

WEST SONOMA COUNTY HIGH SCHOOL DISTRICT STUDENT REGISTRATION

GRADE

Student Last Name:

First Name:

Permanent ID:

ANALY
 EL MOLINO
 LAGUNA
 NUEVO LEON
 COMMUNITY DAY

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

PLEASE PRINT – STUDENT’S LEGAL NAME

Legal Last Name	Legal First Name	Legal Middle Name	Other Legal Name (if applicable)
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Male
 Female
 Birth date:

Month	Day	Year

 Home phone #: ()

	()	()
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Parent/Guardian First Name	Last Name	Cell Phone	Work Phone
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	()	()
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Parent/Guardian First Name	Last Name	Cell Phone	Work Phone
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Mailing Address	Apt#	City	State	Zip
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Residence Address (house # & street name) (IF DIFFERENT)	Apt #	City	State	Zip
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(P.O Box or house # & street name)

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

WHAT IS YOUR CHILD’S RACE? (Please check up to five racial categories)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

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

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

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

Date first attended school <u>in the U.S.</u>		
Month	Day	Year
Date first attended school <u>in California</u>		
Month	Day	Year

BIRTHPLACE: City: _____ State: _____ Country: _____

U.S. Citizen: Yes No

Student Last Name:

First Name:

Permanent ID:

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

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

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

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

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

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

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

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

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

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

Full Name: _____ Phone #: (____) _____

Mailing Address: _____ City: _____ State: _____ Zip code: _____

MOST RECENT SCHOOL ATTENDED:

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

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

Signature of Parent/Guardian: _____ Date: _____

BELOW FOR SCHOOL USE ONLY

Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Comp Entry :	Enroll Date:	Record Request: :	Permanent ID:
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West Sonoma County Union High School District 2009-2010 SCHOOL YEAR CALENDAR

Board Approved: April 22, 2009

Month Year	S	M	T	W	T	F	S	Quarter-Semester/Holidays/ Staff Develop. Buy Back Days	Days of Instr.	Cert. Emp. Workdays	♦ School Year Emp. Workdays	Class. Emp. Workdays	Class. Paid Holidays
JULY 2009	5	6	7	1	2	(3)	4	July 3 Independence Day Observed	0	0	0	22	1
	12	13	14	15	16	17	18						
	19	20	21	22	23	24	25						
	26	27	28	29	30	31							
AUG	2	3	4	5	6	7	8	Aug. 18 Staff Development Buy Back Day	9	10	11	21	0
	9	10	11	12	13	14	15	Aug. 19 First day of School					
	16	17	*18*	19	20	21	22						
	23	24	25	26	27	28	29						
	30	31											
SEPT	6	(7)	8	1	2	3	4	Sept. 7 Labor Day	21	21	21	21	1
	13	14	15	16	17	18	19						
	20	21	22	23	24	25	26						
	27	28	29	30									
OCT	4	5	6	7	1	2	3	Oct. 16 End First Qtr. (42 days) Athletic/Extra-Curr. Eligibility Date	22	22	22	22	0
	11	12	13	14	15	16	17	Oct. 22 Minimum Day - Staff Dev. - Buy Back Day (11:45 Student Release)					
	18	19	20	21	**22**	23	24						
	25	26	27	28	29	30	31						
NOV	1	2	3	4	5	6	7	Nov. 11 Veterans' Day	17	17	17	17	4
	8	9	10	(11)	12	13	14	Nov. 25 Local Holiday					
	15	16	17	18	19	20	21	Nov. 26 Thanksgiving Day					
	22	23	24	[25]	(26)	[27]	28	Nov. 27 Local Holiday					
	29	30											
DEC	6	7	8	1	2	3	4	Dec. 18 End 1 st Sem. (83 days)	14	14	14	20	3
	13	14	15	16	17	18	19	Dec. 24 Local Holiday					
	20	21	22	23	[24]	(25)	26	Dec. 25 Christmas Day					
	27	28	29	30	[31]			Dec. 31 Local Holiday					
								Dec. 21- Jan. 1 Winter Break					
JAN 2010	3	4	5	6	7	(1)	2	Jan. 1 New Year's Day	19	19	19	19	2
	10	11	12	13	14	15	16	Jan. Athletic/Extra Curr. Eligibility Date					
	17	(18)	19	20	21	22	23	Jan. 18 Martin Luther King Day					
	24	25	26	27	28	29	30						
	31												
FEB	7	1	2	3	4	5	6	Feb. 15 Washington's Day Observed	15	15	15	18	2
	14	(15)	(16)	17	18	19	20	Feb. 15-19 Mid Winter Break					
	21	22	23	24	25	26	27	Feb. 16 Lincoln's Day Observed					
	28												
MAR	7	8	9	10	11	12	13	Mar. 19 End Third Qtr (49 days) Athletic/Extra-Curr. Eligibility Date	23	23	23	23	0
	14	15	16	17	**18**	19	20	Mar. Minimum Day - Staff Dev. - Buy Back Day (11:45 Student Release)					
	21	22	23	24	25	26	27	Mar. 18					
	28	29	30	31									
APR	4	5	6	7	1	2	3	Apr. 5-9 Spring Break	17	17	17	22	0
	11	12	13	14	15	16	17						
	18	19	20	21	22	23	24						
	25	26	27	28	29	30							
MAY	2	3	4	5	6	7	8	May 31 Memorial Day	20	20	20	20	1
	9	10	11	12	13	14	15						
	16	17	18	19	20	21	22						
	23	24	25	26	27	28	29						
	30	(31)											
JUNE	6	7	8	9	3	4	5	June 3 Last Day of School	3	3	3	22	0
	13	14	15	16	17	18	19	June 3 End 2 nd Sem (97 days) Athletic/Extra-Curr. Eligibility Date					
	20	21	22	23	24	25	26						
	27	28	29	30									
									180	181	182	247	14

