



Fullerton Joint Union High School District STUDENT INFORMATION SHEET 2024-2025

La Vista High School
909 N. State College Blvd.
Fullerton, CA 92831
Phone: (714) 447-7821

STUDENT INFORMATION

Students Legal Name: _____
Last First Middle

Date of Birth: ____/____/____ **List any other name used on school records:** _____

Gender: _____ **Grade:** _____ **Student's text enabled cell phone:** _____

Ethnic Identity: Is this student Hispanic or Latino? *(Select only one)*

☐ No, not Hispanic or Latino ☐ Yes, Hispanic or Latino

Required by CA Gov Code Section 8310.5

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 student's race to be.

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

Are you currently enrolled in a special program? ☐ IEP ☐ 504 PLAN ☐ ELD-Limited English *(Check all that apply)*

Were you ever expelled from a previous school? ☐ No ☐ Yes _____
School Date of Expulsion

Have you ever attended this school previously? ☐ No ☐ Yes **Any school within FJUHSD?** ☐ No ☐ Yes

High School(s) Attended: _____

Junior High School(s) Attended: _____

LIST ALL PRIOR SCHOOLS: _____
(List school name, city and state of all school including all public, private and non-public schools attended)

PARENT INFORMATION

Student lives with: ☐ Mother ☐ Father ☐ Both ☐ Joint Custody ☐ Other *(Check all that apply)*

Parent/Guardian 1:

Last First Relationship

Primary Phone: (____) _____ **Work Phone:** (____) _____

Cell Phone: (____) _____ **Email:** _____

Primary Address: _____ **City:** _____ **Zip:** _____
Street # and Name Apt #

Parent Education Level: Please check your highest level of education.

- | | | |
|---|--|--|
| <input type="checkbox"/> Not a high school graduate | <input type="checkbox"/> High School Graduate | <input type="checkbox"/> Some College (includes AA degree) |
| <input type="checkbox"/> College Graduate | <input type="checkbox"/> Graduate school/post graduate | <input type="checkbox"/> Decline to state |

Parent/Guardian 2:

Last First Relationship

Primary Phone: (____) _____ **Work Phone:** (____) _____

Cell Phone: (____) _____ **Email:** _____

For Joint Custody (secondary address): _____ **City:** _____ **Zip:** _____
Leave address blank if same as above. Street # and Name Apt #

Parent Education Level: Please check your highest level of education.

- | | | |
|---|--|--|
| <input type="checkbox"/> Not a high school graduate | <input type="checkbox"/> High School Graduate | <input type="checkbox"/> Some College (includes AA degree) |
| <input type="checkbox"/> College Graduate | <input type="checkbox"/> Graduate school/post graduate | <input type="checkbox"/> Decline to state |

I agree that all information above is true and accurate to the best of my knowledge.

► **PARENT/GUARDIAN SIGNATURE:** _____ **Date:** ____/____/____

This form is invalid if signature is missing

Please indicate if Parent/Guardian is on *ACTIVE DUTY in the Military: ☐ Yes ☐ No

**The term "active duty" means full-time duty in the active military service of the United States*

FOSTER YOUTH:

Is this student in foster care placement (in-home or out-of-home)? ☐ Yes ☐ No
(If "yes", continue below)

Placing Country: _____

Social Worker/Probation Officer: _____ Telephone No. (____) _____

Educational Right Holder: _____ Telephone No. (____) _____

DELIVERY OF STUDENT REPORT CARD, PROGRESS REPORTS, and ATTENDANCE INFORMATION

- Printed report cards and progress reports will not be printed and mailed to parents/guardians unless grade is D or F.
- Parents establish access to student grade, progress report, and attendance information by creating an *Aeries Web Portal* account.
- Information required to set up an *Aeries Web Portal* account will be made available at the beginning of the school year or upon request.
- Parent may access the student's report card, progress reports, and attendance information via the online *Aeries Web Portal* 24 hours per day 7 days per week at <https://mystudent.fjuhsd.org/>
- **To receive your student's report cards in the mail please notify the school's Guidance Office in writing.**

PERMISSION TO RELEASE STUDENT PHOTOGRAPH

I give permission for my student's photograph and name to be used for school related articles in publication: ☐ YES ☐ NO

