



**Pathways to College TK-8**  
P.O. Box 401448  
Hesperia, CA 92340-1448  
Phone 760-949-8002/Fax 760-947-9648  
CDS 36-75044-0112441

**THE FOLLOWING DOCUMENTS ARE REQUIRED TO  
ENROLL A STUDENT IN OUR PROGRAM  
FY 2017-2018**

**(Please Print)**

Students Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M / F

Parent/Guardian Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Address: \_\_\_\_\_

➤ **Verification of Parent/Guardian Identity**

Any one of the following items (with Picture) is acceptable for verification of identity:

- Current Driver's License
- CA ID card
- Bank ID
- Passport
- Company/ Work ID

➤ **Verification of Student Birth Date**

Any one of the following items is acceptable for verification of date of birth:

- Original Birth Certificate
- Baptismal Certificate duly attested
- Passport
- Adoption/Foster care records
- Hospital Birth Records
- Notarized Affidavit of Parent/Guardian

➤ **Verification of Immunizations (via the doctor's immunization record or yellow card):**

- Polio 4 doses**
- DTP (Diphtheria Tetanus & Pertussis) 5 doses**
- MMR (Measles or Rubeola, Mumps & Rubella) 2 doses**
- Hepatitis B 3 doses**
- Tdap (Tetanus, Diphtheria & Whooping Cough) 1 doses**
- Varicella (Chicken Pox) 1 doses**

**Children who have had the disease need written documentation from their physician.**

➤ **Verification of Student's Academic Record:**

- Exit/Withdrawal form and exit grade from school previously attended**
- Copy of most recent Report Card (K-6<sup>th</sup>)**
- Unofficial Transcript (7<sup>th</sup>-8<sup>th</sup>)**
- Discipline records (or verification that none exist)**
- Student has/ had Special Education Support**
  - **Most recent IEP or 504 Plan**
  - **Psych Report**

➤ **Original Physical Examination:**

**A physical exam is required for all transitional kindergarten, kindergarten, and 1<sup>st</sup> grade students. The physical exam must be given no more than six months prior to the entry of transitional kindergarten or kindergarten and no more than 18 months prior to entry of 1<sup>st</sup> grade students. A physical exam will also be required for students entering from another country and from those who have resided in another state for more than one year. Each exam must include the following:**

- Dental Screening**
- Blood and urine test results**
- Vision Screening**
- Hearing Screening (audiometric testing)**

➤ **Residency Verification**

**As a charter school we may enroll students from outside of our district without an inter-district transfer, however, proof of residency must be provided for all students who enroll in our program.**

**Section A**

**Proof consists of one or more of the following:**

- Current Utility Bill**

Current Rental/Lease or Mortgage agreement

Current Tax bill

**Section B**

If you do not rent, lease or own a home, please choose from the following options of living arrangements:

In a multiple family dwelling by choice, i.e. with family members or friends

In a multiple family dwelling due to economic hardship

In a shelter or transitional housing program

In a motel, car, or campsite

In a foster care placement

**Section C**

If you move after your student's registration is completed, you must complete a new emergency card and provide new proof of residency.

➤ **Enrollment Agreement:**

- **Pathways to College is a school of choice. By signing this agreement, you affirm that you choose this school over all others that your child is entitled to attend.**
- **Volunteer participation is encouraged at Pathways to College which can be done through donation of items or time. More details are available in the handbook.**
- **I understand that this is an application to enroll in Pathways and that the student is not enrolled until all information has been verified and administrative approval has been obtained.**

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: If Pathways to College is full and your student is placed on our waiting list, we use a random drawing/lottery process for admission.**

**Completed all areas of the registration form and have attached a copy of all the following required documents.**

**An incomplete enrollment application will not be accepted**



**Pathways to College TK-8  
ENROLLMENT APPLICATION  
FY 2017-2018**

**(Please print in Blue or Black ink only & DO NOT LEAVE ANY FIELDS BLANK)**

Student's Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Wk Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Birthplace: City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

SS#: \_\_\_\_\_ Sex: M / F Grade: \_\_\_\_\_

Primary Ethnicity: \_\_\_\_\_ Language spoken most often in the home: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Parent's email: \_\_\_\_\_ Student's email: \_\_\_\_\_

The last school this student attended was (prior to Pathways) \_\_\_\_\_

The first year this student was enrolled in Pathways \_\_\_\_\_

The first year this student was enrolled in United States \_\_\_\_\_

**Please complete the following: (circle yes or no)**

1. This student qualifies for continuing Special Education support (IEP/504 plan). Y / N

If yes, you must provide the most recent copy of an IEP or 504 plan.

