

Our district receives funds from the federal government under the No Child Left Behind Act of 2001. These funds are used in a variety of ways to provide additional help to students in greatest academic need. The law requires that districts receiving these funds must, upon request, provide the military recruiters, colleges and universities, access to the names, addresses and telephone listings of secondary students.

It is important for you to know that a secondary school student or his/her parent or guardian may request that the student's name, address, and telephone number not be released by the district without prior written parental consent. If you would like to make such a request, please complete and return this form to your child's school.

Parent or Guardian: Please complete this section and return the entire form to your child's school.
Use a separate form for each student.

I am aware the district must provide access to military recruiters and colleges or universities of student names, addresses and telephone listings. I am aware the district will provide this information upon request, unless I require that such information not be given without prior written parental consent:

Military Recruiters (please check one):

- Do not release my secondary child's information to military recruiters at any time.
- Do not release my secondary child's information to military recruiters until you have obtained my prior written consent to do so.

Colleges, Universities, or Institutions of Higher Learning (please check one):

- Do not release my secondary child's information colleges, universities or other institutions of higher learning at any time.
- Do not release my secondary child's information to colleges, universities or institutions of higher learning until you have obtained my prior written parental consent.

Parent/Guardian Name: _____

Signature: _____ **Date:** _____



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Commencement / Senior Activity Contract

It is our goal that all seniors who complete the requirements of the District are permitted to participate in senior activities. However, it is important for you to understand that violation of school policies, rules and regulations may result in suspension from school, and from participation in senior activities, including Commencement and Grad Night.

Expectations

- ❖ Pass all classes required for graduation
- ❖ Complete all Community Service hours
- ❖ Return all textbooks
- ❖ Clear all school debt to the bookkeeper
- ❖ Serve all Saturday schools assigned
- ❖ Arrive in class on time, prepared to work
- ❖ No excessive tardies or truancies; all absences must be cleared
- ❖ No classroom or campus disturbances
- ❖ Do all assigned class work, homework, and take all tests
- ❖ Be cooperative with your instructors
- ❖ Do not leave class without a valid pass
- ❖ Comply with sections of the California Education Code 48900, which governs student conduct

Any student who participates in activities that are destructive to school property or cause clean up or repair shall be excluded from all senior activities, including Commencement and Grad Night. Students and parents shall also be held accountable for any costs incurred allowable by law.

Any offense warranting suspension from school may be automatic cause for removal from all senior activities.

If you are removed from senior activities, there shall be no refund for any expense incurred, including the cost of Grad Night.

I, _____, am aware that in order to participate in senior activities, including commencement, I must comply with the terms set forth. I am aware that these expectations apply to both on and off campus school activities. If I do not comply, I shall be suspended and shall not be able to participate in senior activities, including Commencement and Grad night. I realize that this decision shall be at the discretion of the Southern California Online Academy administration based on the severity of the offense.

 Student Signature

 Date

As the parent of _____, I am fully aware and agree to the terms set forth for my son/daughter.

 Parent Signature

 Date

Appropriate Graduation Ceremony Behavior

In order to ensure that Commencement is a ceremony that exemplifies dignity and quality, please note the following expectations:

- ❖ Students are quiet and respectful during the ceremony.
- ❖ Students are prohibited from bringing inappropriate items into the ceremony.
- ❖ All caps and gowns shall be unaltered.
- ❖ Male students are expected to wear slacks, a collared shirt, and close-toed dress shoes. No flip-flops.
- ❖ Female students are expected to wear a dress or dress blouse/slacks and dress shoes. No flip-flops.

Inappropriate dress or behavior at the graduation ceremony shall result in removal from the ceremony.

Parents and guests: Please refrain from giving senior gifts until after the ceremony. We appreciate your support in celebrating your son's or daughter's graduation by making this ceremony a dignified, first-class event.



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STUDENT RESIDENCY STATUS MCKINNEY-VENTO ELIGIBILITY QUESTIONNAIRE

Student Name: _____ Date: _____

This questionnaire is intended to address the McKinney-Vento Act, Title X, Part C of No Child Left Behind. Answers to these questions will help determine for which services a student may be eligible. See the attached page for a description of the McKinney-Vento Act. Filling out this questionnaire is voluntary.

