



STUDENT'S COPY

FREE high school diploma completion opportunity for 16-24 year-olds

OYA offers students who have not yet graduated high school a blended program of teacher direct instruction and online courses along with a wide range of support services

For more information visit our webpage opportunityyouthacademy.org or call **1-844-OYA-4UUU**

Also find us on FB: The Opportunity Youth Academy, Instagram: OfficialOYA, Twitter: TheOfficialOYA



Eligibility Criteria for Minors:

- Must be officially dis-enrolled from school
- Minors released from the Juvenile Hall, the Ranch or other locked facility *do not qualify* for OYA

Eligibility Criteria for Young Adults:

- Must be ages 16 – 24
- Must enroll before 25th birthday
- Must be officially dis-enrolled from school or any adult education program

REQUIRED DOCUMENTS	
•	Immunization records (shot records)
•	Proof of address (Tax Bill, utility bills, lease agreement, or any Gov./correspondence)
•	Transcripts & IEP (if applicable) if not available we will make the request

Opportunity Youth Academy school sites:

The Hub	591 N. King Road, Door #17 - San Jose, CA 95133
Washington	921 S. First Street, Suite B - San Jose, CA 95110
ConXion	749 Story Rd. Suite 10 - San Jose, CA 95122
Sobrato	512 Valley Way, Building 3 - Milpitas, CA 95035
South County	7680 Monterey Road, Suite 101 - Gilroy , CA 95020
Snell	3550 Snell Ave, Ste. A San Jose, CA 95136

TO REGISTER:

- **TURN-IN YOUR REGISTRATION PACKET AT ANY OF THE OYA SITE LISTED ABOVE**
- **WALK-INS ARE WELCOME (MONDAYS.-THURSDAYS, 9AM – 2PM, FRIDAYS 9AM – 11AM**
- **OYA STAFF ARE AVAILABLE FOR ANY QUESTIONS YOU MAY HAVE OR**
 - **CONTACT School Office Coordinator, Blanca Morales at 408-573-3262**

- Professional Development Day
- First/Last Day of School
- Non School Days
- COE Observed Holidays
- Minimum Friday Schedule
- Benchmark, CAASP, ELPAC

Opportunity Youth Academy

Academic Calendar 2018-2019

JULY 2018				
M	T	W	TH	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

July 2 - July 13 - Non-School Day
 July 4 - 4th of July Holiday
 July 16 - First Day of School
 July 23 & 24 - SiATech PD Days
WORK: 12 DAYS INSTRUC: 10 DAYS

JANUARY 2019				
M	T	W	TH	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

January 1 - New Year's Holiday
 January 2-4 - Non-School Days
 January 21 - Martin Luther King Jr. Holiday
WORK: 18 DAYS INSTRUC: 18 DAYS

AUGUST 2018				
M	T	W	TH	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

August 6-9 - Ren. STAR Math & Reading
WORK: 23 DAYS INSTRUC: 23 DAYS

FEBRUARY 2019				
M	T	W	TH	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	

February 19, 21-22- Non School Days
 February 18 - President's Day Holiday
 February 20 - Lincoln's Birthday Holiday
WORK: 15 DAYS INSTRUC: 15 DAYS

SEPTEMBER 2018				
M	T	W	TH	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

September 3 - Labor Day Holiday
 PD: SPED Training
WORK: 19 DAYS INSTRUC: 18 DAYS

MARCH 2019				
M	T	W	TH	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

March 11-21 - ELPAC Testing
WORK: 21 DAYS INSTRUC: 21 DAYS

OCTOBER 2018				
M	T	W	TH	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

October 22 - 25 - Ren. STAR Math & Reading
WORK: 23 DAYS INSTRUC: 22 DAYS

APRIL 2019				
M	T	W	TH	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

April 8-9- Ren. STAR Math & Reading
WORK: 17 DAYS INSTRUC: 17 DAYS

NOVEMBER 2018				
M	T	W	TH	F
		1	2	
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

Nov. 6 & 7- PD SBI Workshop
 November 19-21 - Non School Days
 November 12 - Veteran's Day
 November 22-23 - Thanksgiving Holiday
WORK: 16 DAYS INSTRUC: 14 DAYS