FULLERTON EDUCATION PARTNERSHIP

I give my permission to Fullerton Joint Union High School District to share my student's data, strictly for supporting the Fullerton Education Partnership with Cal-State Fullerton and Fullerton College: ☐ YES ☐ NO

I have read the student policies available online and agree to abide by the school's STUDENT DRESS CODE, ACADEMIC HONESTY, ACCEPTABLE USE, ATTENDANCE & BEHAVIOR POLICIES: ☐ YES ☐ NO

I, _____ (print parent/guardian name) certify and acknowledge the information provided above is accurate to the best of my knowledge and parents/guardians who falsify address information will be withdrawn and required to enroll at the appropriate zoned school/district. Only the parent who registers the student (i.e. completes this form) may withdraw the student from their current school, unless there is documentation of extenuating circumstances indicating otherwise.

Parent Signature: _____ **Date:** ____/____/____

Student Information Sheet complies with Federal and State regulations

Office Use Only: Registered by: _____ Request Records: _____ Data Tech: _____
Stu ID: _____ Add Verif: _____ Name Verif: _____ Grid: _____ I/D Permit: Y / N District: _____ Reason: _____
Imm: _____ Emerg Card: _____ Google Doc: Y / N Special Ed: _____ ELPAC: Y / N SSID#: _____
Program: _____ Transcript: _____ Ever Attend CA public school? Y / N _____ Guardianship Papers: Y / N

Student Name: _____
Last First Middle

Birthdate: ____/____/____ Birthplace: _____
Mo. Day Year City State Country

Student's **DATE OF ENTRY** into the United States: _____
Must fill in date if born outside of US

HOME LANGUAGE AND RESIDENCY SURVEY

The California Education Code requires schools to determine the language(s) spoken at home. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this requirement is requested. Please answer the following questions (**ONLY ONE LANGUAGE PER LINE. IF CHINESE, PLEASE SPECIFY MANDARIN, CANTONESE, ETC.**):

Student's start date into a California school: (Month/Year): _____

Student's start date into a U.S. school: (Month/Year): _____

1. Which language did your child learn when they first began to talk?	1. _____
2. Which language does your child most frequently speak at home?	2. _____
3. Which language do you (the parents and guardians) most frequently use when speaking with your child?	3. _____
4. Which language is most often spoken by adults in the home?	4. _____

**Pursuant to Assembly Bill 699 (AB 699)*

Nombre del estudiante: _____
Apellido Nombre 2do. Nombre

Fecha de nacimiento: ____/____/____ Lugar de nacimiento: _____
Mes Día Año Ciudad Estado País

FECHA DE ENTRADA del estudiante a los EE.UU.: _____
Debe indicar la fecha si nació fuera de los EE. UU.

ENCUESTA DEL IDIOMA DEL HOGAR

El código de la educación de California requiere que las escuelas determinen el/los idioma/s hablado en casa por cada estudiante. Esta información es esencial para que las escuelas provean una instrucción significativa para todos los estudiantes. Pedimos su cooperación para poder cumplir con este requerimiento. Por favor conteste las siguientes preguntas (**ESCRIBA SÓLO UN IDIOMA POR LÍNEA. SI HABLA UN IDIOMA CHINO, ESPECIFIQUE SI ES MANDARÍN, CANTONÉS, ETC.**):

Fecha de inicio del estudiante en una escuela en California: (mes/año): _____

Fecha de inicio del estudiante en una escuela en los EE.UU: (mes/año): _____

1. Qué idioma aprendió su hijo cuando empezó a hablar?	1. _____
2. Qué idioma habla su hijo con más frecuencia en casa?	2. _____
3. Qué idioma (los padres y tutores) utilizan con más frecuencia cuando hablan con su hijo?	3. _____
4. Qué idioma hablan con más frecuencia los adultos en el hogar (padres, tutores, abuelos o cualquier otro adulto)	4. _____

** En conformidad con la Ley de la Asamblea 699 (AB 699)*

Additional La Vista/La Sierra Parent Authorization

Please respond yes or no to the following questions:

Allow Access to parent email by school-affiliated organizations.