2. This student has been exited from Special Education Y / N

If yes provide date of exit \_\_\_\_\_ and copy of exit paperwork.

3. This student has health issues that may affect participation in school activities? Y / N

If yes, explain \_\_\_\_\_

4. This student has been enrolled in an English language learning program. Y / N

5. This student receives Medi-Cal / Healthy Families Services. Y / N

6. Are there restraining orders or custody agreement papers regarding this student? Y / N

**If yes**, you must supply the most recent copy of the documents to Pathways to College

**\*\*\*PLEASE NOTE:** Having sole custody of a child does not prevent PTC, by law, from sharing your child's information with the other parent. You must present a valid court document that states the other parent is **NOT** entitled to receive any information regarding this child. CA CODE#51100-51102

Primary Contact One Lives with\_\_ Legal Custody\_\_ OK to Pick up\_\_ Receives Mailings\_\_ (MUST be checked)

Mother/LegalGuardian:\_\_\_\_\_ Relationship:\_\_\_\_\_

Living with Student? Y / N Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Wk Ph: \_\_\_\_\_

Mother's Maiden Name : \_\_\_\_\_

Primary Contact Two Lives with\_\_ Legal Custody\_\_ OK to Pick up\_\_ Receives Mailings\_\_ (MUST be checked)

Father/Legal Guardian:\_\_\_\_\_ Relationship:\_\_\_\_\_

Living with Student Y / N Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Wk Ph: \_\_\_\_\_

**Other Children in the Family**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Expulsion/Suspension**

1. Has your student ever been suspended or expelled from any school or school district?

Yes \_\_\_ No \_\_\_ if so, reason \_\_\_\_\_

2. If so, has your student been reinstated? Yes\_\_\_ No \_\_\_

3. Is your student on probation? Yes \_\_\_ No \_\_\_

Name of Probation Officer: \_\_\_\_\_

Probation Officer phone number: \_\_\_\_\_

Parent /Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note: **Excluding information regarding your student's records could result in non-enrollment or an immediate dismissal. I solemnly swear the facts stated herein are true.**

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

<b>For office use only: Student qualifies for CELDT</b>				
District Resident	Y N	Medi-Cal	Healthy Families	Free Lunch
Health Concern	Y N	IEP	504 Plan	Reduced Lunch

**Pathways to College TK-8**  
**EMERGENCY CONTACT INFORMATION**  
**FY 2017-2018**

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code : \_\_\_\_\_

Contact Number: \_\_\_\_\_ S.S. #: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

**EMERGENCY CONTACT/AUTHORIZED PICK-UP PEOPLE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Authorized to pick up Student: Yes / No

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Authorized to pick up Student: Yes / No

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Authorized to pick up Student: Yes / No

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Authorized to pick up Student: Yes / No

**Only the persons listed above will be permitted to pick up your child. If you need to have an unlisted person pick up your child, you must notify the front office @ 760.949.8002 Ex. 6909 or 6914 and provide the name and relationship of person permitted to pick up your child. Proof of identification will be required. Also, please notify the office anytime an emergency number is changed. It is the responsibility of the parent/guardian to keep all contact information up-to-date.**

## **Pathways to College TK-8 NON-COMPLIANCE POLICY**

### **Under the following circumstances, Pathways may exercise its right to restrict access and communication with parents.**

1. Parent's consistent inability to follow Pathways to College rules.
2. If parent knowingly gives any inaccurate or false information on enrollment forms.
3. Rude or malicious actions towards staff, parents or children.
4. Violation of the law, school rules and policies regarding fire arms, alcohol, drugs, physical altercations, destruction of property, immoral conduct, and any intentional action, etc. which results in harm to a person or Pathways to College school property.
5. Unsafe conduct on school campus, including parking lot (not resulting to injury or destruction)

### **Under the following circumstances, Pathways may exercise its right to present these following issues to the Board of Directors for review.**

1. Excessive unexcused tardies or absences.
2. Excessive late pick-up of student.
3. Parent/Guardian failure to work with the school to meet the student's needs.
4. Persistent misbehavior of student.

