



Torrey Pines High School

3710 Del Mar Heights Road, San Diego, 92130
Mailing: c/o 710 Encinitas Boulevard, Encinitas, CA 92024
858-755-0125 Fax 858-481-0098 www.tphs.net

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Union High School District

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2016/2017 TPHS Enrollment Packet

New Student Enrollment Checklist

Welcome to **Torrey Pines High School!** In order for a new student to be enrolled, you will need to complete the steps below. These steps must be fulfilled before proceeding through the enrollment process and obtaining a class schedule.

- **Step One: Residency.** State law requires that public schools verify student residence on an annual basis. Before your student can be enrolled, you must have an established residence within the SDUHSD boundaries. Student's parent/legal guardian must supply two (2) types of documentation (*one must be a current SDG&E statement*).
- **Step Two: Transcripts, Immunizations & Birth Certificate.**
 - New students must provide current transcripts from their last school of attendance to help facilitate class placement. It is possible a math placement test may be given before class assignment.
 - Immunizations must be submitted in order to attend school. If you are coming from another country or state, proof of immunizations for chicken pox (Varicella) or proof of having had the disease must be provided by your doctor. If you are coming from outside the United States and have not had a TB skin test within one calendar year, you must provide TB test results which **MUST** be documented by a doctor or clinic.
 - A copy of student's birth certificate or passport.
- **Step Three: Submit Enrollment Documents.** All documents from Step One and Step Two must be presented to the TP Registrar in addition to the attached packet. **You must have an appointment to meet with the Registrar and Counselor.**

Jorie Rankin
Registrar
jorie.rankin@sduhsd.net
858-755-0125 ext. 2230

*** Please email Registrar for an appointment ***

SAN DIEGUITO UNION HIGH SCHOOL DISTRICT

STUDENT ENROLLMENT FORM

2016-2017

→ **COPY OF BIRTH CERTIFICATE REQUIRED**

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

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

PLACE OF BIRTH _____ Social Security # _____
City State Country

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

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

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

Home Phone _____ **Work Phone** _____ **Home Phone** _____ **Work Phone** _____

Father's E-mail No Yes **Would like to receive school materials and announcements?** Cell Phone _____
 Mother's E-mail No Yes **Would like to receive school materials and announcements?** Cell Phone _____

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

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

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

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

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

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

→ **Home Language Survey**

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

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

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

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

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

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

→ **Parent/Guardian Signature** _____ **Date** _____

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



Union High School District

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Rick Schmitt

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

Department of Pupil Services
Fax (760) 943-3527

IMPORTANT NOTICE REGARDING NEW STUDENTS

(NOTIFICACIÓN DE IMPORTANCIA PARA ESTUDIANTES DE NUEVO INGRESO)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Date (Fecha)

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

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

PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY



Entry Requirements by Age and Grade:

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

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

WHY YOUR CHILD NEEDS SHOTS:

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

THE LAW:

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

WHAT YOU WILL NEED FOR ADMISSION:

To attend school, your child's Immunization Record must show the date for each required shot above. If you do not have an Immunization Record, or your child has not received all required shots, call your doctor now for an appointment.

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

A personal beliefs exemption is no longer an option for entry into school; however, a valid personal beliefs exemption filed with a school before January 1, 2016 is valid until entry into the next grade span (7th through 12th grade). Valid personal beliefs exemptions may be transferred between schools in California. For complete details, visit ShotsforSchool.org.

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

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

San Dieguito Union High School District

HEALTH INFORMATION FORM

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

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

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

HEALTH CONDITION/S:

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

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

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

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

San Dieguito Union High School District

HEALTH INFORMATION FORM

IMPORTANT: PARENT / GUARDIAN & STUDENT SIGNATURES ARE REQUIRED

Male Female

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

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

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

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

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

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

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

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

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

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

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

HEALTH OFFICE:
Initials & Date Received: _____

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ACCEPTABLE USE POLICY FOR COMPUTING RESOURCES (AUP)

The SDUHSD is pleased to offer students and staff access to the district computer network system for file and print services, Internet access and, in some specific instances, electronic mail use. To gain access, all students and staff must agree to all terms of responsibility required for access by reading and signing the district acceptable use policy, which is a legally binding contract. All parents/guardians of students must read and sign the acceptable use policy as well. The form must be returned to the appropriate office so a student or staff account can be set up.