GRADUATION: June 3, 2010 Laguna 10:00 a.m. El Molino 6:30 p.m. Analy 6:30 p.m.

() = Legal Holiday [] = Local Holiday ** = Staff Development Buy Back Day *** = Minimum Day

District office closed on Holidays specified above. School Offices closed Holidays, Summer, Winter and Spring Breaks. ♦ Campus Supervisors work instructional days only.

LAGUNA HIGH SCHOOL
STUDENT BEHAVIORAL EXPECTATIONS

1. **Arrival at School:**

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

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

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

5. **Disciplinary action will be taken on the following issues:**

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

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

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

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

8. **Food and Beverages on Campus:**

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

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

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

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

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

Student Name (Please print)

Signature

Date

West Sonoma County Schools
Health Services

Health Update

Date _____

Birth Date _____

Student's name _____

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

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

Does your child take medication? Regularly or periodically?
List medications - - dosage and how often given. _____

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

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

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

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

We appreciate your time in sharing your child's health history with us.
This information will be kept confidential. If you have any questions or concerns please feel free to call your school nurse.

Signature _____, Relationship _____ Date _____

LAGUNA HIGH SCHOOL

PARENTAL PERMISSION FOR TESTING

In order to offer your child the best educational options, we are requesting permission to test each student using the Woodcock-Johnson Tests of Academic Achievement (WJTAA), Kaufman Test of Educational Achievement (KTEA), the Tests of Adult Basic Education (TABE) and STAR Reading Test. These tests assess the academic skill levels of students and are an aid in helping us provide students with appropriate classes and materials. Although all students will not be tested, we request your permission in the event it seems appropriate to test your child.

I give permission to the staff at Laguna High to test _____
(Student name)
using the WJTAA, the KTEA and/or the TABE. I understand that results will be made available upon request.

(Parent/Guardian signature)

Date _____

TO BE RETURNED

LAGUNA HIGH SCHOOL

Dear Parents and Guardians:

In recent years, the term *Health* has acquired a much greater significance. It no longer means simply an absence of sickness, but refers to well-being of the body, of the mind, and of relationships among people.

Every day, students are confronted with important decisions about how to maintain wellness. They need to be well informed so they may make responsible decisions. To achieve this goal, we will be teaching and reinforcing the life skills students need to weigh options and to make responsible decisions which promote a healthy lifestyle.

Family involvement is a vital part of this health education process. While studying health, your son or daughter may come to you with questions or seek your help with projects. These are opportunities for you to share in your student's growth and development at a critical time in his or her life. With your support, students can make the right choices to prepare for a healthy future.

From time to time, certain sensitive topics are addressed in high school classes. These include sex education, venereal diseases and AIDS, among others. Under the laws of the State of California, you have certain rights with respect to instruction in these areas. First, you may request that your student not attend the class sessions in which these topics are discussed. Secondly, you have the right to review books, materials, films, etc. before these sensitive issues are presented to the students.

If you would like to take advantage of your rights outlined above, please notify me and we will make the necessary arrangements. We also know that some students may find sex-related or other sensitive topics offensive. These students may request to transfer to another class during the time of the discussion. If you have any questions regarding this letter, please feel free to contact me.

