

Culver City Unified School District Registration, Daily Emergency and Disaster Release Information

#1 MANDATORY RETURN

Office Use Only: Grade: _____ Room: _____

Registration Information - School Year: _____

Is the address/phone a change from prior year? _____

Student Last Name(s) _____ First _____ and _____ Middle _____ Nickname _____ M / F _____ Grade _____ Birth Date _____ Birthplace (City/State) _____

Student Address (include house #, street, city & zip code) _____ Home Phone (with area code) _____ Student Cell Phone _____

Student is living with: Mother _____ Father _____ Stepmother _____ Stepfather _____ Other _____ Whom to call first: _____

Mother Name (first and last) _____ Home Phone (with area code) _____ Work Phone (with area code) _____ Cell Phone (with area code) _____

Mother Home Address _____ Occupation _____ Best email address _____

Father Name (first and last) _____ Home Phone (with area code) _____ Work Phone (with area code) _____ Cell Phone (with area code) _____

Father Home Address _____ Occupation _____ Best email address _____

Guardian Name (first and last) _____ Home Phone (with area code) _____ Work Phone (with area code) _____ Cell Phone (with area code) _____

Guardian Home Address _____ Occupation _____ Best email address _____

Brothers, Sisters or Others living at home _____ How related _____ School _____ Grade _____

Brothers, Sisters or Others living at home _____ How related _____ School _____ Grade _____

Daily Emergency Contacts and Disaster Release Contacts Please designate two local adults as **EMERGENCY CONTACTS** who can be responsible for your student if you are not available and your student is ILL or INJURED. In addition, please list several local adults who would assume responsibility for your child if you are unable to in the event of a **DISASTER**. **CCUSD STRONGLY urges you to provide an out of state contact** in the event of a major disaster. Your child will not be released to anyone whose name and address does not appear below. Proper identification will be required. One person can be both an Emergency Contact and Disaster Release Contact if you choose. Check here if you are adding contact information on the back of this page.

Name	Address	Relationship	Home Phone (with area code)	Work/ Cell Phone (with area code)	Emergency Contact	Disaster Release
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Out of State Contact:	_____	_____	_____	_____		<input type="checkbox"/>

Student Emergency Health Information At no time may students carry any medication, including over-the-counter medication, on their person at school. Medications needed at school, including emergency/allergy medication, require a physician-signed, school-provided medication authorization. A three (3) day supply of pharmacy labeled medication can be stored at the school office. **Identify and describe any health problems, chronic illnesses, serious injuries or special medical needs:** Check here if you are adding health information on the back.

Medications student takes: At Home: _____ At School: _____

Serious allergies/reactions: _____ Current treatment: _____

List any emergency medication that your child may need: _____

Reason for Medication(s) _____ Needs to take medication at school? YES NO

Doctor or medical practitioner: _____ Phone: _____

Health Plan Provider _____ Policy Number: _____

Preferred Hospital/Care Center: Is Emergency Treatment card on file at hospital/care center? _____ Facility name: _____
(If no, please complete a hospital-provided form once per year and whenever you have health insurance changes.)

- Authorization and Signatures**
- In the event of illness or injury, I hereby authorize the school to obtain emergency transportation and treatment for my child.
 - I understand the school does not assume any financial responsibility for medical care or emergency transportation. I understand a student accident policy is available for purchase at the beginning of each school year.
 - I understand the above information will be treated confidentially and shared with staff on a need to know basis to ensure the health and safety of my child at school.
 - I hereby authorize Culver City Unified School District personnel to release my child to any person listed on the form in the event of an emergency.

Signature of Father/Guardian _____ Signature of Mother/Guardian _____ Date _____



Culver City Unified School District Student Health Inventory

#2 MANDATORY RETURN

NAME: _____
(Last) (First) (Middle) (Grade) (Date)

BIRTHDATE: _____ SEX: M F

STUDENT EMERGENCY HEALTH INFORMATION: At no time may students carry any medication, including over-the-counter medication, on their person at school. Medications needed at school, including emergency/allergy medication, require a physician-signed, school-provided medication authorization. A three (3) day supply of pharmacy labeled medication can be stored at the school office. **Identify and describe any health problems, chronic illnesses, serious injuries or special medical needs:**

Check here if you are adding health information on the back.