Yes ____ No ____

Provide student information to military personnel.

Yes ____ No ____

I give permission to FJUHSd to release my child's data to the University of California to support UC's Eligibility in the Local Context Program.

Yes ____ No ____

Autorización adicional de los padres para La Vista/La Sierra

Por favor responda con un sí o no a las siguientes preguntas:

¿Autoriza el acceso a su correo electrónico por parte de organizaciones afiliadas a la escuela?

Sí ____ No ____

¿Autoriza que se proporcione información de los estudiantes al personal militar?

Sí ____ No ____

¿Autoriza a FJUHSd divulgar información de mi estudiante a la Universidad de California para apoyar el Programa de Elegibilidad en el Contexto Local de la UC?

Sí ____ No ____

LA VISTA / LA SIERRA HIGH SCHOOL HEALTH SERVICE EMERGENCY CONSENT FORM

TO BE COMPLETED AND SIGNED BY PARENT OF LEGAL GUARDIAN

School Year: 2024-2025

Grade _____

NAME: _____ Birthdate: ____/____/____

(PLEASE PRINT) Last, First Initial mo day year

Home Phone: (____) _____ Student lives with: Father Mother Legal Guardian

Home Address: _____ City: _____ Zip Code: _____

Father/Guardian _____ Work: (____) _____ Cell: (____) _____

Mother/Guardian _____ Work: (____) _____ Cell: (____) _____

IF ABOVE PERSON(S) CANNOT BE REACHED, STUDENT MAY BE RELEASED TO AN INDIVIDUAL LISTED BELOW...

Does your student:

Have a chronic medical condition? _____ If so, describe: _____

Take prescribed medication on a regular basis? _____ If so, please list: _____

Allergies to foods or medications: _____ If so, please list: _____

If no preference for medical or dental care-- check here: School's Choice

Family Physician: _____ City: _____ Phone: (____) _____

Hospital of Choice: _____ City: _____ Phone: (____) _____

Family Dentist:: _____ City: _____ Phone: (____) _____

X _____

Signature of Parent or Legal Guardian

Relationship to Student

If the above persons cannot be reached and the services of a physician are not required, school personnel may contact and/or release student to the persons listed below:

EMERGENCY RELEASE WITH PARENTAL PERMISSION

California Education Code (section 49408) states **parents are required to keep current, at the pupil's school, emergency information including the parent's home and business addresses and telephone numbers.** In addition, parents must also provide the name, address, and telephone number of relative(s) or friend (s) authorized to pick up the pupil in an emergency if the parent cannot be reached. This list will be used when your student must be released due to illness or accident. Students will be released **only** with signed parent permission.

NAME	RELATIONSHIP	CITY	PHONE
_____	_____	(____) _____	_____
_____	_____	(____) _____	_____
_____	_____	(____) _____	_____
_____	_____	(____) _____	_____

I have received, read and agree to comply with the policies described in the following forms upon my student's registration at LV / LS High Schools:

Acceptable Use of Technology Agreement

Sexual Harassment Definition/Complaint Procedures

Student Dress Code/Behavior Rules

Attendance/Academic Honesty

X _____

Parent/Legal Guardian Signature

Date

X _____

Student Signature

Date



Fullerton Joint Union High School District McKinney-Vento Assistance Act Housing Questionnaire 2024-2025

The information provided below will help the LEA determine what services you and/or your child may be eligible to receive. This could include additional educational services through Title I, Part A, and/or the federal McKinney-Vento Assistance Act. The information provided on this form will be kept confidential and only shared with appropriate school district and site staff.

Date	School	Grade
Student Last Name	First	Middle

Presently, are you and/or your family living in the following situations? (Please check one box)

- ☐ Living in a house, condo, townhome, apartment, or mobile home that we own or rent for a single family.
- ☐ Sharing housing with other(s) due to loss of housing, economic hardship, natural disaster, lack of adequate housing, or similar reason
- ☐ Temporarily living in a motel or hotel due to loss of housing, economic hardship, natural disaster, or similar reason
- ☐ Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or Federal Emergency Management Agency (FEMA) trailer
- ☐ Living in a car, park, campground, abandoned building, public space or other inadequate accommodations (i.e. lack of water, electricity, or heat)

I am a student under the age of 18 and living apart from parent(s) or guardian: ☐ Yes ☐ No

The undersigned parent/guardian certifies that the information provided above is correct and accurate.