MAY 2019				
M	T	W	TH	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

May 6- 16 - CAASP Testing
 May 27 - Memorial Day
 May 28 - Non School Day
WORK: 21 DAYS INSTRUC: 21 DAYS

DECEMBER 2018				
M	T	W	TH	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

DECEMBER 14 - OYA GRADUATION
 December 24 - Christmas Eve Holiday
 December 25 - Christmas Day Holiday
 December 26-28 - Non-School Days
 December 31 - New Year's Eve Holiday
WORK: 15 DAYS INSTRUC: 15 DAYS

JUNE 2019				
M	T	W	TH	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

JUNE 7 - OYA GRADUATION
 June 28 - Last Day of School
WORK: 20 DAYS INSTRUC: 20 DAYS

TOTAL = 220 WORK DAYS
 TOTAL = 215 INSTRUC DAYS

**OPPORTUNITY YOUTH ACADEMY (SCCOE)
STUDENT REGISTRTRION FORM – PAGE 1**

New Enrollment <input type="checkbox"/>	<i>List sites in order of choice</i>	
Re-Enrollment Previous Site: _____	Teacher: _____	
<input type="checkbox"/> 1 st Site: _____	<input type="checkbox"/> 2 nd _____	<input type="checkbox"/> 3 rd _____

STUDENT INFORMATION

Legal Name: Last _____ First _____ Middle _____

Female Male Cell Phone (____) _____ - _____ / House Ph. (____) _____ - _____

EMAIL: _____

Birthplace: City: _____ State: _____ Country: _____ US Entry Date: ____ / ____ / ____

Birthdate ____ / ____ / ____ Age _____ Grade _____ / Ht.: _____ / Wt.: _____

Are you a parent? Yes No - If yes, how many children? _____ Are you expecting? Yes No

• **What is your Parent Education Level (indicate highest level completed) :**

Elementary High School Bachelor Degree Associate Degree Master Degree Unknown

Ethnicity – Student ethnicity? (Check one) Hispanic or Latino Not Hispanic or Latino

(Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Race. What is the race of this student? (Check up to 5 racial categories)

<input type="checkbox"/> White (700)	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean
<input type="checkbox"/> Other Asian	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Tahitian
<input type="checkbox"/> Guamanian	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Samoan	<input type="checkbox"/> Japanese	<input type="checkbox"/> Cambodian

Residence (No PO Boxes)

Address _____ Apt/Sp. _____ City _____ State CA Zip Code _____

Cell Ph.: (____) _____ - _____ Home Ph.: (____) _____ - _____

• **Mailing Address (if different from above)**

Address _____ Apt/Sp. _____ City _____ State _____ Zip Code _____

FOSTER YOUTH: CURRENTLY, or in the PAST – or currently living Shelter/Transitional Housing Program

Group Home Group Home Name: _____ Unsheltered (car/campsite) Motel/Hotel

Do you have an IEP? YES NO OR 504 Plan Resource Specialist (RSP)

Are you currently on probation? Yes No Have you been on probation in the past? Yes No

Probation Office Name: _____ Phone Number (____) _____ - _____

Are you a parent? Yes No How many children? _____ Are you expecting? Yes No

OPPORTUNITY YOUTH ACADEMY (SCCOE)
STUDENT REGISTRATION FORM – Page 2

(Student Name)

Last _____ First _____ Age _____ Grade _____

ADDITIONAL STUDENT INFORMATION

Previous Schools/Enrollment History

US School Entry Date ____/____/____ California School Entry Date ____/____/____

Last School Attended _____ School District _____

School Address _____ City _____ State _____

Last Day of Previous School ____/____/____

Have previously attended a school in the Santa Clara County Office of Education? No Yes

(If yes) School Name _____ Date left SCCOE School ____/____/____

Have ever been expelled from a school? Yes _____

How did you hear about OYA? _____

(If student is a minor) PARENT/GUARDIAN/FOSTER KINSHIP INFORMATION

Relationship to student: (CHECK ONE) Mother Father Foster Family/Kinship Residence Staff

Name: Last _____ First _____

Fluent Language Spoken _____ Cell Phone No. (____) _____ - _____

HOME No. (____) _____ - _____ Work Phone No. (____) _____ - _____

Email _____ @ _____

EMERGENCY CONTACTS

Last _____ First _____ Relationship _____ Phone _____

Last _____ First _____ Relationship _____ Phone _____

I have reviewed this two page document and to the best of my knowledge, the information contained herein is true and complete. The undersigned declares under penalty of perjury that they are the parent or legal guardian of the above-named student.