The district computer network is provided for school-related purposes only. Access to network services is given to students and staff who agree to act in a considerate and responsible manner. **Access is a privilege, not a right; inappropriate use will result in revocation of those privileges.**

Access enables students and staff to explore thousands of libraries, databases and bulletin boards while exchanging information with Internet users throughout the world. Access entails responsibilities. Individual users of the district computer networks are responsible for their behavior and communications over those networks. Users will comply with district standards and will honor the policies, which they have signed. Families need to know that some material accessible via the Internet may contain items, which are illegal, defamatory, inaccurate or potentially offensive to some people. The SDUHSD's intent is to further educational goals and objectives through the use of the Internet. Benefits to students through Internet access, in the form of information resources and opportunities for collaboration, far exceed any disadvantages. Ultimately, however, parents/guardians are responsible for setting and conveying standards that their student(s) follow when using media and information sources. SDUHSD supports and respects each family's right to decide whether or not to apply for district computer network access.

1. NETWORK ETIQUETTE

All users are expected to abide by the rules of network etiquette. These include, but are not limited to, the following:

- a) Be polite. Use language, which is appropriate for an educational setting. Do not use abusive, inflammatory or obscene language.
- b) Respect privacy. Do not reveal personal information about yourself, students and/or staff. Do not share your account information or password with anyone.
- c) Be considerate. Do not use the network in a way that would disrupt the use of the network by other users.
- d) Use access time efficiently. Use access time for school-related purposes only.

2. ELECTRONIC MAIL (E-MAIL)

E-mail is a method of communication. All users who are allowed access are expected to accept conditions, which include, but are not limited to, the following.

- a) Users of e-mail should not consider electronic communications to be either private or secure; such communications are subject to subpoena.
- b) Messages relating to or in support of illegal activities must be reported to appropriate authorities.

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- c) Individuals are to identify themselves accurately and honestly in e-mail communications. E-mail account names and/or addresses may not be altered to impersonate another individual or to create a false identity.
- d) The district retains the copyright to any material deemed to be district data. Use of district data sent as e-mail or as enclosures will be in accordance with copyright law and district standards.

3. SOCIAL MEDIA POLICY

In order to meet the growing needs of our 21st century learners, the San Dieguito Union High School District recognizes the need to incorporate into the educational environment Social Media that has an instructional or educational purpose or the purpose of communicating relevant information about school related activities. Social Media is a term that describes web-based and mobile technology communication tools with a focus on interactivity, user participation and information sharing in multiple ways. Social Media refers to venues such as blogs, video/photo posting sites, social networks, and forums. Some typical Social Media sites include: Facebook, Twitter, LinkedIn, YouTube, Flickr, WordPress and TeacherTube. This policy is not limited to these specific sites, but applies to all Social Media.

Staff members are encouraged to incorporate the use of Social Media into curriculum and District programs to enhance instruction, engage students in learning, model the appropriate and responsible use of Social Media, and inform students about school-related activities. Staff member use of Social Media in the educational environment including, but not limited to, use associated with curriculum, sports teams, extra-curricular organizations and activities, clubs, or any other District-related programs or business, is subject to the following rules and guidelines.

Staff members are responsible for monitoring student use of Social Media that has been incorporated into curriculum in order to promote and evaluate the instructional or educational purpose and ensure compliance with the District's Social Media Policy for Students.

When using Social Media within the educational environment, students and staff members must identify themselves by their full legal names and District titles. All content associated with staff use of Social Media within the educational environment must be consistent with the District's goals and professional standards.

Social media use must not interfere with the educational environment for students, or with job duties or responsibilities of staff members. Staff members should not communicate with current District students through Social Media sites which are personal to staff members or students, do not have an instructional or educational purpose, and / or do not communicate relevant information about school-related activities. Staff members should be mindful about maintaining appropriate professional boundaries with students, and students with staff.

Communications through Social Media are not private. Consequently, staff and students must ensure they are not sharing confidential information concerning District staff, students, or families. Social Media may not be used to publish student information including, but not limited to, names, assignments, grades, attendance data, photographs, videos, or other likenesses, without permission of the student's parent or guardian.

Students and staff members are responsible for their Social Media use and may be subject to liability if such use is found defamatory, harassing, discriminatory, threatening, or in violation of any applicable law, policy, or regulation.