Print Parent/Guardian Name	Signature	Date

Phone Number	Street Address	City	State	Zip

Your child or children may have the right to:

- Immediate enrollment in the school they last attended (school of origin) or the local school where you are currently staying, even if you do not have all the documents normally required at the time of enrollment.
- Continue to attend their school of origin, if requested by you and it is in the best interest.
- Receive transportation to and from their school of origin, the same special programs and services, if needed, as provided to all other children, including free meals and Title I.
- Receive the full protections and services provided under all federal and state laws, as it relates to homeless children, youth, and their families.

Please list all children living with you:

Name	Gender	Birthdate	Grade	School

If you have any questions about these rights, please contact your LEA's Homeless Liaison: Director of Student Support Services, Allen Whitten by phone at 714-870-2871 or by email awhitten@fjuhsd.org or District Community Liaison, Stephany Grigorov, by phone at 714-870-2838 or by email at sgrigorov@fjuhsd.org

Office Use Only

Reviewed by Site Administrator/Designee: _____ Date: _____

Met with student and/or parent? ☐ Yes ☐ No Date: _____

FJUHSD Insurance for Chromebooks Facts

La Vista & La Sierra High Schools is pleased to announce the Fullerton Joint Unified School District School Board and Cabinet have approved the distribution of Chromebooks for each student. This Chromebook will be issued to your child for their use at school and home. We are excited to make this powerful tool available to our students. We also understand both students and parents are naturally concerned about keeping these tools secure and in good working order.

Like textbooks, team uniforms and other school property issued to your child, there is a responsibility to take appropriate care of these valuable resources. The Chromebook is no different, but it does represent a cost to the district and consequent liability to students and parents. We have a warranty in place to cover the Chromebooks covered for manufacturing defects, but we know loss and accidents may also happen, even when students take good care of the device. In these instances, district policies, state regulations and practices require a fine be levied to cover the repair or replacement cost of district property. With Chromebooks, the cost of loss or damage is lower than many other technology tools, but it can still be significant.

In response, the district has developed a **voluntary** FJUHSD insurance Program for Chromebooks. The FJUHSD Insurance Program for Chromebooks works as follows:

- Prior to Chromebook distribution, parents make a payment of **\$25.00** to enroll in FJUHSD insurance for the current school year. The payment is reduced to **\$10** if a student qualifies for free lunch.
- In the event a student's Chromebook is accidentally damaged the normal fine for repair costs (typically between **\$30.00** and the full **\$350** value of the Chromebook) will be waived, and the Chromebook will be repaired at no cost to the family (the number of covered repairs per year is capped at two). Willful damage will still result in a fine. Damage assessment will be at the sole discretion of the district.
- In the event a Chromebook is lost or stolen, the normal fine for full replacement value of **\$350.00** will be reduced to a **\$40.00** deductible. Upon payment of this fine (or creation of an approved payment plan), the student will be issued a replacement Chromebook. However, the parent will not be eligible to enroll in FJUHSD insurance for a second time in the same school year and will be financially responsible for replacement or repair costs associated with this second Chromebook. **If the Chrome book is stolen off-campus, file a police report within 24 hours and bring a copy to school**
- If the lost or stolen Chromebook is recovered in good working condition the fine will be refunded.
- Families who choose to enroll and have more than two children receiving Chromebooks will only be required to pay for a maximum of two FJUHSD insurance enrollments to cover all devices per school year.
- **Exclusions** - The charger, protective case and any other peripherals issued with the Chromebook are NOT covered by the FJUHSD insurance program. If these items are lost or damaged, a fine will be issued for replacement cost. An equivalent replacement item may be accepted in lieu of the fine at the sole discretion of Fullerton Joint Union High School District representatives.
- If a family leaves the District, but does not return the Chromebook, they will be fined for the full replacement costs, and standard rules for the restriction of records and transcripts would apply. Law enforcement may be involved for the purpose of recovering district property.