MEDICAL HISTORY: Please check if child has history of the following diseases or conditions:

<input type="checkbox"/> Asthma (see below)	<input type="checkbox"/> Diabetes (see below)	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Allergies (see below)	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Vision Impairment
<input type="checkbox"/> Frequent Headaches	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Wears glasses
<input type="checkbox"/> Convulsive Disorder (Epilepsy or Seizures)	<input type="checkbox"/> Kidney Problems	<input type="checkbox"/> Wears contact
<input type="checkbox"/> Speech Problems	<input type="checkbox"/> Orthopedic Problem	<input type="checkbox"/> Whooping Cough (Pertussis)
<input type="checkbox"/> Other (Please explain below)		

List any significant illnesses, injuries or surgeries: (tonsils, tubes in ears, eye surgeries, etc.)

List any serious or life-threatening allergies to drugs, food, and insect stings:

List any special medical tests or examinations:

List daily and/ or emergency medications that your child takes at home and school: (for asthma, allergies, diabetes, etc.)

Reason:

Please note other physical, emotional or educational problems:

Communicable Diseases: Please give date if child has had any of the following:

<input type="checkbox"/> German Measles (3-Day)	<input type="checkbox"/> Mumps
<input type="checkbox"/> Measles	<input type="checkbox"/> Whooping Cough (Pertussis)
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Tuberculosis

Pediatrician/M.D.'s Name: _____ M.D. Phone Number: _____

Health Plan Provider _____ Policy Number: _____

Preferred Hospital/Care Center: Is Emergency Treatment card on file at hospital/care center? _____ Facility name: _____
(If no, please complete a hospital-provided form once per year and whenever you have health insurance changes.)

 **STUDENTS NEW TO CCUSD MUST ATTACH CURRENT IMMUNIZATION RECORDS:** 

Check box if transferring from a California School.

Check box if transferring from a school outside of California. **WHERE?:** _____

The above information is complete, true and correct. I understand this student health inventory is confidential and will only be shared with designated staff on a "need to know" basis to ensure my child's health and safety at school. I also understand this information will become a part of my child's permanent school health record. If my child requires prescription or over-the-counter medication at school, I will complete the required school authorization, obtain the necessary doctor's signature and provide school with the required medication in the original or properly pharmacy-labeled container at the beginning of each school year. I agree to alert school health office personnel if there is any change in my child's health status during the school year.

Parent Signature: _____

Date: _____

 SIGN HERE



Culver City Unified School District

Acceptable Use Policy (AUP) for District's Network Information for Students and Families

This Acceptable Use Policy was adopted by the Board on July 14, 2015

Culver City Unified School District's ("District") Acceptable Use Policy ("AUP") is to prevent unauthorized access and other unlawful activities by users online, prevent unauthorized disclosure of or access to sensitive information, and to comply with the Children's Internet Protection Act ("CIPA"). As used in this policy, "user" includes anyone using the computers, Internet, email, chat rooms and other forms of direct electronic communications or equipment provided by the District (the "network") regardless of the physical location of the user. The AUP applies even when District-provided equipment (laptops, tablets, etc.) or resources (District email accounts) are used off of District property.

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

Acceptable Uses of the District Computer Network or the Internet

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

Student Information System - Portal Access

Parents and students are given access to electronic student information records through the web-based Portal Access system. The information available through the Portal Access is for the use of that particular student (and their family members) only.