Student Signature _____ Date ____/____/____

Parent/Guardian Signature _____ Date ____/____/____

(If student is under 18)

For School Use Only - Completed by staff who received and/or verified registration packet

Site: _____ Date ____/____/____ Staff _____

Walk-In Referred – by _____ Placed on Wait List

Records Requested: Immunization Records Proof of Address Date ____/____/____

Date Enrolled ____/____/____ SSID# _____

FORM E (ENGLISH) School Year [2018-2019] [SCCOE] Application for Free and Reduced-Price Meals

Complete one application per household. Please read the instructions on how to apply. Print clearly with a pen. This institution is an equal opportunity provider.

Children participating in the federal National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, separate serving lines, separate entrances, separate dining areas, or by any other means.

STEP 1 – STUDENT INFORMATION

Children in Foster Care and children who meet the definition of Homeless, Migrant, or Runaway are eligible for free meals.

Print the name of EACH STUDENT (First, Middle Initial, Last) EXAMPLE: Joseph P Adams	Enter school name and grade level Lincoln Elementary	Enter student's birthdate 12-15-2010	Check the applicable box if the student is foster, homeless, migrant, or runaway.
	1st	Foster	Homeless
			Migrant
			Runaway
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDIPIR

Do ANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDIPIR? If NO, skip STEP 2 and continue to STEP 3.

If YES, check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4.

Select Program Type: CalFresh CalWORKs FDIPIR

Enter Case Number: _____

STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'YES' in STEP 2)

A. STUDENT INCOME: Sometimes students in the household earn income. Enter the TOTAL GROSS income (before deductions) in whole dollars earned by all students listed in STEP 1. Enter the appropriate pay period in the "How Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly

Print the name of ALL OTHER Household Members (First and Last)	How Often		Public Assistance/SSI/Child Support/Alimony	Pensions/Retirement/All Other Income	Total Student Income	How Often
	Earnings from Work					
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
					Check the box if NO SSN <input type="checkbox"/>	

C. Total Household Members (Children and Adults) _____ D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member _____

STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE

Certification: I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable state and federal laws.

Signature of adult completing this application: _____

Print Name: _____

Date: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

OPTIONAL – CHILDREN'S ETHNIC AND RACIAL IDENTITIES
We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or other Pacific Islander White

DO NOT COMPLETE. SCHOOL USE ONLY

How Often? Weekly Bi-Weekly Twice a Month Monthly Yearly

Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x12, Monthly x12

Total Household Size: _____ Eligibility Status: Free Reduced-price Paid (Denied)

Verified as: Homeless Migrant Runaway

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

FORM E (SPANISH)

Año escolar [2018-19] Opportunity Youth Academy Solicitude para comidas gratis y a precio reducido

Llene una solicitud por hogar. Lea las instrucciones sobre cómo llenar la solicitud. Escriba claramente con tinta. También puede hacer su solicitud en línea en scroe.org. Esta institución es un proveedor que ofrece igualdad de oportunidades.

Sección 49557(a) del Código de Educación de California: Las solicitudes para comidas gratis y a precio reducido pueden presentarse en cualquier momento durante el día de clases. A los niños que participan en el Programa Nacional de Almuerzos Escolares federal no se les identificará abiertamente con el uso de fichas especiales, boletos especiales, entradas separadas, comedores separados o por cualquier otro medio.

PASO 1 – INFORMACIÓN DE ESTUDIANTES Los niños bajo cuidado adoptivo temporal y los niños que cumplen con la definición de sin hogar, migrante o fugado del hogar reúnen los requisitos para recibir comidas gratis.

Table with columns for student name, school, birth date, and migration status. Includes example name 'Joseph P Adams' and birth date '12-15-2010'.

PASO 2 – PROGRAMAS DE ASISTENCIA: CalFresh, CalWORKs o FDPPIR ¿ALGÚN miembro del hogar (niño o adulto) participa actualmente en CalFresh, CalWORKs o FDPPIR? Si contestó NO, sáltese el PASO 2 y vaya al PASO 3.