If you choose not to enroll in the FJUHSD Insurance Program, you will be financially responsible for the full cost for repair or replacement of the Chromebook.

Fullerton Joint Union High School District
AR 6164.1(f)

FJUHSD Voluntary Insurance for Chromebooks Enrollment Form

In order for your child to receive a Chromebook, you must either sign-up for the program or decline participation in the insurance program. Please make your selection here:

- ☐ Yes, I would like to participate in the FJUHSD insurance Program for Chromebooks. I understand this is a voluntary program which will reduce the fines and replacement cost that I may be subject to if the Chromebook on loan to my student is damaged, lost or stolen.
- ☐ No, I decline participation in the FJUHSD insurance Program for Chromebooks. I understand I will be financially responsible for all fines or the full replacement cost associated with the loss or damage of the Chromebook while checked out to my child.

PAYMENT SELECTION:

The standard payment to enroll in FJUHSD insurance program is \$25.00 per school year for each child in a household. This amount is reduced for students on free/reduced lunch or for larger families. Please select the payment amount below. Your receipt is proof of insurance, and will be required to file a claim. Please make checks payable to **the FJUHSD**:

- ☐ Standard Payment of \$25.00 per year
(Check to School or Credit Card Online)
- ☐ My student is currently eligible for free/reduced lunch benefits - \$10.00 per year
(Check to School or Credit Card Online)
- ☐ I have already made FJUHSD insurance payments for two other students in my household- \$0.00

Name: _____ **ID #:** _____

Name: _____ **ID #:** _____

I certify that the information provided above concerning free lunch or payments for the other children is true and correct. (This information will be verified by district staff in accordance with federal law.)

I have read and understand the rules and financial responsibilities of the FJUHSD voluntary insurance program for Chromebooks. I agree to all terms and conditions of the program and voluntarily enroll my student(s) for the current school year.

Print Parent/Guardian Name Signature Date

Print Student Name ID #

If you choose not to enroll in the FJUHSD Insurance Program, you will be financially responsible for the full cost for repair or replacement of the Chromebook.

Regulation approved: September 6, 2016; June 28, 2021

PURPOSE: Fullerton Joint Union School District (FJUHS) may provide and assign students a Chromebook for use at school and at home as a means to promote achievement and provide flexible learning opportunities. This agreement provides guidelines and information about expectations for students and families who are being issued these one-to-one (1:1) devices. In addition to this agreement, the use of district -provided technology also requires students to abide by the Student Code of Conduct and all policies related to technology acceptable use.

Our expectation is students will responsibly use District technology and network resources. We also expect students will keep their District-issued devices safe, secure and in good working order. This agreement includes the following specific responsibilities and restrictions.

RESPONSIBILITIES - The student will:

1. Bring their Chromebook to school each day with a full charge.
2. Communicate responsibly and ethically using school appropriate language and speech.
3. Report any instance of cyberbullying, personal attacks or threats toward anyone made to school personnel.
4. Follow copyright laws and fair use guidelines.
5. Upon request, make the Chromebook available for inspection by any administrator or teacher.
6. Understand all electronic communication, activities and files accessed on District technology or networks are not private and may be viewed, monitored or archived by the District at any time.
7. Students will use their Chromebook during class time for academic purposes only.
8. Students will only use FJUHS wireless network connections at school and will not connect to any cellular network or non-district wireless access point while at school.

RESTRICTIONS - The student will not:

1. Mark, deface, or place stickers that are not easily removed by the student, on the Chromebook or case.
2. Reveal or post identifying personal information, files or communications to unknown persons through email or other means.
3. Bypass or otherwise change the Internet filtering software, device settings, or network configurations.
4. Tamper with hardware or software, attempt unauthorized entry into and/or vandalize or destroy the computer or computer files.
5. Attempt to locate, view, share, or store any materials that are unacceptable in the school setting. This includes but is not limited to pornographic, obscene, graphically violent, racist, or vulgar images, sounds, music, language, video or other material that violates District policies, procedures, guidelines or student codes of conduct. The criteria for acceptability is demonstrated in the types of material made available to students by staff and the school media center.

