

WEST SONOMA COUNTY HIGH SCHOOL DISTRICT STUDENT REGISTRATION

GRADE

Student Last Name:

First Name:

Permanent ID:

- ANALY
 EL MOLINO
 LAGUNA
 NUEVO LEON
 COMMUNITY DAY

▶ Has your student attended school in this district before? Yes No School Attended _____

PLEASE PRINT – STUDENT’S LEGAL NAME

Legal Last Name Legal First Name Legal Middle Name Other Legal Name (if applicable)

Male Female
 Birth date:

Month	Day	Year
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 Home phone #: ()

Parent/Guardian First Name Last Name Cell Phone Work Phone

Parent/Guardian First Name Last Name Cell Phone Work Phone

Parent/Guardian First Name Last Name Cell Phone Work Phone

Mailing Address Apt# City State Zip

Residence Address (house # & street name) (IF DIFFERENT) Apt # City State Zip

(P.O. Box or house # & street name)

WHAT IS YOUR CHILD’S ETHNICITY? (Please check one): Hispanic or Latino Not Hispanic or Latino

WHAT IS YOUR CHILD’S RACE? (Please check up to five racial categories)
The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

<input type="checkbox"/> American Indian or Alaskan Native (100)	<input type="checkbox"/> Laotian (206)	<input type="checkbox"/> Samoan (303)
<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Tahitian (304)
<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Hmong (208)	<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> Filipino/Filipino American (400)
<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Hawaiian (301)	<input type="checkbox"/> African American or Black (600)
<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Guamanian (302)	<input type="checkbox"/> White (700)

PARENT EDUCATION – Check the response that describes the education level of the most educated parent.

Graduate Degree or Higher (10)
 College Graduate (11)
 Some College or Associate’s Degree (12)
 High School Graduate (13)
 Not a High School Graduate (14)

Date first attended school In the U.S.

Month	Day	Year
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Date first attended school in California

Month	Day	Year
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BIRTHPLACE: City: _____ State: _____ Country: _____

U.S. Citizen: Yes No

Student Last Name:

First Name:

Permanent ID:

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

1. What language/dialect does your son/daughter most frequently use at home? _____
2. Which language/dialect did your son/daughter learn when he/she first began to talk? _____
3. What language/dialect do you most frequently speak to your child? _____
4. Has your child ever been given the CELDT Test (Calif English Language Development Test)? Yes No I don't know

In which language do you wish to receive written communications from the school? English Spanish

Residence - where is your child/family currently living? (federally mandated by NCLB) - Please check appropriate box:

- In a single family permanent residence (house, apartment, condo, mobile home)
- Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11)
- In a shelter or transitional housing program (10)
- In a motel/hotel (09)
- Unsheltered (car/campsite) (12)
- Other (15) (please specify) _____

Parent/Guardianship Information (with whom the student lives) - check all that apply

- Father Mother Both Step-father Step-mother Guardian Foster/Group Home Other _____
- Is the above (checked) person (s) the student's LEGAL guardian? Yes No If No, please complete a "Caregiver Affidavit" if there is a legal custody agreement regarding this student, please check one: Joint Custody Sole Custody Guardian

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

1. Father Step Father/Guardian (check one) Full Name: _____
Employer: _____ City: _____ Daytime Phone # (____) _____
2. Mother Step Mother/Guardian (check one) Full Name: _____
Employer: _____ City: _____ Daytime Phone # (____) _____

DUPLICATE MAILING - If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent. Please include their name, address, and phone number:

Full Name: _____ Phone #: (____) _____
 Mailing Address: _____ City: _____ State: _____ Zip code: _____

MOST RECENT SCHOOL ATTENDED:

School	Address/City/State/Zip	Grade(s)	Date(s)

- Are there psychological or confidential reports available from your child's former school? Yes No
 Has your child been suspended? Yes No Has your child ever been expelled? Yes No
 What special services has your child received? (please check all boxes that apply)
 Special Education: Resource (RSP) Special Day Class (SDC) Speech/Language 504
 Other: Gifted (GATE) Remedial Math Remedial Reading Counseling English Language Development
 Help to Improve Attendance/ Behavior Other (Specify) _____

Signature of Parent/Guardian: _____ Date: _____

BELOW FOR SCHOOL USE ONLY

Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Comp Entry	Enroll Date:	Record Request:	Permanent ID:
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PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM (WSCUHSO REV 3/09)

**LAGUNA HIGH SCHOOL
STUDENT BEHAVIORAL EXPECTATIONS**

1. **Arrival at School:**
 - A. Please arrange to be dropped off on Taft Street in front of school. Once you arrive near school you are to go directly to campus. If you arrive by bus, go straight to the campus. Enter and exit only on Taft Street, and not through the District Office.
 - B. If you choose to bring a car, please arrange to park on Taft Street, Johnson Street, or by the police station.