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

## Pathways to College TK-8

### MANDATORY STATEWIDE TESTING INFORMATION

The following information is required for the mandatory statewide testing. Please complete and return with the enrollment packet. **Do not leave any fields blank!** This information is kept confidential.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M / F Grade: \_\_\_\_\_

Primary Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Grade level when entered Pathways to College first time: \_\_\_\_\_

Grade level when entered School in USA first time: \_\_\_\_\_

Has your student ever been tested as an English Learner (CELDT)? YES NO

**Please indicate the language spoken most often in the home (circle one):**

11	Arabic	22	Hindi	06	Portuguese
56	Albanian	23	Hmong	28	Punjabi
12	Armenian	24	Hungarian	45	Romanian
42	Assyrian	25	Ilocano	29	Russian
61	Bengali	26	Indonesian	30	Samoan
13	Burmese	27	Italian	52	Serbo-Croatian
03	Cantonese	08	Japanese	60	Somali
36	Cebuano	09	Khmer	01	Spanish
	(Visayan)		(Cambodian)		
54	Chaldean	50	Khmu	46	Taiwanese
20	Chamorro	04	Korean	32	Thai
39	Chaozhou	51	Kurdish	57	Tigrinya
	(Chiuchow)				
15	Dutch	47	Lahu	53	Toishanese
16	Farsi (Persian)	10	Lao	34	Tongan
05	Filipino	07	Mandarin	33	Turkish
	(Tagalog)				
17	French	48	Marshallese	38	Ukrainian
18	German	44	Mien (Yao)	35	Urdu
19	Greek	49	Mixteco	02	Vietnamese
43	Gujarati	40	Pashto	99	All other non-English
					English
21	Hebrew	41	Polish	00	English

**If you are Asian or a Pacific Islander, please check one of the following:**

Chinese     Cambodian     Tahitian  
 Japanese     Other Asian     Other Pacific Islander  
 Vietnamese     Hawaiian     Korean  
 Guamanian     Asian Indian     Samoan     Laotian

**Parent/Guardian Highest Education Level (Please check only one per parent/guardian):**

Father	Mother	Guardian	
_____	_____	_____	14 Not a high school graduate
_____	_____	_____	13 High school graduate
_____	_____	_____	12 Some college (includes A.A./A.S)
_____	_____	_____	11 College graduate
_____	_____	_____	10 Graduate school/post graduate training
_____	_____	_____	15 Decline to state



## **Pathways to College TK-8 VISITOR POLICY**

Visitors are always welcome at Pathways. We would ask that you adhere to the visitor policy that has been adopted by Pathways to College Governing Board of Directors which follows:

Pathways school encourages visits by parents/guardians, citizens, and taxpayers. Parents of students attending the school have special rights and responsibilities, generally, to keep themselves informed as to the day-to-day operation of the school. In receiving visitors, school personnel shall be cognizant of student welfare and safety and continuity of the educational program. All visitors must report to the front office. The following guidelines shall govern school visits:

1. School visits shall generally be limited to adults. Parents should avoid visiting school accompanied by siblings or other children.
2. School visits to individual classrooms should generally be made only when the regularly assigned teacher is present.
3. School and classroom visits shall not be disruptive or in any way interfere with the instructional program. Disparaging remarks against the teachers or any other staff members are deemed disruptive and inappropriate and may result in you being asked to leave campus and/or authorities may be called.
4. All visits and visitors shall be subjected to the authority of the site principal who may restrict or limit visitors as he/she deems necessary.
5. Visits to school by a student's friends and associates are not permitted except by special permission by the site principal and teacher, or in the case of a special event for which a general invitation has been issued.