Student and staff use of Social Media within the educational environment is an opportunity and not a right. As such, staff use of Social Media shall be contingent upon the District's Employee Acceptable Use Policy (Board Policy 4112.7 and its Administrative Regulation, 4112.7.AR-1

4. MOBILE DEVICE POLICY

The San Dieguito Union High School District is committed to building and supporting 21st century learning environments. The district recognized the need and embraces the appropriate use of technology at school.

Mobile devices such as Smart Phones, Laptops, Netbooks, Tablets and other similar devices may be used at school to support learning. The use of this technology is at the discretion and supervision of each classroom teacher. The San Dieguito Union High School District is not responsible for lost or stolen items at school.

Mobile devices including Smart Phones are allowed at school. Unless directed otherwise by your teacher, all devices should be turned off and put away during class/instructional time. Cell phone usage in the classroom is strictly guided by individual teachers in their respective classes for instructional use only.

5. MONITORING

The district reserves the rights to limit, review and monitor any and all files on network computers, which include, but are not limited to, the following.

- a) Set up a filter to block district determined objectionable sites and/or terminology.
- b) Any material/applications on user accounts.
- c) Fileserver space in order to make determinations on whether specific uses of the network are appropriate.

6. PROHIBITED USE

The transmission of any material in violation of any federal or state law is prohibited. This includes, but is not limited to the distribution of the following:

- a) Any information which violates or infringes on the rights of any other person.
- b) Any abusive, defamatory, illegal, inappropriate, obscene, profane, racially offensive, sexually oriented and/or threatening material.
- c) Advertisements, solicitations, commercial ventures or political lobbying.
- d) Any information, which encourages the use of, controlled substances or the use of the system for the purpose of inciting crime.
- e) Any material which violates copyright laws.

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Prohibited use of the computer network system includes, but is not limited to the following:

- a) Damage, vandalism or theft of any equipment.
- b) Altering, copying, installation, piracy, theft of any software.
- c) Altering, copying, installation, piracy, theft of any unauthorized information, programs or data from district computers.
- d) Use of the system in a manner, which is not related to the curriculum or approved school activities.
- e) Altering, installation or theft of any computer hardware.
- f) Possessing or intentionally downloading of any software that may disrupt or destroy district software or hardware, such as hacking utilities or viruses.

7. SECURITY

Security on any computer network system is a high priority, especially when the system involves many users. Any user who identifies a security problem must notify the system administrator. Any user who identifies a security problem will not demonstrate the problem to other users. Violations include, but are not limited to, the following:

- a) Illicitly gaining entry or "hacking" into a computer system.
- b) Illicitly obtaining account passwords.
- c) Illicitly obtaining network administration rights/
- d) Intentionally creating or distributing a computer virus.
- e) Using a district network or Internet ability to disable or overload any computer system or network
- f) Using a district network or Internet ability to circumvent the security of a computer system.
- g) Bypassing a district "firewall" or "filter".

8. SYSTEM USAGE

The system administrators reserve the right, but are not limited to, the following:

- a) Set restrictions/quotas for disk usage on the system.
- b) Set time limits for system usage.
- c) Set download limits.
- d) Set e-mail restrictions/limits.
- e) Set public posting areas (message boards/UseNet groups) restrictions/limits.
- f) Set real-time conference (talk/chat/Internet relay chat) restrictions/limits.
- g) Prohibit use, which they determine to be for non-curricular purposes.
- h)

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9. CONSEQUENCES DUE TO VIOLATIONS

Depending on the seriousness of the offense, any combination of the following consequences may be encumbered as a result of user actions. The user may be:

- a) Taken off the system, permanently or for a specified number of days.
- b) Assigned in-school suspension.
- c) Removed from the class for the remainder of the semester or year if the class curriculum requires LAN and Internet use.
- d) Subject to discipline as authorized by district policy and all applicable laws.
- e) Permanently restricted from taking any classes where the computer is a significant part of the curriculum if the class curriculum requires LAN or Internet use.
- f) Permanently removed from school through an expulsion proceeding.
- g) Required to pay for damages with regard to teacher time, computer resources, attorney fees, etc., as permitted by law.
- h) Subject to consequences under the SDUHSD discipline policy or the discipline policy of a specific SDUHSD school site, as permitted by law.
- i) Criminally charged under local, state or federal law.