1. Where is this student presently living? (Check one box.)
- In an emergency/transitional shelter
 - In a hotel/motel, car or campsite
 - With more than one family in a house or apartment
 - With friends or family members (other than parent/guardian) or alone
 - With parent or Legal Guardian
 - In Foster Care

2. How long has your student lived in your current Residence? _____

3. Have you been forced in/from your current residence because of economic hardship or other hardship? Yes ____ No ____

If yes, please explain: _____

3. Have you moved in the past 3 years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus, or other) or fishing? Yes ____ No ____

4. Please list all children in your family

Student(s) Name		M/F	D.O.B.	Grade	School Name
First	Last				

Print Parent/Guardian Name/Adult Caring for Student _____ Signature _____ Date _____



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Home Language Survey

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

1. What language did your child learn when she/he first begin to talk? _____
2. What language does your child most frequently use at home? _____
3. What language do you use most frequently to speak to your child? _____
4. Name the language most often spoken by the adults in the home? _____

Student Name _____ Date of Birth _____

Parent/Guardian Signature _____ Date _____



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Dear Parent or Guardian:

To make sure your child is ready for school, California law, *Education Code* Section 49452.8, now requires that your child have an oral health assessment (dental check-up) by May 31 in either kindergarten or first grade, whichever is his or her first year in public school. Assessments that have happened within the 12 months before your child enters school also meet this requirement. The law specifies that the assessment must be done by a licensed dentist or other licensed or registered dental health professional.

Take the attached Oral Health Assessment/Waiver Request form to the dental office, as it will be needed for your child's check-up. If you cannot take your child for this required assessment, please indicate the reason for this in Section 3 of the form. You can get more copies of the necessary form at your child's school or online from the California Department of Education's Web site at <http://www.cde.ca.gov/ls/he/hn/>. California law requires schools to maintain the privacy of students' health information. Your child's identity will not be associated with any report produced as a result of this requirement.

The following resources will help you find a dentist and complete this requirement for your child:

1. Medi-Cal/Denti-Cal's toll-free number or Web site can help you to find a dentist who takes Denti-Cal: 1-800-322-6384; <http://www.denti-cal.ca.gov>. For help enrolling your child in Medi-Cal/Denti-Cal, contact your local social service agency at <http://www.dhs.ca.gov/mcs/medi-Calhome/CountyListing1.htm>.
2. Healthy Families' toll-free number or Web site can help you to find a dentist who takes Healthy Families insurance or to find out if your child can enroll in the program: 1-800-880-5305 or <http://www.healthyfamilies.ca.gov/hfhome.asp>.
3. For additional resources that may be helpful, contact the local public health department at <http://www.dhs.ca.gov/mcs/medi-Calhome/CountyListing1.htm>

GOVERNING BOARD: Jeanie Corral • Stan Crippen • Heidi Matthies Dodd • Susan E. Scott • Tom Thomas

SUPERINTENDENT: Dr. Frank W. Passarella



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Remember, your child is not healthy and ready for school if he or she has poor dental health! Here is important advice to help your child stay healthy:

- Take your child to the dentist twice a year.
- Choose healthy foods for the entire family. Fresh foods are usually the healthiest foods.
- Brush teeth at least twice a day with toothpaste that contains fluoride.
- Limit candy and sweet drinks, such as punch or soda. Sweet drinks and candy contain a lot of sugar, which causes cavities and replaces important nutrients in your child's diet. Sweet drinks and candy also contribute to weight problems, which may lead to other diseases, such as diabetes. The less candy and sweet drinks, the better!

Baby teeth are very important. They are not just teeth that will fall out. Children need their teeth to eat properly, talk, smile, and feel good about themselves. Children with cavities may have difficulty eating, stop smiling, and have problems paying attention and learning at school. Tooth decay is an infection that does not heal and can be painful if left without treatment. If cavities are not treated, children can become sick enough to require emergency room treatment, and their adult teeth may be permanently damaged.

Many things influence a child's progress and success in school, including health. Children must be healthy to learn, and children with cavities are not healthy. Cavities are preventable, but they affect more children than any other chronic disease.

If you have questions about the new oral health assessment requirement, **please contact Steve Behar, Director, Child Welfare and Attendance, (951) 253-7000, ext. 5269**

Sincerely,

Dr. Kathleen Roberts
Assistant Superintendent
Student Services

GOVERNING BOARD: Jeanie Corral • Stan Crippen • Heidi Matthies Dodd • Susan E. Scott • Tom Thomas

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SOUTHERN CALIFORNIA ONLINE ACADEMY Safety and Risk Services

545 Chaney Street, Lake Elsinore, CA 92530
951-253-7000 ♦ email: geneva.krag@leusd.k12.ca.us

Notice for 2013 - 2014 School Year

Dear Parent or Guardian,

The Healthy Schools Act of 2000 requires all California school districts to notify parents and guardians of pesticides they expect to apply during the year. We may use one or more of the following pesticides in your school or on your school grounds this coming fiscal year. As part of our Integrated Pest Management Plan, we will use as little pesticide as possible to minimize pest population at District sites. Notices will be posted at least 24 hours in advance of any pesticide used at a site, and all pesticide applications will be scheduled at times when students and staff are NOT present.