2. **Tardy Policy:** Timeliness is important in school and in society. School starts at 7:45 AM (tardy bell 7:50 AM) for all students. Excessive tardies will result in disciplinary action and/or loss of credit.

3. **Non-Productive Days ("NP"):** Students are expected to be productive in class. Students who are non-productive will receive an NP and deny themselves credit for that period. Some examples of non-production in a class are: student putting his/her head down on the desk or sleeping in class; student not being on task to the satisfaction of the teacher; or disruptive behavior that takes other students off assigned tasks. It is not enough to just "show up."
 - A. A student who obtains two NP's in a class will receive a warning referral.
 - B. If a student receives additional NP's, disciplinary action could be taken, including dropping of classes.

5. **Disciplinary action will be taken on the following issues:**
 - A. Disrespectful behavior (to students or staff)
 - B. Participation in disruptive behavior
 - C. Verbal Attacks/Harassment/Degrading another person
 - D. Profanity, drug, alcohol or sex talk
 - E. Violence or possession of a weapon
 - F. Graffiti of any type in the classroom or on school grounds
 - G. Under influence of, or in possession of drugs, drug paraphernalia, or alcohol
 - H. Exhibiting gang, prejudicial, or hateful behaviors by showing colors, using inappropriate drawings, or signings.
 - I. Computer tampering and/or inappropriate internet exploration

- NOTE:** Repeat violations could result in a schedule reduction, suspension or expulsion.

6. **Weapons:** Knives, guns, pipes, etc. are not permitted anywhere on or near schools. Any item of clothing that is a potential weapon is not permitted. (i.e. chains, stud bracelets, etc.)

7. **Smoking/Tobacco:** Possession of tobacco on the school campus is prohibited by state law. Smoking or chewing tobacco is not permitted within 1000 feet of any school district property.

8. **Food and Beverages on Campus:**
 - A. Eating and drinking in classrooms is not allowed, unless by teacher permission.
 - B. During brunch, please purchase only what you can comfortably eat in the time allotted.
 - C. Do not order items for which you do not have money.

9. **Littering:** This is our campus. Please keep it clean and litter free. Recycle cans and bottles.

PLEASE READ AND SIGN OTHER SIDE

10. **Loitering:** Once your school day ends, you are not to loiter near *any* school. School hours are between 7:30 AM and 4:00 PM. Trespassing on School District Office or on Anya or El Molino campuses could revoke any request to return to either school for one additional semester and/or could result in an arrest. The staff parking lot is off-limits.
11. **School Phone Use:** The telephone is available for **emergency calls only**: before school; at break; and after school (not during class or passing time.) Cell phones can be used only during brunch time. Power to phones must be **OFF**, including the vibrator.
12. **No Electronic Devices:** No electronic devices are permitted out in class. (This includes games, ipods, mp3 players, etc.) Cell phones may be on and used **only** during break.
13. **Profanity:** Profanity (swearing, vulgarities) will not be acceptable in any form, either in class or around the campus.
14. **Bathroom Use:** Use the bathroom between classes, before or after school or brunch, but not during Sustained Silent Reading. Teachers may give bathroom breaks at their discretion. Absence from class to use the bathroom in excess of five minutes will be treated as a tardy.
15. **Respectful Behavior:** Respectful behavior is expected at **ALL** times. Laguna students are known for their courteous and respectful behavior toward guests.
16. **Dress Code:** Attire must be appropriate for school. Footwear must be worn at all times. The dress code prohibits students from wearing any items that "compromise safety or modesty" or include language or symbols involving violence, sex, drugs, alcohol, tobacco, or that include signs, symbols or words degrading any gender, cultural, religious, or ethnic values. If your clothing is judged to be disruptive or cause a distraction to the teaching/learning process, you will be referred to the school administration.
17. **Attendance:** Poor attendance could result in a referral to the County District Attorney's Office and could result in one or more of the following: transfer to County Community School; loss of driving privilege; fine. Students 18 years or older could lose the privilege of attending Laguna.
18. **Behavior Between Home and School:** All school rules apply to behavior between school and home and home and school.