10. LIABILITIES/NO WARRANTIES

The SDUHSD makes no warranties of any kind, whether expressed or implied, for the service, which is the subject of this agreement. SDUHSD will not be responsible for any damages whatsoever which the user may suffer arising from or related to use of any District Electronic Informational Resources, whether such damages are incidental, consequential or otherwise, whether such damages include loss of data resulting from delays, non-deliveries, misdeliveries or service interruptions whether caused by the district's negligence, errors or omissions.

11. OTHER PROVISIONS

The terms and conditions of this contract shall be interpreted, construed and enforced in all respects in accordance with the laws of the State of California. Reference to "user" is defined to include staff and both the student and the student's parent or guardian who signs this agreement. Each party irrevocably consents to the jurisdiction of the courts of the State of California, in connection with any action to enforce the provisions of this contract or to recover damages or other relief for breach of this contract. User specifically agrees to indemnify the SDUHSD, all of the schools associated with the SDUHSD, its officers, agents or employees, including systems administrators, for any claims, liabilities, losses, costs, or damages, including reasonable attorneys' fees incurred by the SDUHSD or its affiliated schools and the system administrators relating to, or arising from any breach of this contract by user.

LEGAL REFERENCES:**CALIFORNIA EDUCATION CODE:**

11600-11609 Education Technology Grant Program Act of 1996
51006 Computer education and resources

INSTRUCTION

6168

51007	Programs to strengthen technological skills
51870-51884	Education Technology and The Morgan-Farr-Quackenbush Education Technology Act of 1992
51870.5	Student Internet access
60011	Instructional materials definition
60013	Supplementary instructional materials
60017.1	Technology-based materials
60044	Prohibited instructional materials

GOVERNMENT CODE:

3543.1 Rights of employee organizations

PENAL CODE:

313 Harmful matter
 632 Eavesdropping on or recording confidential communications

UNITED STATES CODE, TITLE 20:

6801 – 7005 Technology for Education Act of 1994

MANAGEMENT RESOURCES:

CDE Publications
 K-12 Network Technology Planning Guide: Building the Future, 1994

CDE Program Advisories
 1223.94 Acceptable Use of Electronic Information Resources

Web Sites

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

CDE: <http://www.cde.ca.gov>

INSTRUCTION

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GLOSSARY

- **Acceptable Use Policy:** Legally binding contract which is signed by all users, including staff and students, and parents of student users agreeing to and consenting to abide by all terms stated within the contract.
- **District Data:** Information maintained and processed in the conduct of district business as required by state or federal mandate and/or district procedure. Confidentiality restrictions may apply to information maintained as district data records and all copies of those records.
- **District Electronic Resources:** Any electronic resource that is used within the SDUHSD for curricular purposes.
- **Electronic Mail (e-mail):** A message sent by or to a user in correspondence over a network.
- **Ethics:** A branch of philosophy, which deals with how individuals ought to live, and with concepts such as "right" and "wrong".
- **Computer Ethics:** The application of ethical principles to computer and communication issues.
- **File Server:** A shared computer providing data storage and services to users.
- **Hypertext (HTML: Hypertext markup language):** The language used on the World Wide Web.
- **Internet:** A global network of interconnected networks, which transports information. *Please note: World Wide Web and Internet are not synonyms.
- **Intranet:** An internal network using Internet technology to communicate and manage district information.
- **Local Area Network (LAN):** A network of computers located in the same general location.
- **Network:** Computers connected so that they can communicate with one another.
- **SDUHSD:** San Dieguito Union High School District
- **Security Administrator:** Person(s) responsible for providing network security.
- **System Administrator:** Person(s) responsible for providing and/or managing network services (e.g., but not limited to file servers, electronic mail, Internet, etc.)
- **Universal Resource Locator (URL):** Web site address.
- **User (Authorized User):** Students and staff of SDUHSD who complete and sign the SDUHSD Acceptable Use Policy.
- **Wide Area Network (WAN):** A network of computers in different geographic locations.
- **World Wide Web (WWW):** A hypertext based collection of standards and protocols used to access information available on the Internet. *Please note: World Wide Web and Internet are not synonyms.

Please read the AUP before signing.

TURN IN PAGE 8 ONLY.