Pesticides include any chemical used to kill anything from ants to gophers to weeds. The pesticide used most in classrooms or kitchens to kill ants is "Tempo." This is a very mild, odorless pesticide used on an "as needed" basis only, except in our kitchens where it is sprayed monthly.

If your child has a known allergy to ingredients commonly used in pesticides you may want to request advance notification. The school where your child attends will notify you by mail at least 72 hours prior to non-emergency pesticide use.

You can find more information regarding these pesticides and pesticide use reduction at the Department of Pesticide Regulation's Web site at <http://www.cdpr.ca.gov>. If you have any questions, or if you would like detailed information about any pesticide listed below, please contact Geneva Krag, LEUSD Risk Manager at (951) 253-7000, ext. 5275.

(Pesticide list on other side of this document)

Aviso para el Año Escolar 2013 - 2014

Estimados Padres o Tutores,

La ley de Escuelas Saludables del año 2000 requiere que todos los distritos escolares de California den aviso a los padres y tutores de insecticidas que se usarán durante el año. Tal vez usemos una o más de las siguientes insecticidas en su escuela o en el área escolar el año fiscal próximo. Como parte de nuestro Plan administrativo Integrado de plaga, usaremos lo mínimo de insecticidas para reducir plagas en las escuelas del Distrito. Se anunciará públicamente por lo menos 24 horas antes del uso de cualquier insecticida en cualquier escuela, y todas las aplicaciones de insecticidas serán programadas durante horas en que los estudiantes y empleados NO están presentes.

Insecticidas incluyen cualquier química usada para matar desde hormigas a topos y hierba. El insecticida más usado en las clases y cocinas para matar hormigas es "Tempo." Esta insecticida es leve, sin olor y solo usada "como sea necesario", excepto en las cocinas donde se usa mensualmente.

Si su niño/a tiene alergias a ingredientes comúnmente usadas en insecticidas ustedes pueden pedir información por adelantado. La escuela donde asiste su niño/a les avisara por correo por lo menos 72 horas antes de usar insecticidas cuando no es caso de emergencia.

Ustedes pueden encontrar más información referente la insecticida y la reducción del uso en el Web del departamento de regulaciones de insecticidas <http://www.cdpr.ca.gov>. Si tiene alguna pregunta, o si desea información detallada acerca de cualquier insecticida mencionada, por favor llame a Geneva Krag, LEUSD administradora de Riesgos al (951) 253-7000, ext. 5275.

(Lista de insecticidas al reverso)

GOVERNING BOARD: Jeanie Corral • Stan Crippen • Heidi Matthies Dodd • Susan E. Scott • Tom Thomas

SUPERINTENDENT: Dr. Frank W. Passarella

SOUTHERN CALIFORNIA ONLINE ACADEMY
Safety and Risk Services

545 Chaney Street, Lake Elsinore, CA 92530
 951-253-7000 ♦ email: geneva.krag@leusd.k12.ca.us

Name/Nombre de la pesticida	Active Ingredient/Ingrediente activo
Advion Cochroach/Ant/Fire Ant Bait	Indoxacarb
Archer Insect Growth Regulator	Pyriproxyfen
Barricade 4FL Herbicide	Prodiamine
Bifin I/P Insecticide/Termiticide	Bifenthrin
Contra Blox	Bromadiolone
Chloraphacinone Bait	Chloraphacinone
Deltadust Insecticide	Deltamethrin
Dimension Turf and Ornamental Herbicide	Dithiopyr
Florel Brand Fruit Eliminator	Ethephon
Fumitoxin Tablets/Pellet/Cake/Briquet	Aluminum Phosphide
Fusilade 2000 1E Herbicide	Fluazifop-Butyl
Garlon 4 Herbicide	Triclopyr, Butoxyethyl Ester
Goal XL	Oxysluorben
Monterey Weed-Hoe	MSMA
Oust XP	Sulfometuron-methyl
Permethrin SFR	Permethrin
Prescription Treatment Brand P.I. Contact Insecticide Formula 1 (CB 80)	Pyrethrins, Piperonyl Butoxide
Primo Liquid	Trinexopac-Ethyl
P.C.Q. Rodenticide	Diphacinone CA-12455-50003 AA
Remuda	Glyphosate, N-(phosphonomethyl) glycine, in the form of its isopropylamine salt
Roundup Pro Herbicide	Glyphosate, Isopropylamine Salt
Surflan A.S.	Oryzalin
Suspend SC Insecticide	Delta Methrin
Tempo SC Ultra Insecticide	Beta-Cyfluthrin
Termidor	Fipronil
Tri-Die	Pyrethrins, pipernoyl butoxide, amorphous silica
Triazicide by Spectracide.	Lambid-Cyhalothrin
Trimec or Weed Whacker	Dimethylamine Salt
Wilco Ag. Bait	Strychnine
Zinc Phosphide	Zinc Phosphide