Sincerely,

Brenda Hoff
Principal

Please check one of the appropriate statements below:

_____ I **DO** want my student to participate in sensitive issues.

_____ I **DO NOT** want my student to participate in sensitive issues.

_____ I would like my student to participate in all but the following:

Student Name

Parent or Guardian Signature

Date

TO BE RETURNED

**ANNUAL NOTICE TO PARENTS
2009-2010
ACKNOWLEDGMENT OF PARENT/GUARDIAN
OF ANNUAL RIGHTS NOTIFICATION**

DEAR PARENT/GUARDIAN:

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

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

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

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

Parent Name (please print): _____

Signature of Parent or Guardian: _____ Date: _____

Pupil's Name (please print): _____

DIRECTORY INFORMATION

If you do not wish directory information released to anyone (**page 15**), please sign where indicated below and return to the school office within the next 30 days. Note that this will prohibit the district from providing the student's name and other information to the news media, interested schools, parent-teacher associations, interested employers and similar parties.

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

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

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

Parent or Guardian Name (Please Print): _____

Signature of Parent or Guardian: _____ Date: _____

Acceptable Use Agreement for Student Use of Technology

For Students:

This agreement is provided so that you are aware of the responsibilities that you are about to accept. The use of the Internet and other information technology is a privilege, not a right, and inappropriate use can result in revocation of this privilege. If a district user violates any of these provisions, the district reserves the right to discipline the user

including the suspension, limitation, or denial of future access. In addition, the user will be held financially responsible for any damages resulting from misuse of the system.

This agreement applies specifically to the requirements of Board Policy 6163 and Administrative Regulations 6163. A signature at the end of this agreement is binding, and indicates that the party who signs it has carefully read and understood the significance of this agreement's terms and conditions. No user has permission to access the Internet or use school district computers without this signed and dated agreement on file with the school and/or district.

I understand and will abide by the above Acceptable Use Agreement for Student Use of Technology. I further understand that any violation of the regulation is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school/district disciplinary action including suspension or expulsion and/or appropriate legal action may be taken.

Student Signature _____ Grade _____ Date: _____

For Parents:

As the parent/guardian of this student, I have read this agreement. I understand that this access is designed for educational purposes only. I recognize that the district has taken reasonable precautions to limit access to harmful material or material that is not approved for use within the public school system. I also recognize it is impossible for the district to restrict access to all harmful or unapproved materials and will not hold the district responsible for such materials acquired by my child using district resources. Further, I accept full responsibility for any such materials acquired by my child.

Print Parent or Guardian Name _____ Date: _____

Signature of Parent or Guardian _____ Date: _____

WEST SONOMA COUNTY UHSD
Sebastopol, California

West Sonoma County Schools
School Nurse Services

Asthma Health Care Plan

Student's name _____ Date _____

School _____ Grade _____ D.O.B. _____

Dear Parent or Guardian,

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

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

What triggers your child's asthma? _____

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

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

At School Medication _____ Dosage _____ Time Given _____

_____ Dosage _____ Time Given _____

At Home Medication _____ Dosage _____ Time Given _____

_____ Dosage _____ Time Given _____

Doctor's name _____ Date of last evaluation _____

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

Does your child use a nebulizer at home? _____

Has your child been hospitalized for asthma? _____

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

Emergency Procedure for a Severe Asthma Episode

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

1. Student will sit upright and receive the prescribed medication.

2. Offer sips of warm water.

3. Reassure student and observe for response to medication.

4. Notify parent as needed.

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

Parent Signature _____ Date _____

School Nurse Signature _____ Date _____

SEBASTOPOL POLICE DEPARTMENT
6850 Laguna Park Way, Sebastopol, CA 95472
(707) 829-4400 (telephone) - (707) 829-0967 (fax)

Jeffrey D. Weaver
Chief of Police

Dear LHS and CDS Students & Parents:

I wanted to take this opportunity to welcome everyone back for the 2009-2010 school year. I hope this will be a productive and enjoyable year for all of you. Along those lines, I wanted to also remind students and parents of a few items that could help make this year safer and less stressful.

As I am sure most of you know, the parking along Bonnardel Avenue, Wallace Street, and Taft Street was designated several years ago, by the Sebastopol City Council, as "resident only" and is by permit only. Please be sure that you do not park along any of these streets, thus avoiding a parking citation. The residents on these streets are diligent about contacting our department to report violators.

Finally, obvious safety concerns are: wearing helmets when riding bicycles and skateboards (required by anyone under the age of 18, and recommended for all); assuring that both driver and passengers wear seatbelts at all times; and adherence, by student drivers, to all provisional license terms (most particularly the transporting of passengers). Following these few DMV rules will not only increase safety measures, but will avoid costly citations and increased automobile insurance rates.

Please have a safe year.

Sincerely,

Jeff Weaver
Chief of Police