I also understand that it is impossible for the Fullerton Joint Union High School District to restrict access to all controversial or inappropriate materials, and I will not hold the District responsible for materials acquired at school or at home. I understand that I am responsible for any fees/fines for inappropriate use of District provided Wi-Fi. Student 1:1 devices, in compliance with Federal Law, are configured so internet content is filtered at all school within FJUHS. When students are using the device off school grounds, FJUHS will not be able to monitor student use.

By signing this agreement, you agree to abide by the conditions listed above and assume responsibility for the care and proper use of FJUHS technology. You understand should you fail to honor all the terms of this agreement, access to 1:1 technology, the Internet, and other electronic media may be denied in the future. Student misuse will be subject to disciplinary action outlined in the FJUHS Student Code of Conduct.

As the parent/guardian, my signature indicates I have read and understand this Responsible Use and Safety Agreement, and give my permission for my child to have access to and use District-issued technology.

Print Parent/Guardian Name _____ Signature _____ Date _____

As the student, my signature indicates I have read or had explained to me and understand this Required Use and Safety Agreement and accept responsibility to abide by the terms and conditions outlined.

Print Student Name _____ Signature _____ Date _____

**FJUHSD COUNSELING SERVICE
CONFIDENTIAL CONSENT FORM**

School/Site: _____ **Date:** _____

Primary School Contact: _____ **Teacher** _____ **Counselor** _____ **Other** _____

Phone: _____ **Ext** _____

Site Admin Authorizing Signature _____ Title _____

STUDENT INFORMATION

Student _____ Date of Birth _____ Gender _____ Grade _____ Counselor _____

Type of Insurance _____ Student Email _____ Student Cell _____

Does the Student have Medi-cal YES _____ NO _____ Medi-cal # _____

Parent/Guardian Name: _____ Primary Phone Number: _____

Other Number: _____ Parent Email: _____

Address: _____

Does the parent speak English? YES _____ NO _____ If NO: Primary Language _____

REASONS FOR REFERRAL

_____ Disruptive Behavior

_____ Academic Concern

_____ Family Issues

_____ Depressed, isolates, moody

_____ Behavioral Concern

_____ Substance Abuse

_____ Anxious, social concerns

_____ Emotional Concern

_____ Anger issues

Please provide any additional information: _____

Consent for School-Based Mental Health Services: School-based mental health services are short-term and focus on addressing concerns that impact the educational progress of a child. Individual and/ or group counseling services may be available by a Licensed Marriage and Family Therapist (LMFT), Licensed Professional Clinical Counselor (LPCC), or a Licensed Clinical Social Worker (LCSW) to address school-based mental health concerns. Masters level professionals and student interns, under the supervision of licensed personnel, may also provide services for the students. Information discussed in counseling sessions will remain confidential except those issues mandated by law to report. For example, incidents of child or elder abuse, neglect, communication of threat of physical injury to specific people or property, or indication of suicidal thoughts or plans will be reported.

School-Based mental health services are provided by the agencies listed below at FJUHSD. Based on identified concerns, level of support needed, and capacity, students will be linked to the appropriate agency. This form allows us to communicate with one or any of these agencies in order to ensure your child receives the proper support.

By signing below I give FJUHSD consent to provide the necessary information about my child to the following agencies:

CareSolace

Phoenix House

Vista Community Clinics (VCC)

Congruent Lives

Tasha Training and Consulting (TTC)

Other: SENECA

I understand that this information may include consultation with the appropriate school personnel, confidential pre/post test if necessary, as well as access to the student's records. This information will be used in a confidential and professional manner in the best interest of the student.

Signed: _____ **Print Name:** _____ **Date:** _____

(parent/guardian)

Verbal Consent provided by: _____ School Staff Name: _____

FJUHSD

TELEHEALTH CONSENT FORM

I hereby consent to engage in support services via Telehealth and/or a virtual platform.

I understand that Telehealth is a mode of delivering health care services, including psychotherapy, via communication technologies (e.g. Internet or phone) to facilitate consultation, assessment, treatment, education, case management, and self-management of a student's health care.