Si contestó SÍ, marque la casilla del programa pertinente, sáltese el PASO 3 y vaya al PASO 4. [] CalFresh [] CalWORKs [] FDPPIR Anote el número de caso:

PASO 3 – DECLARE LOS INGRESOS DE TODOS LOS MIEMBROS DEL HOGAR (Sáltese este paso si contestó 'SÍ' en el PASO 2)

A. INGRESOS DE LOS ESTUDIANTES: En ocasiones, los estudiantes del hogar tienen ingresos. Anote los ingresos BRUTOS TOTALES (antes de deducciones) en números enteros de los estudiantes que se enumeraron en el PASO 1.

B. TODOS LOS DEMÁS MIEMBROS DEL HOGAR (incluido usted): Anote a TODOS los miembros del hogar que no anotó en el PASO 1, incluso si no reciben ingresos. Para cada miembro del hogar, anote sus ingresos BRUTOS TOTALES. Anote el período de pago correspondiente en la casilla de 'Frecuencia': S = Semanal, 2S = Cada dos semanas, 2M = Dos veces al mes, M = Mensual, A = Anual

Table for household income reporting with columns for member name, frequency, and income amount.

C. Total de miembros del hogar (Niños y adultos) [] [] [] D. Anote los últimos cuatro dígitos del número de Seguro Social (SSN) de la persona que recibe más ingresos o de otro miembro adulto del hogar. Marque la casilla si NO tiene SSN []

PASO 4 – INFORMACIÓN DE CONTACTO Y FIRMA DE UN ADULTO

Certificación: Certifico (prometo) que toda la información en esta solicitud es verdadera y que se declararon todos los ingresos. Entiendo que proporciono esta información en relación con la recepción de fondos federales y que los funcionarios de la escuela podrían verificar (revisar) la información. Soy consciente de que si proporciono deliberadamente información falsa, mis hijos podrían perder la asistencia para las comidas y se me podría procesar conforme a las leyes estatales y federales aplicables.

Signature and contact information fields: Firma del adulto que llenó esta solicitud, Dirección, Nombre en letra de molde, Teléfono, Fecha.

DO NOT COMPLETE. SCHOOL USE ONLY (PARA USO DE LA ESCUELA SOLAMENTE)

School use section with checkboxes for frequency and income conversion, and fields for household size, eligibility status, and signatures.

	RESIDENCY DECLARATION	2018-19 SCHOOL YEAR
OPPORTUNITY YOUTH ACADEMY (SCCOE) 1290 RIDDER PARK DR. SAN JOSE, CA. (408)453-6505		

THIS FORM MUST BE COMPLETED, SIGNED, AND SUBMITTED WITH PROOF OF RESIDENCY

PART I: STUDENT AND PARENT/LEGAL GUARDIAN INFORMATION

Student's Last Name	Student's First Name	Grade	Birth Date	Age	M/F
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Parent/Legal Guardian's Last Name	Parent/Guardian First Name	Parent/Legal Guardian's Home Phone			
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>			
Parent/Legal Guardian's Current Street Address	Apt.	City	State	Zip	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

How long has the student lived full time at the above listed address?

Type of Dwelling in which Family Resides:

<input type="checkbox"/> Single Family (house, condo, mobile home, etc.) (200)	<input type="checkbox"/> Foster Family/Kinship (210)	<input type="checkbox"/> Doubled-Up (120)	<input type="checkbox"/> Motel/Hotel (110)
<input type="checkbox"/> Shelter/Transitional Housing Program (100)	<input type="checkbox"/> Unsheltered (car/campsite) (130)	<input type="checkbox"/> Other _____	

PART II: ADDITIONAL ADDRESS HISTORY

Please provide the previous address you or your student has lived if less than 3 years at current address.

Previous Street Address	Apt.	City/Country if not USA	State	Zip
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Please provide the address of other property you (or spouse) currently own, rent, or lease in the U.S.