Every visitor must sign in and out in the main office and must state the purpose of their visit. Each visitor will be issued a visitor badge to wear. This identification is to be worn at all times while on the premises. This badge is returned at the end of the visit to the main office. If you are at school to pick-up your child for an early dismissal, please stay in the main office area. **DO NOT go to your child's classroom and possibly interfere with the classroom activity that is in progress.** Your child will be called to the office by the main office staff. We would like to thank you for your cooperation in this most important matter.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Pathways to College TK-8**  
**TERMS AND CONDITIONS OF INTERNET RESOURCES**  
**AGREEMENT**

1. **Personal Responsibility:** As a student, I am a representative of this school and I will accept personal responsibility for misuses of the technology and information system. Misuse can come in many forms, and includes but is not limited to: any use of the information system, viewing and/or sharing, which indicates or suggests bullying, discrimination, harassment, pornography, unethical or illegal solicitation, racism or sexism.

**I READ AND UNDERSTAND THIS PROVISION. User: \_\_\_\_\_ (initial)**

2. **Acceptable Use:** The use of my assigned account must be in support of education and research. I am personally responsible for this provision at all times when using the electronic information service.
- a. Use of other organizations' networks or computing resources must comply with rules appropriate to that network.
  - b. Transmission of any material in violation of any state or federal organizations is prohibited and includes, but is not limited to, copyrighted material, threatening or obscene material or material protected by trade secrets.
  - c. Use of commercial activities by for-profit institutions is generally not acceptable.
  - d. Use of product advertisement or use of electronic information resources can be a violation of local, state and federal laws for which I may be prosecuted.
  - e. Use of chat rooms and community/social websites is prohibited.

**I READ AND UNDERSTAND THIS PROVISION. User: \_\_\_\_\_ (initial)**

3. **Privileges:** The use of the information system is a privilege, not a right, and inappropriate use will result in cancellation of those privileges.

**I READ AND UNDERSTAND THIS PROVISION. User: \_\_\_\_\_ (initial)**

4. **Network Etiquette and Privacy:** You are expected to abide by the generally accepted rules of network etiquette. These rules include, but are not limited to, the following:
- a. Be polite. Never send, or encourage others to send, abusive messages.
  - b. Use appropriate language. Remember that you are a representative of the school. Never swear, use vulgarities, or any other inappropriate language. Illegal activities of any kind are strictly forbidden

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

\_\_\_\_\_  
Date

## **Pathways to College TK-8 VOLUNTEERING**

**School volunteers provide a tremendous service to each school and its students. Volunteer participation is encouraged at all schools. If you wish to become a volunteer, contact the school Liaison or front office.**

**Please indicate the area you would like to volunteer;**

**Field Trips**

**Office**

**Fundraising**

**Community Support**

**Parent Association (PALS)**

**Donate School Supplies**

**Room Parent**

**Other** \_\_\_\_\_

### **School Supply Donations Needed:**

- **Boxes of Kleenex**
- **Copy paper**
- **Glue sticks**
- **Construction paper**
- **Crayons**
- **Tempra paints**
- **#2 pencils**
- **Arts & Crafts supplies**
- **Markers**
- **Lined loose leaf paper**
- **Colored pencils**
- **Hand Sanitizer**

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**Signature**

**Date**

**Relationship to Student**

# Pathways to College TK-8

## CONSENT TO PHOTO

Dear Parent/Guardian:

During the school year our students might participate in school projects which may include videotaping or photographing for the school yearbook or newsletter or local publications. These are exciting opportunities for the students and their classmates

**PLEASE CIRCLE ONE:** I hereby **GIVE / DO NOT GIVE**

my consent to include my student, \_\_\_\_\_ in photos or videotapes at Pathways to College or other school-related activities. I understand that these pictures are for educational purposes, public interest or informational purposes through media of radio, television, newspaper or film.

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

\_\_\_\_\_  
Date

## Pathways to College TK-8

### COURT ORDER & CHILD CUSTODY POLICY

Base on California law, we will assume that both biological parents have legal rights to their child. If you have a court order or child custody agreement that determines which parent may drop-off or pick –up the child from the school, or if one parent has been restrained by court order from visiting or seeing the child we require the following:

- Copy of the current court order or custody agreement
- Who will pick-up the child on specific days? \_\_\_\_\_
- Please state if duplicate of school information needs to be sent to both parents.  
\_\_\_\_\_
- If necessary, list the people **not** authorized to take the child from the facility.  
\_\_\_\_\_