By signing this form, I understand and agree to the following:

1. I have a right to confidentiality with regard to treatment and related communications via Telehealth under the same laws that protect the confidentiality of treatment information during in-person services.
2. I understand that there are risks associated with participating in Telehealth including, but not limited to, the possibility, despite reasonable efforts and safeguards on the part of the agency, that my sessions and transmission of information could be disrupted or distorted by technical failures and/or interrupted or accessed by unauthorized persons, and that the electronic storage of my information could be accessed by unauthorized persons.
3. I understand that miscommunication between myself, the student, and the agency may occur via Telehealth.
4. I understand that there is a risk of being overheard by persons near me and that I am responsible for using a location that is private and free from distractions or intrusions.
5. I understand that at the beginning of each Telehealth session the provider is required to verify my name and current location.
6. I understand that while Telehealth has been found to be effective in providing support services, there is no guarantee that Telehealth is effective for all individuals. Therefore, I understand that while I may benefit from Telehealth, results cannot be guaranteed or assured.
7. I understand that some Telehealth platforms allow for video or audio recordings and that neither I nor my provider may record the sessions without the other party's written permission.
8. I understand that my provider will make reasonable efforts to ascertain and provide me with emergency resources in my geographic area. I further understand that my provider may not be able to assist me in an emergency situation. If I require emergency care, I understand that I may call 911 or proceed to the nearest hospital emergency room for immediate assistance. The provider may also develop an emergency plan with me before initiating services.

I have read and understand the information provided above, and understand that I have the right to have all my questions regarding this information answered to my satisfaction.

Parent/Guardian Signature: _____

Parent/Guardian Name: _____

Date: _____

Verbal Consent Obtained

School Personnel reviewed Telehealth Consent Form with student/parent/guardian, and student/parent/guardian understands and agrees to the above advisements. The student/parent/guardian has verbally consented to receiving support services from community based agencies via Telehealth.

Name of School Personnel: _____

Date: _____

SEXUAL HARASSMENT

The Fullerton Joint Union High School District Board of Trustees is committed to maintaining an employment, educational, and business environment free from harassment, embarrassment, intimidation or insult on the basis of an individual's gender. The Board will not tolerate the sexual harassment of any other student or any District employee. Any student or employee found guilty of sexual harassment shall be subject to disciplinary action up to and including expulsion as a student or termination as an employee.

Definition of Sexual Harassment:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

An informal process is provided to resolve the complaint at the earliest possible date. If the complaint is not resolved to the satisfaction of the individuals in the informal process, formal procedures are available.

No retaliation of any kind will occur against a student or his/her parent, or an employee, due to the making of a sexual harassment complaint. Confidentiality will be maintained.

The complete Sexual Harassment policy in English, Spanish and Korean is available in the administration office of Fullerton Joint Union High School District, 1051 West Bastanchury Road, Fullerton, CA 92833.

UNIFORM COMPLAINT PROCEDURES

Administrative Regulation (AR) 1312 provides for the handling of complaints alleging unlawful discrimination or violations of laws or regulations governing specified District programs or activities. The following procedures shall be followed where a written complaint is filed with the Fullerton Joint Union High School District alleging unlawful discrimination or a violation of federal or state laws or regulations governing the following programs: Adult Basic Education, Consolidated Categorical Aid Programs, Vocational Education, Child Care and Development Programs, Child Nutrition Programs, and Special Education Programs.

The Assistant Superintendent, Education and Administrative Services, shall be the District's Compliance Officer for complaints dealing with students. The Assistant Superintendent, Human Resources, shall be the district's compliance officer for complaints dealing with personnel and shall also be the district's Title IX coordinator. These individuals shall be responsible for receiving and investigating complaints.

A complaint of unlawful discrimination must be filed no later than six months from the date the alleged discrimination occurred or not later than six months from the date the complainant first obtained knowledge of the facts of the alleged discrimination.

The District's investigation shall be completed and a written decision prepared within 60 days from the receipt of the complaint.

The District's decision shall contain the findings and disposition of the complaint, including any corrective actions, the rationale for such disposition, notice of the complainant's right to appeal the District's decision to the State Department of Education, and the procedures to be followed for initiating an appeal to the State Department of Education.