Street Address of additional location	Apt.	City	State	Zip
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

PART III: DECLARATION OF UNDERSTANDING

Initial next to each statement (in box) to indicate your understanding

<input type="checkbox"/>	California Education Code (Section 48200) and District Administrative Regulation 5111.1 require that a student be enrolled in and attend the school that is within the district in which the student's parent(s) or legal guardian(s) reside(s).
<input type="checkbox"/>	My student resides with me full time (or legally mandated residency of 50% or more) at the address listed above, which is my full time primary residence. I agree to notify the District, within 15 calendar days, if the student or I, move.
<input type="checkbox"/>	The Santa Clara County office of Ed. will actively investigate all cases where it has reason to believe false information has been provided on this statement or to any school/district official. Investigations may include the use of photographs and/or video taken by investigators.
<input type="checkbox"/>	I understand that home visitation and/or residency verification is part of a periodic process when residency is established in your District of Residence. I also understand that the District employs Residency Officials to verify residency status, which may include home visits and investigations.
<input type="checkbox"/>	The District may refer cases in which false information has been provided to the County District Attorney for further action and/or file civil action to recover damages incurred as a result of providing false information.
<input type="checkbox"/>	Persons who provide or solicit false information are subject to criminal prosecution for perjury, which is punishable by fine and/or prison (up to 4 years) and may be found civilly liable for fraud, negligent misrepresentation, or negligence. [Civil Code § 1709] [Family Code § 6552; Penal Code § 118 and 126].
<input type="checkbox"/>	I am aware and understand that should this statement be found to be false, I could be held liable for the expense of education for my student at a cost based on the state's revenue limit per school year.
<input type="checkbox"/>	In the event investigations that reveal that students have enrolled on the basis of providing false information they will be dropped from enrollment and required to transfer to his/her resident school.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. In accordance with State Compliance I have attached the required documentation as proof of residence for enrollment.

Signature of Parent/Legal Guardian	Date	Daytime Telephone
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PART IV: TO BE COMPLETED BY OWNER/LANDLORD IF LIVING WITH ANOTHER FAMILY

Initial in box to indicate your understanding and provide Proof of Residency documents in owner/landlord's name.

<input type="checkbox"/>	I am the Owner/Landlord of the property located at: _____
<input type="checkbox"/>	I attest that the student and parent listed above reside at the above residence.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Owner/Landlord	Date	Telephone
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DECLARACIÓN DE DOMICILIO	AÑO ESCOLAR 2018-19
DISTRITO ESCOLAR DE OYA/SCCOE 1290 RIDDER PK DR, SAN JOSE, CA 95136 408-453-6505	

ESTE FORMULARIO COMPLETADO Y FIRMADO SE ENTREGARÁ JUNTO CON LA ACREDITACIÓN DE DOMICILIO

SECCIÓN I: DATOS DE LOS PADRES/TUTORES LEGALES					
Apellido del estudiante	Nombre del estudiante	Grado	Fecha de nacimiento	Edad	Sexo
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
Apellido del padre/madre/tutor legal	Nombre del padre/madre/tutor legal	Tel. del domicilio de los padres/tutor legal			
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>			
Dirección del domicilio actual de los padres/tutor legal		nº apto	Ciudad	Estado	C. P.
<input style="width: 90%;" type="text"/>		<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
¿Cuánto tiempo ha residido el estudiante permanentemente en la residencia indicada?			<input style="width: 90%;" type="text"/>		
Tipo de vivienda en la que reside la familia:					
<input type="checkbox"/> Unifamiliar (casa, condo, casa móvil, etc.) (200)	<input type="checkbox"/> Familia de acogida/familiares (210)	<input type="checkbox"/> Con otra familia (120)	<input type="checkbox"/> Motel/Hotel (110)		
<input type="checkbox"/> Centro de acogida/Programa de vivienda de transición (100)	<input type="checkbox"/> Sin domicilio (carro/camping) (130)	<input type="checkbox"/> Otros			

SECCIÓN II: DATOS ADICIONALES SOBRE LA DIRECCIÓN DOMICILIARIA					
Si Uds. han residido en la dirección domiciliaria actual menos de tres (3) años, por favor faciliten datos de la dirección previa.					
Dirección del domicilio previo	nº apto	Ciudad/pais si no es USA	Estado	C. P.	
<input style="width: 90%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	
Por favor, faciliten la dirección de otra propiedad que posean, alquilan o arriendan actualmente en USA					
Dirección de la propiedad adicional	nº apto	Ciudad	Estado	C. P.	
<input style="width: 90%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	