INSTRUCTION

6168

FINAL TERMS AND AGREEMENT

• USER (STUDENTS AND STAFF):

I have read, understand and will abide by the above terms and conditions of this legally binding contract as well as any other terms, which are associated with acceptable use of SDUHSD computer network systems, and will use computer and electronic resources for curricular purposes only, honoring all relevant laws and restrictions. I further understand that any violation of this agreement is unethical and may constitute a criminal offense and may result in civil liability to my parents/guardians and me. Should I commit any violation I am subject to the consequences stated within this contract and as otherwise provided in the terms of this agreement.

USER NAME (PLEASE PRINT):

→ _____
Last First

Position: _____ School Site: _____

(IF STUDENT):

Student ID# _____ Grade: _____

→ Signature: _____ Date: _____

• PARENT/GUARDIAN:

As the parent/guardian of the student signing above, I have read and understand the terms and conditions of this legally binding contract. I understand that access to computer and electronic resources are designed for only educational purposes. I understand that the SDUHSD and its related schools have taken reasonable precautions to block controversial material. I recognize, however, that it is impossible for the SDUHSD and its related schools to restrict access to all controversial materials on the Internet or to monitor all material being place on a computer network system by its users. I accept responsibility for guidance of Internet and electronic use, setting and conveying standards for my student to follow when selecting, sharing or exploring information and media. I will not hold the SDUHSD and its related schools responsible for materials acquired on the Internet or for controversial/objectionable materials that have been placed on a computer system without the permission of the system administrator. Further, I accept full responsibility for supervision if and when my student's use is not in a school setting. I hereby give permission to issue an account for my child and certify that the information contained on this form is correct.

PARENT/GUARDIAN (PLEASE PRINT):

→ _____
Last First

Home Phone:() _____ Work Phone:() _____

→ Signature: _____ Date: _____

SAN DIEGUITO UNION HIGH SCHOOL DISTRICT EMERGENCY FORM

The following information is necessary for the Student Health Record.
Please complete this form, **sign** and **return** to your school annually. This is not a "change of residency" form.
***If you have changed your residence, please complete and submit a "Verification of Residency Form"**
available at your student's school registrar's office.

_____ Male Female _____ ID# _____
STUDENT: Last Name **First Name** Initial Date of Birth Month/Day/ Year Student Identification

_____ _____ _____ _____ _____ _____ _____
Address Where the **Student Resides Currently** Apartment # City Zip Code School Grade

_____ _____
Student Cell Phone Student Email

Please check which Parent/Guardian should be contacted first:

FATHER

MOTHER

_____ _____
Father's Name (Please indicate: Father/Guardian/Tutor) **Mother's Name** (Please indicate: Mother/Guardian/Tutor)

_____ _____
Home Phone # Cell # Home Phone # Cell #

_____ _____
Place of Employment /Department Work Phone # Place of Employment /Department Work Phone #

_____ _____
Father's E-mail Address Mother's E-mail Address

_____ _____
Father's Current Address **Is This New Address?** No *Yes Mother's Current Address **Is This a New Address?** No *Yes

_____ _____
Mailing Address (If different than above) Mailing Address (If different than above)

_____ _____
Father's Years of Education: _____ Language _____ Mother's Years of Education: _____ Language _____
of years # of years

Father needs interpreter for phone calls and meetings: NO YES **Mother** needs interpreter for phone calls and meetings: NO YES

ADDITIONAL CONTACTS: CONTACTS MUST BE LOCAL - List contacts for two adults other than parent/guardian. If parent/guardian cannot be reached, we authorize the school staff to release the student to:

1) Local Contact: _____
Adult's Full Name Relationship to Student Home / Work Number Cell Number

2) Local Contact: _____
Adult's Full Name Relationship to Student Home / Work Number Cell Number

MEDICAL INFORMATION: EC §49423

Name of Student's Physician/Clinic: _____
Name Address Phone # Physician/Clinic

I give my consent for school personnel to communicate with my son/daughter's physician NO YES

Does the student take continuing medication: NO YES

Will it be necessary to take medication at school? NO YES

If student requires administration of medication during school hours, parent must complete and deliver to the school's Health Office the "Authorization for Administration of Medication" form signed by parent and physician.