Although not specified in AR 1312, allegations of unlawful discrimination on the basis of ethnicity, religion, age, sex, color, sexual orientation or physical or mental disability are also governed by these procedures. The complainant shall be protected from retaliation, and all information about the complaint will be confidential. In addition, complaints pertaining to the following are to be referred to other appropriate state or federal agencies:

(1) allegations of child abuse, (2) health and safety complaints regarding a Child Development program, (3) discrimination issues involving Child Nutrition programs or Title IX, (4) employment discrimination complaints, and (5) allegations of fraud. Local community legal assistance agencies are available. Legal resources can be located in the telephone book under legal services.

The complete Uniform Complaint Procedures in English, Spanish and Korean is available in the administration office of Fullerton Joint Union High School District, 1051 West Bastanchury Road, Fullerton, CA 92833.

I have received information regarding the Sexual Harassment Policy and the Uniform Complaint Procedures.

Print Signature

Date

Signature

FJUHSD- SCHOOL FUNDING FORM 2024-2025

Household Income Data Collection form. You can also apply online at the link below.

<https://family.titank12.com/income-form/new?identifier=TVH393>

Household Last Name: _____ Phone: _____ E-mail: _____

PART I: Fill in the following information for children living in your household

Name of Child(ren) attending a California K-12 Public School			School Attending	Birth Date	Grade Level
Last	Middle	First			
1.					
2.					
3.					
4.					

PART II: Fill in the following for Household Size and Household Income

Based on your household size, check the appropriate box if your total monthly household income is within the range displayed for Category 1, Category 2, or Category 3. **Do not check an income in all categories.**

Household Size	Category 1 – Monthly Household Income is Within This Range:	Category 2 – Monthly Household Income is Within This Range:	Category 3 – Monthly Household Income is Within This Range:
1	\$0 – 1,632 <input type="checkbox"/>	\$1,633 – 2,322 <input type="checkbox"/>	\$2,323 and above <input type="checkbox"/>
2	\$0 – 2,215 <input type="checkbox"/>	\$2,216 – 3,152 <input type="checkbox"/>	\$3,153 and above <input type="checkbox"/>
3	\$0 – 2,798 <input type="checkbox"/>	\$2,799 – 3,981 <input type="checkbox"/>	\$3,982 and above <input type="checkbox"/>
4	\$0 – 3,380 <input type="checkbox"/>	\$3,381 – 4,810 <input type="checkbox"/>	\$4,811 and above <input type="checkbox"/>
5	\$0 – 3,963 <input type="checkbox"/>	\$3,964 – 5,640 <input type="checkbox"/>	\$5,641 and above <input type="checkbox"/>
6	\$0 – 4,546 <input type="checkbox"/>	\$4,547 – 6,469 <input type="checkbox"/>	\$6,470 and above <input type="checkbox"/>
7	\$0 – 5,129 <input type="checkbox"/>	5,130 – 7,299 <input type="checkbox"/>	\$7,300 and above <input type="checkbox"/>
8	\$0 – 5,712 <input type="checkbox"/>	\$5,713 – 8,128 <input type="checkbox"/>	\$8,129 and above <input type="checkbox"/>

If household size is greater than 8, list household size and total monthly income below:

Household Size: _____ Total Monthly Income: \$ _____

If your total monthly household income exceeds the ranges above, check here: ☐

PART III: Signature

I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.

Signature of adult household member
completing this form

Date

Printed name of adult household member
completing this form

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.

Who should I include in “Household Size”?

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do *not* include them.

What is included in “Total Monthly Household Income”? Total Monthly Household Income includes all of the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources, including any amount received from CalWORKs.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- **All Other Income:** Include worker’s compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from Cal Fresh, WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. *Do not* include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay *ONLY* if you receive it on a regular basis.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, put down that you made \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

For additional information on Household Size and Gross Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at

<https://www.fns.usda.gov/cn>

QUESTIONS/NEED ASSISTANCE: Please contact Food Services at 714-870-2828 or 714-870-2820

Email: foodservices@fjuhsd.org

SUBMIT: Please submit a complete form to your child’s school or to:

**Fullerton Joint Union High School District
Food Services Department
1051 W Bastanchury Rd. Fullerton, CA 92833.**