SECCIÓN III: DECLARACIÓN DE CONOCIMIENTO	
<i>Escriba las iniciales al lado de cada declaración (en la casilla) en señal de conocimiento</i>	
<input style="width: 100%;" type="text"/>	El Código Educativo de California (Sección 48200) y el Reglamento Administrativo del Distrito 5111.1 exigen que un estudiante esté matriculado y asista a una escuela ubicada en el distrito en el que residen los padres o tutores legales del estudiante.
<input style="width: 100%;" type="text"/>	Mi estudiante reside conmigo todo el tiempo (o el 50% o más según mandato judicial) en la dirección indicada anteriormente, siendo mi residencia permanente. Estoy de acuerdo con notificar al Distrito, antes de los 15 días naturales, si el estudiante o yo nos mudamos de residencia.
<input style="width: 100%;" type="text"/>	El Distrito Escolar Unificado de SCCOE investigará activamente todos los casos en los que crea haber indicios de que la información facilitada en este formulario o a cualquier oficial del distrito/escuela es falsa. La investigación puede incluir el uso de fotografías y/o video obtenidos por los investigadores.
<input style="width: 100%;" type="text"/>	Entiendo que las visitas domiciliarias y/o verificación de residencia domiciliaria forma parte de un proceso periódico cuando se establece la residencia dentro del Distrito Escolar Unificado de Santa Clara.
<input style="width: 100%;" type="text"/>	El Distrito puede remitir al Fiscal del Condado los casos que hayan facilitado información falsa para tomar otras medidas o iniciar un proceso legal para recuperar los daños ocasionados como resultado de la información falsa facilitada.
<input style="width: 100%;" type="text"/>	Las personas que faciliten o soliciten información falsa estarán sujetas a un proceso penal por perjurio, lo cual se penaliza con una multa y/o encarcelación (hasta 4 años) y pueden ser civilmente responsables de fraude, representación fraudulenta o negligencia. (Código Civil 1709(Código Familiar 6552; Código Penal 118 y 126)
<input style="width: 100%;" type="text"/>	Soy consciente y entiendo que si el contenido de esta declaración es falso, sería considerado/a responsable por los gastos educativos de mi estudiante a un costo basado en el límite de ingresos del estado por año escolar.
<input style="width: 100%;" type="text"/>	Si las investigaciones descubren que un estudiante se ha matriculado usando información falsa, se dará de baja al estudiante y deberá matricularse en la escuela correspondiente a su domicilio.

Declaro, bajo pena por perjurio conforme a las leyes del Estado de California, que son verdaderos y correctos los datos que figuran en este cuestionario. En conformidad con las Normas Estatales adjunto la documentación exigida como acreditación de domicilio para la obtención de matrícula.

Firma del padre/tutor legal	Fecha	Núm. de teléfono
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SECCIÓN IV: PARA SER COMPLETADO POR EL PROPIETARIO/ ARRENDADOR SI VIVEN CON OTRA FAMILIA
<i>Escriba las iniciales en la casilla para indicar conocimiento y facilitar documentos que acrediten domicilio en nombre del dueño</i>

<input style="width: 100%;" type="text"/>	Soy el dueño de la propiedad ubicada en: _____
<input style="width: 100%;" type="text"/>	Certifico que el padre/la madre y el estudiante indicado bajo la Sección I viven en la residencia indicada anteriormente.

Declaro, bajo pena por perjurio conforme a las leyes del Estado de California, que son verdaderos y correctos los datos que figuran en este cuestionario.

firma del propietario/arrendador	Fecha	Núm. de teléfono
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MEDICAL INFORMATION FORM

Dear Student and/or Parent,

Your answers to the following questions will provide valuable information that will assist OYA staff to plan the student's school program and identify Health Service's needs. PLEASE NOTE ALL STUDENTS MUST BE UPTODATE ON THEIR IMMUNIZATION TO ENROLL INTO OYA PROGRAM.