**\*\*\*PLEASE NOTE: Having sole custody of a child does not prevent PTC, by law, from sharing your child's information with the other parent. You must present a valid court document that states the other parent is NOT entitled to receive any information regarding this child. CA CODE#51100-51102 We will not accept information regarding the validity of orders over the telephone. Only written instruction will be accepted regarding a court order.**

**I HAVE READ AND UNDERSTAND THE POLICIES REGARDING COURT ORDERS AND CHILD CUSTODY AGREEMENTS. SIGNING THIS FORM AFFIRMS MY KNOWLEDGE ABOUT THE POLICIES.**

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Child Name \_\_\_\_\_ Date \_\_\_\_\_

## Pathways to College TK-8

### CELL PHONE & ELECTRONIC DEVICE POLICY

- All cell phones and/or electronic devices seen or heard on campus during school hours will be confiscated and released to the student at the end of the day for the first offence
- Should the student be found with a cell phone or electronic device a second time, it will be confiscated and must be picked up by a parent/guardian at the end of the day.
- Should a call absolutely be made during school hours, it must be done in the school office

**As a student of Pathways to College, I have read the cell phone policy, and I understand that I will be expected to follow this policy. I agree to the consequences if I do not follow the policy.**

_____	Cell Phone # _____
Student Printed Name	
_____	Date _____
Student Signature	

**As a parent of a student at Pathways to College, I have read the cell phone policy, and I understand that my student will be expected to follow this policy. I agree to the consequence if my student does not follow the policy.**

_____	Phone# _____
Parent/Guardian Printed Name	
_____	Date _____
Parent/Guardian Signature	

# Pathways to College TK-8

## STUDENT SEXUAL HARASSMENT POLICY AND CONTRACT

As a student enrolled in Pathways to College it is important that you and your parent(s)/guardian(s) understand the state and federal laws, as well as our policy on Sexual Harassment.

### SEXUAL HARASSMENT DEFINED BY LAW

Sexual harassment, as defined by both state and federal law; is forbidden. Whether it is a faculty member, administrator, staff member or student, you can be held liable in a court of law if your personal conduct either written, verbal or through your action(s), violate the provisions of the Fair Employment and House Act (hereafter called, the "Act"). According to the Act, harassment is defined as sexual harassment, gender harassment, and harassment based on pregnancy, childbirth, or related medical conditions. Sexual harassment as defined by the Act is unwanted sexual advances, visual, verbal or physical conduct of a sexual nature. This definition includes many forms of offensive behavior and includes gender-based harassment of a person of the same sex as the harasser. The following is a partial list of prohibited behavior:

- Unwanted sexual advances
- Making or threatening reprisals after a negative response to sexual advances
- Visual conduct to include looking intently, making sexual gestures, displaying of sexually suggestive objects, pictures, cartoons, or posters
- Verbal conduct such as making or using derogatory comments, abusive words, slurs, or jokes
- Verbal sexual advances or propositions
- Verbal abuse of a sexual nature, graphic verbal commentaries about an individual's body, sexually degrading words used to describe an individual, suggestive or obscene letters, notes, or invitations
- Physical conduct of a sexual nature such as touching another person inappropriately, assault, impeding or blocking movements

### SEXUAL HARASSMENT POLICY FOR STUDENTS

Since the law specifically forbids sexual or gender harassment of any sort, it is our policy that any student who harasses another student, faculty or staff member, regardless of gender, will be subject to disciplinary action. These actions could range from a verbal admonishment to removal from our school and could possibly include either civil or criminal actions or both.

**By signing below, the student and parent acknowledge that they understand:**

- Pathways to Colleges policy for sexual harassment.
- The implications if the policy is violated.
- The student and parent could be held civilly or criminally liable or both.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

# Pathways to College TK-8

## PARTICIPATION, MEDICAL RELEASE AND LIABILITY FORM

1) I, the undersigned parent or guardian, do hereby grant permission for my child (student name), \_\_\_\_\_, who hereinafter shall be referred to as "participant," to participate in school activities. In order that said participant may receive necessary medical treatment in the event of injury or illness, I hereby hold the Principal, the School and any representatives harmless in the exercise of this authority.

2) I further acknowledge, understand and agree that in taking part in this program there is the possibility of physical illness or injury (minimal, serious, or catastrophic) and the participant is assuming the risk of such injury by participating.