Note: These rules apply during transportation to and from school and while attending school or school activities.

I have read the above listed topics and understand thoroughly these statements and expectations. I will not violate school, district, state or federal expectations. My signature on this document is confirmation of my complete understanding of what has been presented and I agree to abide by these expectations.

Student Name (Please print)

Signature

Date

Instruction

STUDENT USE OF TECHNOLOGY

Computer/Online/Internet Services: User Obligations and Responsibilities

Students are authorized to use district equipment to access the Internet or other online services in accordance with Board Policy, the district's Acceptable Use Agreement for Student Use of Technology, and the user obligations and responsibilities specified below.

Students recognize that electronic mail accounts issued through the district are not private. Email delivery is not guaranteed. Authorized personnel may conduct searches of district electronic information systems, email, employee workspaces, student workspaces, and network equipment at any time and without notice when deemed appropriate, including searches for work-related and investigatory purposes. Personal devices connected to district network or computing resources may also be searched when brought to or used at school and/or school-related functions.

1. The student in whose name an online services account is issued is responsible for its proper use at all times. Students shall keep account information, home addresses, and telephone numbers private. They shall use the system only under the account number to which they have been assigned.
2. Students shall use the system safely, responsibly, and primarily for specific school activities or for the purposes of class assignments.
3. Students shall not access, post, submit, publish, link, or display harmful or inappropriate matter that is threatening, obscene, disruptive, explicitly violent, sexually explicit, or that could be construed as harassment or disparagement of others based on their race, ethnicity, national origin, sex, gender, sexual orientation, age, disability, religion, or political beliefs.

(cf. 4030 Nondiscrimination in Employment)

(cf. 4031 Complaints Concerning Discrimination in Employment)

(cf. 4119.11 Sexual Harassment)

4. Students shall not use the system to promote unethical practices or any activity prohibited by law, Board policy, or administrative regulations.

(cf. 4119.25 Political Activities of Employees)

5. Students shall not use the system to engage in commercial or other for-profit activities without permission of the Superintendent or designee.

6. Copyrighted material shall be posted online only in accordance with applicable copyright laws.

(cf. 6162.6 Use of Copyrighted Materials)

7. Students shall not attempt to interfere with other users' ability to send or receive e-mail, nor shall they attempt to read, delete, copy, modify, or forge other users' e-mail. This includes either the creation or promotion of spam, the distribution of viruses or potential viruses, and/or any attempt to bypass and/or interfere with the orderly operation of the District's network(s) in any way.
8. Students shall not develop any classroom or work-related web sites, blogs, wikis, forums, or similar online resources representing the district or using district equipment or resources without permission of the Superintendent or designee. The district retains the right to delete material on any such online resources. Students will respect the confidentiality, privacy, and dignity of all students and staff in any such postings. They will also comply with District confidentiality policies.
9. Students shall report any security problem or misuse of the services to the Superintendent or designee. This includes any attempts to bypass, interfere with, or subvert any content filtering system implemented or adopted by the District.
10. Students recognize that District Computer resources are not unlimited. User shall not deliberately perform acts that waste or unfairly monopolize resources to the exclusion of others. These acts include unnecessary use of storage, equipment, downloading or uploading of files, chat, casual access of streaming audio, video, and complex graphics files, and any other creation of unnecessary loads on network traffic not associated with District business.
11. Students shall only download files to district resources that are related to specific class assignments. Students shall not download applications to any district resource.
12. Any computer use with either personal or school owned computers that tends to overload the network or otherwise impede the educational objective of the school is prohibited unless specifically sanctioned by the superintendent or his/her designee.

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM

West Sonoma County Union High School District
Technology User Agreement

I understand and will abide by the rules and conditions of this agreement. I have reviewed this agreement with my parent/guardian and understand that any violation of these rules may result in disciplinary and/or legal actions. I also agree to report any misuse of technology at the school site to the supervising district employee.