Unacceptable Uses of the Network

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

- **Violating any state or federal law or municipal ordinance. Examples include, but are not limited to: accessing or transmitting pornography of any kind, obscene depictions, harmful materials, materials that encourage others to violate the law, confidential information or copyrighted materials.**
- **Criminal activities.**
- **Selling or purchasing illegal items or substances.**
- **The unauthorized collection of email addresses ("harvesting") of email addresses from the Global Address List and other District directories.**
- **Obtaining and/or using anonymous email sites; spamming; spreading viruses.**
- **Causing harm to others or damage to their property, such as:**
 1. Using profane, abusive, or impolite language, threatening, harassing, or making damaging or false statements about others, or accessing, transmitting, or downloading offensive, harassing, or disparaging materials;
 2. Deleting, copying, modifying, or forging other users' names, emails, files, or data, disguising one's identity, impersonating other users, or sending anonymous emails;
 3. Damaging computer equipment, files, data or the network in any way, including intentionally accessing, transmitting or downloading computer viruses or other harmful files or programs, or disrupting any computer system performance;



Culver City Unified School District

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

4. Using any District computer to pursue "hacking," internal or external to the District, or attempting to access information protected by privacy laws; or
 5. Accessing, transmitting or downloading large files, including "chain letters" or any type of "pyramid schemes."
- **Engaging in uses that jeopardize access or lead to unauthorized access into others' accounts or other computer networks, such as:**
 1. Using another user's or person's account password(s) or identifier(s);
 2. Interfering with other users' or people's ability to access their account(s); or
 3. Disclosing your own or anyone's password to others or allowing them to use your or another's account(s).
 - **Using the network or Internet for commercial purposes:**
 1. Using the network for personal financial gain;
 2. Using the network for personal advertising, promotion, or financial gain; or
 3. Conducting for-profit business activities and/or engaging in non-government related fundraising or public relations activities such as solicitation for religious purposes, lobbying for personal political purposes.

Student Internet Safety

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

Penalties for Improper Use

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

Disclaimer

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

I have read, understand, and agree to abide by the provisions of the
Acceptable Use Policy of the Culver City Unified School District.

Date: _____

School: _____

Student Name: _____

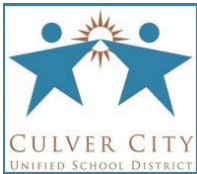
Student Signature: _____

Parent/Legal
Guardian Name: _____

Parent/Legal
Guardian Signature: _____

Please return this form to the school where it will be kept on file. It is required for all students who will be using the computer network, Internet access and/or have a District-issued email account.

*Content in this AUP was borrowed from LAUSD Information Technology Division's "BUL - 999.5 ATTACHMENT A"



Culver City Unified School District

Parent/Student Recognition of Notifications

Please **read each section** on the front and back of this notification carefully, **sign and date each section** indicating your notification and understanding of school and district policies as required by Education Code 48980.

Acknowledgement of Receipt and Review

All students and their parents are **responsible for knowing the information** contained in the Annual Notification of Rights and Responsibilities. Together with your child, carefully read and discusses the policies and procedures contained within the Annual Notifications of Rights and Responsibilities. Sign below to acknowledge you have read and agree to comply with the policies and procedures contained in the Annual Notifications of Rights and Responsibilities.

Parent/Guardian Name _____ Parent/Guardian Signature _____



Student Name _____ Student Signature _____

Uniform Complaint Procedures

The Annual Notifications of Rights and Responsibilities contains descriptions and procedures for filing a Uniform Complaint. I have read and understand the purpose and process for filing a complaint under the Uniform Complaint Procedure. Admin. Code Title 5, Section 3309

Parent/Guardian Name _____ Parent/Guardian Signature _____



Student Name _____ Student Signature _____

Tobacco Use Policy

Tobacco use has been demonstrated to be hazardous to human health. Tobacco use is prohibited at all times on all Culver City Unified School District property and in all district vehicles by students, parents/guardian, employees and the public. Students who violate this policy are subject to disciplinary action.

Parent/Guardian Name _____ Parent/Guardian Signature _____



Student Name _____ Student Signature _____

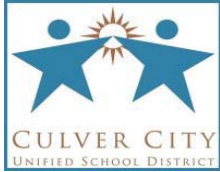
Sexual Harassment

The Governing Board is committed to maintaining a learning environment which is free of harassment. Any student who engages in sexual harassment of anyone at school or a school-related activity shall be subject to disciplinary action which can result in suspension or expulsion. For students in grades K-3 the disciplinary action shall depend on the maturity of the student and the circumstances involved. For students in grades 4 and 5, the disciplinary action may include suspension and/or expulsion. (EC 48900.2 & 212.5)

Parent/Guardian Name _____ Parent/Guardian Signature _____



Student Name _____ Student Signature _____



#5 MANDATORY RETURN

Culver City Unified School District

Media Release Agreement

Students who attend school in the Culver City Unified School District are occasionally asked to publicly display their work, be a part of school and/or district publicity, publications or public relations activities and/or publish their work on the District’s web site. In order to guarantee student privacy and ensure your agreement for your student to participate, the District asks that a student and his/her parent sign and return this form to the school for each student.