GOVERNING BOARD: Jeanie Corral • Stan Crippen • Heidi Matthies Dodd • Susan E. Scott • Tom Thomas

SUPERINTENDENT: Dr. Frank W. Passarella

1 **CalFresh, CalWORKs, Kin-GAP, or FDDPR Benefits:** If you now receive CalFresh, CalWORKs, Kin-GAP, or FDDPR benefits, list a current CASE number.

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2 **Homeless, Migrant, Runaway:** If you believe the child for whom you are applying for is homeless (H), migrant (M), or a runaway (R), place an X in the appropriate box. The appropriate district liaison will determine Homeless, Migrant, or Runaway eligibility for the receipt of free meal benefits.

H M R

3 **STUDENT INFORMATION:** Print the birth date, name, grade, school and monthly income of EACH child who will attend school this year. If you have a Foster Child, write the Foster Child's birth date, name, mark the foster box, grade, school and monthly personal-use income. Write "0" if no monthly personal-use income is received.

SCHOOL USE ONLY	Student's Birth Date	Student's Last Name	Student's First Name	Grade	School Name	STUDENT'S MONTHLY INCOME ONLY
						List any salary, wages, Child SSI, Monthly Personal Use Income
	M M D D Y Y					\$ \$ \$ \$
	M M D D Y Y					\$ \$ \$ \$
	M M D D Y Y					\$ \$ \$ \$
	M M D D Y Y					\$ \$ \$ \$
	M M D D Y Y					\$ \$ \$ \$
	M M D D Y Y					\$ \$ \$ \$
	M M D D Y Y					\$ \$ \$ \$
	M M D D Y Y					\$ \$ \$ \$
	M M D D Y Y					\$ \$ \$ \$
	M M D D Y Y					\$ \$ \$ \$

4 **ALL OTHER HOUSEHOLD MEMBERS: DO NOT INCLUDE THE STUDENTS LISTED ABOVE.** Report all current monthly income received last month before taxes and deductions.

LAST NAME, FIRST	If NO Income, put X in this box.		Gross earnings before deductions; include all jobs		Welfare payments, child support, alimony		Pension, Soc. Security, perm. disability, other income		List all other MONTHLY income	
	MONTHLY		MONTHLY		MONTHLY		MONTHLY		MONTHLY	
LAST NAME, FIRST			\$	\$	\$	\$	\$	\$	\$	\$
LAST NAME, FIRST			\$	\$	\$	\$	\$	\$	\$	\$
LAST NAME, FIRST			\$	\$	\$	\$	\$	\$	\$	\$
LAST NAME, FIRST			\$	\$	\$	\$	\$	\$	\$	\$
LAST NAME, FIRST			\$	\$	\$	\$	\$	\$	\$	\$

5 **ENTER THE TOTAL HOUSEHOLD MEMBERS** The number you enter must equal the number of names from Part 3 and Part 4.

6 **Mailing Address**
 City: _____ State: _____ Zip: _____
 Daytime Telephone Number: _____
 E-mail Address: _____

RACIAL IDENTITY (Optional)

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

ETHNIC IDENTITY (Optional) Please mark one ethnic identity:
 Of Hispanic or Latino Origin Not of Hispanic or Latino Origin

7 **CALIFORNIA EDUCATION CODE SECTION 49557 (a):** Applications for free and reduced price meals may be submitted at any time during a school day. Children participating in the National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, special serving lines, separate entrances, separate dining areas or by any other means.
SIGNATURE: An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I DO NOT HAVE A SSN:

8 **CERTIFICATION:** I certify that all of the information provided is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.


SIGNATURE REQUIRED

PRINT your name in the boxes below

F	I	R	S	T	N	A	M	E
L	A	S	T	N	A	M	E	

DATE SIGNED: M M D D Y Y

9 **QR CODE**



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