- I understand and will abide by the above Acceptable Use Agreement for Student Use of Technology.

Student Name (PRINTED)	Student ID#	Grade
Student Signature	Date	School

As the parent or guardian of this student, I have read this agreement and understand that the West Sonoma County Union High School District encourages the proper use of technology for the purpose of instruction. I recognize that the district has taken reasonable precautions to limit access to all harmful and controversial materials and I will not hold the WSCUHSD responsible for materials acquired as a result of my student's misuse of technology. Further, I accept full responsibility for any such materials acquired by my child. This agreement applies specifically to the requirements of Board Policy 6163 and Administrative Regulations 6163. A signature at the end of this agreement is binding.

- I hereby give my permission for my child to use technology for the purpose of instruction

Parent/Guardian Name (PRINTED)	Date
Parent/Guardian Signature	

**WEST SONOMA COUNTY UNION HIGH SCHOOL DISTRICT
EMERGENCY MEDICAL INSTRUCTION FORM**

Student Name: _____ **Date of Birth:** _____

Address: _____ **Phone:** _____

In case of illness or emergency to the above named student, the school is authorized to contact individuals listed below and release the student to him/her. Please number each person 1, 2, 3 etc. in order of contact.

() Contact Mother: Name: _____ Phone: _____
Address: _____

Email Address: _____

() Contact Father: Name: _____ Phone: _____

Address: _____

Email Address: _____

() Contact #1: Name: _____ Phone: _____

Address: _____

Email Address: _____

() Contact #2: Name: _____ Phone: _____

Address: _____

Email Address: _____

() Contact #3: Name: _____ Phone: _____

Address: _____

Email Address: _____

Physician: Name: _____ Phone: _____

Dentist: Name: _____ Phone: _____

Please list any food/medication/bee sting allergies: _____

Please list any chronic health concerns (asthma, diabetes, etc.) _____

Please list any medications taken on a regular or as needed basis (include inhalers, prescriptions, and over the counter medication) and how often uses (see medication policy below): _____

Does your child currently have a health insurance plan (for example, Medi-Cal, Kaiser, Blue Shield, etc)?

Yes No If yes who is the insurer? _____

I request that my child receives first aid services whenever such services are deemed necessary. I authorize that my child be attended by a licensed physician and/or taken to the nearest hospital in the event that his/her condition deems necessary. I will accept the judgment of the person in charge. This is effective until written notice of cancellation is given by me.

Signature of Parent/Guardian: _____ **Date:** _____

In the event of a life threatening allergic reaction, I authorize school personnel to administer emergency treatment (EPI-PEN, epinephrine) to my child.

Signature of Parent/Guardian: _____

MEDICATION POLICY

Note: ALL medications, including over the counter, that is brought to school MUST be in its original container labeled with the student's name. The student MUST have a signed form from the doctor and parent on file in the school Health Office. The medication may be carried with the student – with written permission – or kept in a locked cabinet in the Health Office. Please contact the school Health Technician with any questions.

West Sonoma County Schools
Health Services

Health Update

Date _____

Birth Date _____

Student's name _____

Has your child had a major illness or been hospitalized since he/she first enrolled in school? _____

Does your child have any chronic or recurrent health condition? (Asthma, epilepsy, diabetes, heart problem, insect sting sensitivity, depression, mental health problems, other.) _____

Does your child take medication? Regularly or periodically?

List medications - - dosage and how often given. _____

List medications taken previously - - Give approximate dates taken. _____

Has your child had any changes in his/her behavior? _____

Are there any other concerns or changes of which you feel the school needs to be aware? _____

Has your child received any immunizations since Kindergarten entrance? If so please bring in a copy of the medical documentation of the immunizations.

We appreciate your time in sharing your child's health history with us.

This information will be kept confidential. If you have any questions or concerns please feel free to call your school nurse.