3) I further agree to hold harmless, Pathways to College, including the Directors, officers, staff, employees, and volunteers for illness or injury incurred by participating during the course of the program.

*It is required that you complete the information below so that in the event that your child should require medical attention while under the supervision of the school, medical personnel may treat your child.*

### EMERGENCY INFORMATION

Student Name: \_\_\_\_\_ Sex: M F DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Policy/Group No.: \_\_\_\_\_

Allergies and/or known health issues: \_\_\_\_\_

Please list any medical conditions or physical conditions that may limit your child's participation in any activities: \_\_\_\_\_

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

\_\_\_\_\_  
Date

**NOTE: PLEASE MAKE SURE WE HAVE YOUR MOST CURRENT INFORMATION ON THIS STUDENT'S EMERGENCY CARD ON RECORD.**



## Pathways to College TK-8

### PARENT REQUEST FOR THE ADMINISTRATION OF NON-PRESCRIPTION MEDICATION

Name of Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade \_\_\_\_\_

Medication that is purchased over the counter must never be transported to or from school by the student. Parents are responsible for bringing the medication to school. All medication must be in the container in which it was purchased. Give the school just the amount to be administered by designated school personnel. Keep all other doses at home. The medicine container must be properly labeled with instructions, student's name, name of medication, and the time and dosage to be given. If there is a change of medication, a new form must be submitted, otherwise the medication cannot be given.

I will take full responsibility for the non-prescription medication, which is to be given during school hours.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home/Cell Phone Number

\_\_\_\_\_  
Work Number

**CALIFORNIA EDUCATION CODE SECTION 4923 ALLOWS THE DESIGNATED SCHOOL PERSONNEL TO ASSIST STUDENTS WHO ARE REQUIRED TO TAKE MEDICATION DURING SCHOOL DAY. THIS SERVICE IS PROVIDED TO ENABLE THE STUDENT TO REMAIN IN SCHOOL AND TO MAINTAIN, OR IMPROVE HIS/HER POTENTIAL FOR EDUCATION AND LEARNING**

## Pathways to College TK-8

### PARENT REQUEST FOR THE ADMINISTRATION OF PRESCRIPTION MEDICATION

#### Physician Prescribed Medication

I request that medication be administered to my child, \_\_\_\_\_, in accordance with the physician's written instructions. I understand that designated school personnel will administer medication. I will notify the school immediately and submit a new form if there are changes in medication, dosage, time of administration, and/or the prescribing physician and give permission to contact the physician when necessary.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home/Cell Phone Number

\_\_\_\_\_  
Work Number

Medication must be in the original, labeled, pharmacy container. You can request from your pharmacist, two containers, one for school and one for home.

#### Physician's Authorization

Medication name: \_\_\_\_\_

Dosage: \_\_\_\_\_

Frequency of the dosage: \_\_\_\_\_

Possible reactions:  
\_\_\_\_\_

Instructions for emergency care:  
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Request: \_\_\_\_\_ Date to Discontinue Medication: \_\_\_\_\_

**CALIFORNIA EDUCATION CODE SECTION 4923 ALLOWS THE DESIGNATED SCHOOL PERSONNEL TO ASSIST STUDENTS WHO ARE REQUIRED TO TAKE MEDICATION DURING SCHOOL DAY. THIS SERVICE IS PROVIDED TO ENABLE THE STUDENT TO REMAIN IN SCHOOL AND TO MAINTAIN, OR IMPROVE HIS/HER POTENTIAL FOR EDUCATION AND LEARNING**

# Pathway to College TK-8

## SCHOOL DROP-OFF/PICK-UP PROCEDURES

I have had the procedures of dropping-off and picking-up my child to and from Pathways to College clearly explained to me by a staff member, I also understand and agree to the guidelines of these procedures.

I do not hold Pathways to College or any of the associated staff responsible for any injury or harm caused to my child should I not adhere to the guidelines of these procedures.

I understand that the guidelines for these procedures are clearly defined in the Student/Parent Handbook.

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

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

### Permission to Walk/Bike Home

\*This form should be completed and on record with the school office for any child who will not be picked up in the school parking lot. Teachers will only release students to parents at cars following school dismissal guidelines or to a parent/guardian who walks to the school door to pick up their child.