****Must provide records of Tuberculosis (TB) Test done and TDap immunization to enroll into OYA Program**

Student Name: _____ DOB: _____

Parents/Guardian: _____ Daytime Ph: _____

1. Do you have any health problems of which the school should be aware? Yes _____ No _____
If yes, please describe: _____
2. Do you wear glasses or contacts? Yes _____ No _____
If yes, all the time? _____ Just for the classroom? _____
3. Should your activities be limited in any way, please indicate and explain: _____

4. Please indicate if you have any of the following conditions:
___ Asthma ___ Chicken Pox ___ Convulsions ___ Eczema
___ Epilepsy ___ Ear Infections ___ Headaches ___ Hepatitis
___ Joint Pains ___ Fainting Spells ___ Frequent Nosebleeds
___ Frequent Colds ___ Severe Allergy ___ Joint Pains ___ Seizures
___ Heart Condition ___ Meningitis ___ Tire easily ___ Migraine
___ Diabetes Type I or Type II Other (please explain) _____
5. Do you have severe allergic reactions to bee stings, peanuts, fish, etc.? Yes _____ No _____
If yes, what specific actions should be taken? _____

6. Do you take medication? Yes _____ No _____ (If so, and medication needs to be administered during school hours, a Medication Request Form must be completed by parent and physician.)

LIST ALL MEDICATIONS, WITH DOSE, TAKEN BY STUDENT

Medication is _____ Condition: _____
Dosage: _____ Physicians Name: _____
Address: _____ City/Zip: _____

Student Signature

Parent/Guardian Signature

OPPORTUNITY YOUTH ACADEMY

Student Name: _____

PARENT CONSENT FOR FIELD TRIP AND WAIVER OF SCHOOL RESPONSIBILITY

I give my child permission to participate in field trips. I understand and acknowledge that my child's participation in field trips is not required by the Santa Clara County Office of Education and is completely voluntary. I further understand and acknowledge that pursuant to Education Code §35330, my child is deemed to have waived any and all claims against the Santa Clara County Office of Education or the State of California for "injury, accident, illness or death occurring during or by reason of the field trip or excursion." I, as parent/guardian in granting my child permission to participate in school related field trips, hereby release and hold harmless from any demands, losses, claims, actions, suits, or any liability of any nature or kind whatsoever, the Santa Clara County Superintendent of School, the Santa Clara County Board of Education, and any and all officers, employees, and agents of the Santa Clara County Office of Education for any and all illness, accidents, injuries, or death which may occur during such time that my (our) child is transported to, from, or during school functions, excursions or field trips. Should it be necessary to incur additional expenses and/or medical treatment during the trip, I give the teachers permission to use their judgment in such matters and will reimburse them for any reasonable expenses. I, as parent/guardian, have decided (with or without medical assistance) that my child is physically able to participate and I acknowledge that any accident insurance I consider necessary will be my responsibility to locate and purchase.

Yes No Initials _____

SCHOOL INTERVIEW / MEDIA RELEASE

On occasion, representatives from the media, from the Santa Clara County Office of Education, or from other education-related groups wish to photograph and/or interview students in connection with school programs or events. In order to release student photos and comments, we need written permission from you.

I hereby give permission for my child to be photographed, videotaped, and/or interviewed by representatives from the media, the Santa Clara County Office of Education, or other education-related groups for the purpose of publicizing Office of Education programs, development of educational materials, or reporting on events of community interest. I fully relinquish right of interest in any film, tape, or photograph which may be used for any legitimate purpose.

Yes No Initials _____

PARENT ACCESS TO STUDENT RECORDS

Provisions of the California Education Code have authorized that parents or legal guardians, in consultation with school personnel, have the right to inspect and review the school records of their children. If, at any time, you wish to inspect the school records of your child(ren), please notify the school administrator at your child(ren)'s school site and schedule an appointment. In accordance with Section 49069 of the California of the California Education Code, your request for access to pupil records will be granted no later than five (5) school days following the date of the request. If, after review, you feel that any information contained in the records is inaccurate, misleading, or otherwise inappropriate as defined by federal and state law, you will be given an opportunity to file a written request to have the objectionable material removed. You also have the right to include, as part of the records, a statement of your objections to information in the records or to any record of disciplinary action taken by the school.

Initials _____

PARENT CONSENT FOR FAMILY LIFE INSTRUCTION

The Education Code requires that parents/guardians be notified in advance of any course(s) covering family values, anatomy and physiology regarding sex, birth control, venereal disease*, abortion, parenting, sex roles, education*, and how drugs effect pregnancy*. (*Mandated by the State Department of Education.)

I give permission for my child to take courses which contain the above contents while in attendance in an alternative schools program.