The form referenced below indicates approval for the student’s name, picture, art, written work, voice, verbal statements or portraits (video or still) to appear in school publicity or district publications, videos or on the District’s web site. For example, pictures and articles about school activities may appear in local newspapers or district publications. These pictures and articles may or may not personally identify the student. The pictures and/or videos may be used by the District in subsequent years.



Student and Parent/Guardian release to Culver City Unified School District the student’s name, picture, art, written work, voice, verbal statements, portraits (video or still) and consent to their use by CCUSD.

Culver City Unified School District agrees that the student’s name, picture, art, written work, voice, verbal statements, portraits (video or still) shall only be used for public relations, public information, school or district promotion, publicity, and instruction.

Student and Parent/Guardian understand and agree that:

- Consent and release have been given without coercion or duress to Culver City Unified School District to use the student’s name, picture, art, written work, voice, verbal statements, portraits (video or still) to appear in school publicity or district publications, videos or on the District’s web site;
- The photo, video or student statements may be used in subsequent years.
- If the Student and Parent/Guardian wish to rescind this agreement they may do so at any time with written notice.

By my signature below, I agree to waive all claims against the Culver City Unified School District (District), its Board, officers, agents and employees and to indemnify and hold harmless the District et al from any and all liability, claims, demands, causes of action or judgments due to the use of student’s name, photograph, art, written work, voice, likeness and similar work products and/or characteristics.

	Student’s Name:		Date:
	Student’s Signature:		
	Parent’s Name:		Date:
	Parent’s Signature:		
	School:		

Culver City Unified School District
CaliforniaColleges.edu Online Portal
Consent to Release Student Records

The Culver City Unified School District (CCUSD) is working with the California College Guidance Initiative, which operates under the auspices of the Foundation for California Community Colleges (CCGI/Foundation) to provide each student with a free web-based account that will help your child track his or her academic progress and identify college and university opportunities for which he or she may be qualified.

Student data in the online accounts will be stored securely, with all appropriate safeguards provided by federal and state law. Your student's data will only be released to the CCGI/Foundation after we have received this signed consent form from you.

Pursuant to the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, we are requesting your consent to disclose the following individually identifiable information from your child's education records to the CCGI/Foundation and to the subsequent disclosure of that information to individual public or nonprofit colleges or universities or scholarship providers that may offer opportunities for your child, with the approval of your child.

CONSENT

I, _____ (Please check one box only):

(print your full name(s))

[] hereby agree to allow CCUSD to disclose to the CCGI the following records:

- student demographic information (i.e., name, date of birth, gender, ethnicity, grade level, school name)
• student coursework, grades received, GPA, and
• student test records (i.e. SAT and ACT scores)

I also consent to the subsequent disclosure of such information to public or private non-profit colleges or universities or scholarship providers that may offer services for my child. Such subsequent disclosures may be made only with the approval of the student.

[] do not allow CCUSD to disclose information to the CCGI.

Form with sections: Student Information (Name, Grade, Birth Date), Parent Information (Guardian status, Relationship, Household), Signature (Parent/Guardian, Student), and Date fields.

This authorization is valid until six months after your child graduates from high school or withdraws from CCUSD. You may revoke this authorization at any time by submitting a letter to Culver City Middle School

Christina Monroy, Counselor
4601 Elenda St.
Culver City, CA 90230

With respect to any individually identifiable information regarding your child's eligibility for free or reduced price meals or free milk under the FRPM program, failing to provide consent will not affect your child's eligibility for free or reduced price meals or free milk.

If you have any questions about this form, please email Christina Monroy, Counselor at: christinamonroy@ccusd.org