I, \_\_\_\_\_ GIVE / **DO NOT GIVE**

my child \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Permission to walk or bike home unsupervised at school dismissal time on any school day.

.

#### (Initial)

\_\_\_\_\_ I understand that in granting this permission my child's teacher is authorized to release my child at the school door.

\_\_\_\_\_ I also understand that my child must leave the school property at dismissal time and will not be allowed to linger on school property unless they are registered in an after school program/activity, and have checked in with the supervising adult for that specific after school activity.

\_\_\_\_\_ If plans should change and my child needs to follow a different school dismissal arrangement, I will contact the school office with instructions for my child.

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

## **SCHOOL CLOSURE INFORMATION DUE TO WEATHER OR DISASTER**

Information on school closures due to adverse weather conditions can be heard on the following radio stations

KATJ 100.7 FM  
Y102.3 FM  
FOX 106.5 FM  
KFRG 103.1 FM  
KWRN 1550 AM

If telephones are in service additional information may be available at:

Pathways to College TK-8 760.949.8002  
Hesperia Unified School District /760.244.4411

**We follow the Hesperia Unified School District School (HUSD) Schedule. If HUSD is closed due to inclement weather, Pathways to College will also be closed that day.**

Revised 03/05/2016



## Pathways to College TK-8

### STUDENT AND FAMILY COMPACT FY 2017-2018

At Pathways to College, we teach a rigorous, student-centered, standards-driven curriculum that extends learning into the local community. We are committed to educating the individual student through academics, practical knowledge and the wisdom to apply those skills effectively. In addition, we strive to maintain a safe, orderly, encouraging school atmosphere through our school policies. **Our staff will assist each student in acquiring a personal sense of dignity and responsibility by clearly defining our expectations in academic effort, courteous behavior, and respect.**

This agreement is designed to promote excellence in teaching and learning. Our goal is to help each student reach his/her full potential. To achieve this, the home and school must work together in the learning process.

**STUDENT COMMITMENT:** *In order to comply with the rules and policies of Pathways to College, I commit to the following as terms and conditions of my continuing enrollment. I understand that a violation of the following could expose me to disciplinary action including, but not limited to exclusion from school activities, detention, or suspension. Thus, in order to be successful at Pathways to College, I will:*

- Attend classes daily, be punctual, and strive to maintain a high quality level of work
- Dress according to the approved uniform and dress code stated in the Parent/Student Handbook
- Communicate to my teachers any difficulties in completing my assignments
- Show respect for my classmates, my teachers, other adults on campus, as well as my school environment
- Keeping my school safe (this is an anti-bullying campus)
- Be responsible in the care of school property
- Follow the rules and procedures of the classroom and school
- Complete my assignments on time (don't forget to include your name)

\_\_\_\_\_  
Print Student Name

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

\_\_\_\_\_  
Date



## Pathways to College TK-8

### **STUDENT AND FAMILY COMPACT FY 2017-2018**

**FAMILY COMMITMENT:** *In order to ensure my child complies with the rules and policies of Pathways to College, I recognize the following as terms and conditions of my student's enrollment. I understand that a violation of the following could expose my child to disciplinary action including, but not limited to, exclusion from school activities, detention, or suspension. Therefore, in order to promote success for my child, I will:*

- Provide or arrange for timely transportation to and from school
- See that my child attends school wearing the approved school uniform in compliance with the proper dress code as per the Parent Handbook.
- Monitor consistent attendance and homework completion
- Provide a time and place for study and reading at home on a regular basis
- Notify staff with any concerns or problems that may affect attendance or school success
- Assume financial responsibility for the replacement of textbooks and/or other school property, if lost or damaged
- Reinforce the importance and necessity of education in my child
- Play an active role in my student's education by attending teacher conferences whenever needed
- Arrange for proper nutrition, with emphasis on a healthy breakfast and lunch/snack

**Additionally I understand and accept the following:**

***Pathways to College is a school of "choice".*** We exist to provide parents/guardians with an alternative educational experience for their children. As such, we must all understand that it may not always be the best alternative for any particular family or student. Disqualification from the program due to the repeated or serious violation of this compact does not necessarily prevent a student from participating in the regular educational program offered by the school district of residence.

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

\_\_\_\_\_  
Date