Signature _____, Relationship _____ Date _____

**ANNUAL NOTICE TO PARENTS
2014-2015
ACKNOWLEDGMENT OF PARENT/GUARDIAN
OF ANNUAL RIGHTS NOTIFICATION**

DEAR PARENT/GUARDIAN:

Section 48980 of the Education Code of California requires that notice be given at the beginning of the first semester or quarter of the regular school term to the parent or guardian of the minor pupils in the school district regarding the rights of the parent or guardian under sections 32255, 32390, 35291, 46014, 48205, 48207, 48208, 49403, 49423, 49451, 49472, Article 3 (commencing with section 56030) of Chapter 1 of Part 30, and notice of the availability of the program prescribed by Article 9 (commencing with section 49510) of Chapter 9 and of the availability of individualized instruction under section 48206.3. Section 48982 requires that this Notice be signed and returned by the parent or guardian to the school. Signature and return of the attached form is acknowledgement by the parent or guardian that he or she has been informed of his or her rights but does not indicate that consent to participate in any particular program has either been given or withheld.

Some legislation requires additional notification to the parents or guardians during the school term or at least 15 days prior to a specific activity. (A separate letter will be sent to parents or guardians prior to any of these specified activities or classes, and the student will be excused whenever the parents or guardians file with the principal of the school a statement in writing requesting that their child not participate.) Other legislation grants certain rights that are spelled out in this form.

Please review the information in this Annual Notice to Parents then detach, sign, and return this page to your child's school indicating that you have been notified of the specified activities, and indicating whether you have a child on continuing medication.

I hereby acknowledge receipt of information regarding my rights, responsibilities and protection under Education Code 48980.

Parent Name (please print): _____

Signature of Parent or Guardian: _____ Date: _____

Pupil's name (please print): _____

DIRECTORY INFORMATION

If you do not wish directory information released to anyone (page 16), please sign where indicated below and return to the school office within the next 30 days. Note that this will prohibit the district from providing the student's name and other information to the news media, interested schools, parent-teacher associations, interested employers and similar parties.

Please note: If you do not want directory information released to military recruiters only (but do wish directory information released to other qualified individuals or organizations), please complete the waiver form located on page 6 and return it to your student's school.

Do NOT release directory information regarding _____
(Pupil's Name – please print)

- _____ Check and initial if an exception may be made to include student information and photos for film, video and audio tape recordings, slides and photographs to be made of my son/daughter in classroom activities, assessment and other school activities. I understand that the films, video and audio tape recordings, slides and photographs are being produced for educational purposes and may be used for the following: broadcast on local television and/or radio, communication boards, classroom use, yearbook, school brochures, school and/or District website(s), and at educational conferences.

Parent or Guardian Name (Please Print): _____

Signature of Parent or Guardian: _____ Date: _____

ALL MEDICATION including Tylenol & Ibuprofen REQUIRE A DOCTOR'S SIGNATURE

- Doctor & Parent sign this form
- Doctor FAX permission to 824-7910

Authorization for Administering Medication

The California Education Code provides for any pupil who is required to take, during the regular school day, medication prescribed for her/him by a physician provided the school district receives:

1. A written statement from the physician detailing the method, amount, and time schedule the medication is to be taken.
2. A written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in the matter set forth in the physician's statement.
3. Medication must be in appropriately labeled prescription container(s) or the original over-the-counter container.

Student's name _____ Date _____

School _____ Grade _____ D.O.B. _____

The following medication has been prescribed for the student named above:

Medication _____	Medication _____
Dosage _____	Dosage _____
Time _____	Time _____
Side effects _____	Side effects _____

Inhaler: **Kept in office** **Can carry it**

- * This release is valid only for the current school year.
- * Please keep the school adequately supplied with the student's medication.
- * Any medication remaining at the end of the school year must be picked up by the parent.

_____ Date _____
Signature of Physician

I hereby give permission for the designated school personnel to administer the above medication to my child
I will supply the medication in a labeled container.

_____ Date _____
Signature of Parent/Guardian

West Sonoma County Schools
School Nurse Services

Asthma Health Care Plan

Student's name _____ Date _____

School _____ Grade _____ D.O.B. _____

Dear Parent or Guardian,

You have indicated that your child has asthma. In order to meet your child's needs, please complete the following and return to the School Nurse.

Describe the symptoms your child experiences. (e.g., wheezing, coughing, tightness, other)

What triggers your child's asthma? _____

What usually helps when your child has an asthma episode? _____

What medications are taken? Medication at school requires the doctor and parent authorization.