EMERGENCY: In an emergency, I give my consent: For family physician, EMT and/or hospital to provide emergency treatment to my son/daughter: NO YES

Student has medical insurance? NO YES Medical insurance in: Father's name Mother's name

_____ _____ _____
Medical Insurance Carrier Policy Number / Group Insurance Contact Number/s

_____ _____
Signature of Father/Guardian Date

_____ _____
Signature of Mother/Guardian Date



Union High School District

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

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

Superintendent
Rick Schmitt

Office of the Superintendent
Fax (760) 943-3508

REQUEST FOR STUDENT RECORDS

(Current School will make Records Request)

REQUEST FROM:

- Canyon Crest Academy
Registrar
5951 Village Center Loop Rd.
San Diego, CA 92130
Fax: 858-350-0281
- La Costa Canyon HS
Registrar
One Maverick Way
Carlsbad, CA 92009
Fax: 760-943-3539
- San Dieguito Academy HS
Registrar
800 Santa Fe Dr.
Encinitas, CA 92024
Fax: 760-943-3555
- Sunset HS
Registrar
684 Requenza Dr.
Encinitas, CA 92024
Fax: 760-438-8469
- Torrey Pines HS
Registrar
3710 Del Mar Heights Rd.
San Diego, CA 92130
Fax: 858-792-8127
- Carmel Valley MS
Counseling Secretary
3800 Mykonos Ln.
San Diego, CA 92130
Fax: 858-481-8256
- Diegueno MS
Counseling Secretary
2150 Village Park Way
Encinitas, CA 92024
Fax: 760-944-3573
- Earl Warren MS
Counseling Secretary
155 Stevens Ave.
Solana Beach, CA 92075
Fax: 858-755-0891
- Oak Crest MS
Counseling Secretary
675 Balour Dr.
Encintias, CA 92024
Fax: 760-943-3563
- Pacific Trails MS
Counseling Secretary
5975 Village Center Loop Rd.
San Diego, CA 92130
Fax: 858-509-1005

Previous School

Address of Previous School

Fax #

The following student has enrolled at the school checked at the left.

Last Name	First Name	Date of Birth	Grade Enrolling

Please forward the following student records:

- _____ **Official transcript** _____ **Cumulative File** _____ **Test Data**
- _____ **School Profile and Grading System** _____ **Discipline Files(s)**
- _____ **Immunization and Health Records** _____ **504**
- _____ **Special Education Information (IEP)**

Parent Signature

In absence of a parent signature: Federal Law 99.31: The Federal Family Rights and Privacy Act of 1974 and California law does not require the school forwarding student records to obtain parent permission to release the records. Parent signature not required for educational records sent to another educational agency.

RESIDENCY VERIFICATION FORM

(ONE FORM PER FAMILY)

Current School _____

Student Perm. ID: _____

Please check here if address is different than last year.

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

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

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

Work Phone #: _____

Address: _____
Number Street City Zip Code

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

Student Name: _____ School: _____ Grade: _____

Student Name: _____ School: _____ Grade: _____

Student Name: _____ School: _____ Grade: _____

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

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

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

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

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

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

*** Residency Affidavit Form (only needs to be completed by those parents/guardians who share a home with another individual or family member other than a spouse)**

Staff Only:
Verified By: _____

Date Input into Aeries _____

School Year 2016-2017

SAN DIEGUITO UNION HIGH SCHOOL DISTRICT
RESIDENCY VERIFICATION AFFIDAVIT FORM

(Please complete one form per family)

HOME OWNER RENTER CO-RESIDENT (Must Also Submit) OTHER (Specify)

California law requires all persons between the ages of 6 and 18 to attend the school district in which their parents reside unless a specific statutory exception applies.

Please check here if you have more than one student attending a SDUHSD school and PRINT student's name below.

Student:

Form with columns for Last Name, First Name, and Student ID# for multiple students.

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

My student (listed above) resides with me five (5) days per week at the address listed above, which is my primary residence.

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

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

The District will actively investigate all cases where it has reason to believe that residency status has changed and/or false information has been provided, including the use of private investigators to verify residency status.

Persons providing false information under penalty of perjury also may be civilly liable for fraud, negligent misrepresentation, and negligence.

Persons who induce, obtain or otherwise solicit another person to provide false information on an affidavit are subject to the same criminal prosecution, fines, and imprisonment as the person directly committing perjury.

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

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

Please Print Parent/Guardian Name

Signature of Parent/Guardian

Date

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

**

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

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

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

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

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

Signature of Primary Resident/Owner*

Date