Yes No Initials _____

PARENT/GUARDIAN SIGNATURE

DATE

STUDENT SIGNATURE:

DATE:

Opportunity Youth Academy

ACKNOWLEDGMENT OF HANDBOOK & TECHNOLOGY ACCEPTABLE USE POLICY

This Student Handbook is intended as a resource for parents, students, staff, and the community. OYA encourages and supports the collaborative efforts of parents and school personnel in providing a safe, orderly, and positive learning environment for students and other members of the school community.

OYA and the SCCOE places equal importance on the student's responsibility for his/her own behavior and the protection of the student's rights to due process and to fair and just treatment.

I acknowledge receiving the Student Handbook and reviewing the Technology Acceptable Use Policy.

Parent or Guardian Name	Parent or Guardian Signature	Date	
Student Name	Student Signature	Grade Level	Date

Technology Acceptable Use policy

The school's Information Technology resources, including site or County issued devices, email and Internet access, and OYA-supported applications, are provided to students for educational purposes only. This applies whether access is through SCCOE provided or personal student devices, including cellular/digital telephones, or any other internet-connected devices.

Adherence to the following policy is necessary for continued access to the school's technological resources.

Regardless of the device used to access OYA resources, students must:

Respect and protect the privacy of others.

Use only assigned accounts.

Not view, use, or copy passwords, data, or networks for which they are not authorized.

Not distribute private information about others or themselves.

Respect and protect the integrity, availability, and security of all electronic resources.

Observe all network security practices, as posted.

Report security risks or violations to a teacher or network administrator.

Not destroy or damage data, networks, or other resources that do not belong to them, without clear permission of the owner.

Conserve, protect, and share these resources with other students and Internet users.

Respect and protect the intellectual property of others.

Not infringe upon copyright laws (no making illegal copies of music, games, or movies).

Not plagiarize.

Respect and practice the principles of community.

Communicate only in ways that are kind and respectful.

Report threatening or discomfiting materials directed at staff, students, or community members to a teacher immediately.

Not intentionally access, transmit, copy, or create material that violates the school's code of conduct (such as messages that are pornographic, threatening, rude, discriminatory, or meant to harass).

Not intentionally access, transmit, copy, or create material that is illegal (such as obscenity, stolen materials, or illegal copies of copyrighted works).

Not use the resources to further other acts that are criminal or violate the school's code of conduct.

Not send spam, chain letters, or other mass unsolicited mailings.

Not buy, sell, advertise, or otherwise conduct business, unless approved as a school project.

Regardless of the device used to access OYA resources, students may, if in accord with the policy above:

Design and post web pages and other material from school resources.

Use direct communications such as online chat, or instant messaging with a teacher's permission.

Install or download software, if also in conformity with laws and licenses, and under the supervision of a teacher.

Use the resources for any educational purpose.

Consequences for Violation

When discovered through monitoring software or other methods, violations of these rules are reported to the site administrator upon discovery and may result in disciplinary action, including the loss of a student's privileges to use the school's information technology resources (i.e. disabling of student accounts, elimination of access to technology and technology platforms).

Other disciplinary actions may be taken in accordance with Ed Code and OYA/SCCOE policy.

Supervision and Monitoring

School and network administrators and their authorized employees monitor the use of information technology resources to help ensure that uses are secure and in conformity with this policy. Administrators reserve the right to examine, use, and disclose any data found on the school's information networks in order to further the health, safety, discipline, or security of any student or other person, or to protect property. They may also use this information in disciplinary actions, and will furnish evidence of crime to law enforcement.

Parent Signature

Student Signature



School Parent Compact (Minors & Adults)

The school and the parents of the students agree that this compact outlines how the parents, entire school staff, and students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the State of California's high academic standards.

This School-Parent Compact is in effect during the 2018-2019 school year.

School Responsibilities:

The school will support student's learning in the following ways:

1. Provide high quality curriculum and instruction at the student's educational level in a Supportive and effective learning environment that enable the participating students to meet the state of California's student academic achievement standards.
2. Provide parents information regarding student progress while in the program.

Parent Responsibilities:

We, as parents, will support our students' learning.

Student Responsibilities:

We, as students, will support academic achievement through the following activities:

1. Do classwork as assigned or when applicable.
2. Ask for help when I need it.
3. Take ownership of academic success.

Student Signature _____ **Date:** _____

(If student is 18 or older)

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

(If student is under 18)

SCCOE Representative _____ **Date:** _____