At School Medication _____ Dosage _____ Time Given _____

_____ Dosage _____ Time Given _____

At Home Medication _____ Dosage _____ Time Given _____

_____ Dosage _____ Time Given _____

Doctor's name _____ Date of last evaluation _____

Does your child use a peak flow meter? If so, what is your child's current best peak flow numbers.

Does your child use a nebulizer at home? _____

Has your child been hospitalized for asthma? _____

Date of last hospitalization, (include emergency room visits) _____

Emergency Procedure for a Severe Asthma Episode

If a severe asthma episode were to happen at school this is the procedure the school will follow.

1. Student will sit upright and receive the prescribed medication.
2. Offer sips of warm water.
3. Reassure student and observe for response to medication.
4. Notify parent as needed.

If you would prefer a different procedure for your child please indicate below.

Parent Signature _____ Date _____

School Nurse Signature _____ Date _____

WEST SONOMA COUNTY CONSORTIUM SCHOOL NURSE SERVICES

Dear Parents,

As the new school year begins, the nurses of the West County Consortium would like to take this opportunity to explain our services, and enlist your support for a healthy, happy school experience for your child.

The school sites of the West County are served by three part time nurses. While our role covers many areas, much of our time is spent screening and assessing students as mandated by the State and as requested by parents, physicians, and school staff. The State mandates that all students are annually screened in Kindergarten and grades 2, 5, 8 and 10 for vision, hearing, and general health. In addition, 7th grade girls and 8th grade boys are screened for scoliosis. We will contact you if your child fails screening and needs a referral for further evaluation by your medical provider.

Please make sure your child's emergency card is completed and kept up to date. When an emergency arises, reaching you and getting immediate care is vital.

We ask you to give your consent on the emergency card for administration of an Epi-pen (adrenalin injection) by trained staff should your child have a severely life-threatening allergic reaction to an insect sting or substances. The Epi-pen can be life-saving if used immediately while waiting for 911 to respond.

If your child requires prescription medication (e.g. inhalers) or over the counter medication (such as Tylenol or Advil) to be administered at school, a completed consent form including parent and physician signatures must accompany the labeled prescription or original over the counter container of medication in order to be given school personnel. Please check in the office for this form.

Please notify the school if your child has lice. The school has a NO NIT policy. Your child will need to be checked in the office before returning to school.

Please keep your child home if he/she has any of the following:

Vomiting or diarrhea	Earache or draining ear	Suspicious rash
Persistent cough	Red, draining eyes	Fever over 100°
Severe headache	Wheezing, difficulty breathing	Stomach ache

(Students must be fever- free for 24 hours before returning to school)

Please alert the staff and school nurse if your child develops a new health condition so we may be aware of their need and assist in any special care required. Please feel free to contact us with any concerns regarding the health of your child.

Dear Parent or Guardian:

The purpose of this notification is to make sure that you are fully informed regarding changes in access by military recruiters to student directory information brought about by the passage of the "No Child Left Behind" Act. This new federal legislation became effective January 8, 2002. All Districts and schools that receive federal funding under this legislation must allow military recruiters access to student directory information unless a student's parent or guardian requests that such information be withheld.

The law also provides military recruiters the same access to students as is provided generally to post-secondary education institutions (colleges) and prospective employers. In our District this means that military recruiters may meet and talk with students about military enlistment and training opportunities in career centers or libraries at specified times. It is also important to note that Education Code 49603 currently provides that the District may not deny military recruiters' access to students if such access is provided to other employers.

Below you will find a waiver form for any parent or guardian who does not want their student's directory information, name, address and telephone number, released to military recruiters.

*WAIVER FORM
RELEASE OF STUDENT DIRECTORY
INFORMATION TO MILITARY RECRUITERS*

I _____ am aware that the "No Child Left Behind" Act of 2001 allows for the release of student
(Parent's name - please print)

directory information to military recruiters. I hereby request that you not release information on my student (or students)

_____ who attends _____ High School to military recruiters.
(Student's name - please print)

Parent/Guardian Signature

Date

*Please return this form to your student's school promptly
to insure that our staff can honor your wishes.*

Notification Of Pesticide Use

Dear Parent or Guardian:

At the beginning of each school year, all public schools in California must notify parents of any planned pesticide use during the year. Schools are also required to set up a registry so that concerned parents can sign up for advanced written notification prior to the application of any pesticide. Schools are also required to post signs where pesticides are applied 24 hours before the application and to leave signs in place for a 72-hour period after the application.

West Sonoma County Union High School District strives to take a responsible position regarding the use of pesticides in and around our schools. Weed control on large campuses can be a challenge. Our staff works to limit the use of pesticide application to winter, spring and summer breaks in order to reduce any exposure to students and staff.

Chemical manufacturers must by law label all products that they sell. Precautionary label statements on chemical containers classify pesticides in three categories. These categories are danger, warning and caution. Those labeled as caution are the safest of these products intended for us to control weeds or pests and are the category we intend for limited use around our schools.

In order to maintain compliance with the Healthy Schools Act, the WSCUHSD has set up a registry procedure to allow those parents who would like prior notification of our intent to use pesticides in or around our schools. The District would like to notify parents via e-mail however, if you do not have access to the Internet we will mail your notification. Below you will find a form that must be completed and returned to the District Office if you would like to be placed on the notification registry.

WSCUHSD staff members have been trained regarding safe use of pesticides. The products that may be used at some point this year for health, sanitation and safety reasons include:

- Roundup Pro – (Glyosphosphate) active ingredient. This product is used on a limited basis to control unwanted vegetation along fence lines, around building exteriors and in asphalt cracks.
- Blitz Wasp and Hornet Killer – (Tetramethrin, Permethrin and Piperonyl Butoxide) active ingredients. Occasional use for infestations.
- Rozol' Pocket Gopher Bait – (P-chloropheny, Phenylacety and Indandione) active ingredients. Used for reduction of rodents.
- Matran2 – (Clove Oil, Water and Lecithin) active ingredients. This product is used to control unwanted vegetation along fence lines, around building exteriors and in asphalt cracks.

Our District personnel also works to identify various alternative methods of integrated pest management designed to reduce and hopefully eliminate pesticide use altogether. Recently we introduced the use of a propane weed burning system for limited use around concrete foundations and cracks in asphalt or cement areas.

Inquires may be directed to Director of Maintenance and Operations Tim Sewell at 824-6414, the Superintendent's office at 824-6412 or the Department of Pesticide Regulations: <http://www.schoolipm.info/>

NOTIFICATION REGARDING PESTICIDE USE

I would like prior notification of any intent the West Sonoma County Union High School District may have to use pesticides in or around my child's school.

Please notify me by contacting:

Name - please print

Mailing Address

Telephone Number

City, State and Zip Code

E-mail Address

Signature

Date

*REQUIRED FIELD

Participation in "Project SUCCESS Plus"
Requires parent/guardian signature for participation

Dear Parent or Guardian:

Your child may be invited to participate in a program at school called Project SUCCESS Plus (Schools Using Coordinated Community Efforts to Strengthen Students). Project SUCCESS Plus helps promote better health among our youth, builds school connectedness, supports prevention activities at school and combats problems such as alcohol, drug abuse and hurtful or harmful behaviors. Participation is voluntary, and parents are informed if their children choose to participate. Students who participate in Project SUCCESS Plus may be asked to take a survey at the beginning and end of their participation in the program that evaluates the effectiveness and impact of the program. The survey is voluntary and takes about 10 minutes to complete. It is confidential. No names are recorded or attached to the survey forms or data. Survey data will be given to the Sonoma County Department of Health for analysis under strict confidentiality controls. You may examine the questionnaire in the school office or at your district's Web site www.wscuhisd.k12.ca.us. If you have any questions about this survey, or about your rights, call the district at Karen Lamb at (707) 824-6412 or klamb.dg@wscuhisd.k12.ca.us.

Please sign below giving permission for your child to participate in Project SUCCESS Plus and to take the pre-/post- participation surveys. You will be notified by the Project SUCCESS Counselor at your child's school if your child wishes to participate in Project SUCCESS.

I give permission for my child to participate in Project SUCCESS Plus and the pre-/post-participation survey.

Print Child's Name: _____ Today's Date: _____

Child's School: _____ Child's Grade: _____

Parent or Guardian's Signature _____