



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 directed 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, San Jose, CA 95136

TO REGISTER:

- **TURN-IN YOUR REGISTRATION PACKET AT ANY 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**

- 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 1 - Professional Development
 March 11-21 - ELPAC Testing
 WORK: 21 DAYS INSTRUC: 20 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
 April 26 - Professional Development
 WORK: 17 DAYS INSTRUC: 16 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

November 19-21 - Non School Days
 November 12 - Veteran's Day
 November 22-23 - Thanksgiving Holiday
 WORK: 16 DAYS INSTRUC: 16 DAYS

MAY 2019				
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
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

New Enrollment *List sites in order of choice*

Re-Enrollment 1st Site: _____ 2nd _____ 3rd _____ Grade _____

STUDENT INFORMATION

Legal Name: Last _____ First _____ Middle _____

Name used at last school:
Last _____ First _____ Middle _____

Student Cell Phone (____) _____ - _____ Female Male

Birthplace: City _____ State _____ Country _____

Birthdate ____ / ____ / ____ Age _____ US Entry Date ____ / ____ / ____

Ethnicity. What is the ethnicity of this student? (Check one) Hispanic or Latino Not Hispanic or Latino

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

The above part of the question is about ethnicity, not race. Regardless of what you have selected (above), please continue to answer the following question by marking one or more boxes to indicate what you consider your race to be.

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

Residence (No PO Boxes)

Address _____ Apt/Space _____

City _____ State _____ Zip Code _____

Primary Phone No. (____) _____ - _____

Student resides with (Check all that apply)

- Mother Father Step Parent
- Legal Guardian(s) Self

Mailing Address (if different from above)

Address _____ Apt/Space _____

City _____ State _____ Zip Code _____

Type of Dwelling (federally mandated)

- Single Family (house, condo, mobile home)
- Shelter/Transitional Housing Program
- Foster Family Group Home
- Unsheltered (car/campsite) Motel/Hotel

FOSTER YOUTH: CURRENTLY PAST

PARENT/GUARDIAN INFORMATION (If student is a minor)

Name: Last _____ First _____ Middle _____

Language Spoken _____ Work Phone No. (____) _____ - _____

Cell Phone No. (____) _____ - _____ Other _____ (____) _____ - _____

Email _____@_____

Relationship to Student Mother Father Legal Guardian Other

Parent Education Level (indicate highest level completed) :

- Elementary High School Graduate Bachelor Degree Associate Degree
- Master Degree Doctorate Degree Declined to State

EMERGENCY CONTACTS

Last _____ First _____ Relationship _____ Phone _____

Last _____ First _____ Relationship _____ Phone _____

(Student Name)

Last _____ First _____ Age _____ Grade _____

III. ADDITIONAL STUDENT INFORMATION

Languages

Which language did Student learn when he/she first began to talk? _____

Which language does the student most frequently speak at home? _____

Which language is most often spoken by adults in the home? _____

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 No Has student ever been retained? No Yes- What grade? _____

How did you hear about OYA? _____

Special Programs

Please check if student has received any special services or participated in any of the following programs.

- ELL/Bilingual Program Migrant Education IEP Resource Specialist (RSP)
 Special Day Class Speech/Language 504 Plan Other _____

Are you currently on probation? Yes No If yes, Name of PO? _____

Phone Number (____) ____-____ Have you been on probation in the past? Yes No

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

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 _____

Wait List

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

Date Enrolled ____/____/____ SSID# _____

RESIDENCY DECLARATION	2018-19 SCHOOL YEAR
OPPORTUNITY YOUTH ACADEMY (SCOE) 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
Parent/Legal Guardian's Last Name	Parent/Guardian First Name	Parent/Legal Guardian's Home Phone			
Parent/Legal Guardian's Current Street Address	Apt.	City	State	Zip	

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
Street Address of additional location	Apt.	City	State	Zip

PART III: DECLARATION OF UNDERSTANDING

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

	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).
	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.
	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.
	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.
	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.
	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].
	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.
	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.

	I am the Owner/Landlord of the property located at: _____
	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: 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"/>
Apellido del padre/madre/tutor legal	Nombre del padre/madre/tutor legal	Tel. del domicilio de los padres/tutor legal			
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>			
Dirección del domicilio actual de los padres/tutor legal	nº apto	Ciudad	Estado	C. P.	
<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"/>	
¿Cuánto tiempo ha residido el estudiante permanentemente en la residencia indicada?					
<input style="width: 95%;" 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/país si no es USA	Estado	C. P.
<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"/>

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: 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"/>

SECCIÓN III: DECLARACIÓN DE CONOCIMIENTO

Escriba las iniciales al lado de cada declaración (en la casilla) en señal de conocimiento

<input style="width: 95%;" 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: 95%;" 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: 95%;" 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: 95%;" 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: 95%;" 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: 95%;" 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: 95%;" 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: 95%;" 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
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

SECCIÓN IV: PARA SER COMPLETADO POR EL PROPIETARIO/ ARRENDADOR SI VIVEN CON OTRA FAMILIA

Escriba las iniciales en la casilla para indicar conocimiento y facilitar documentos que acrediten domicilio en nombre del dueño

Soy el dueño de la propiedad ubicada en:

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
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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.

California Education Code Section 49557(a): Applications for free and reduced-price meals may be submitted at any time during a school day. Children participating in the federal National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, special 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.	
			Foster	Homeless
			Migrant	Runaway
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<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

B. ALL OTHER HOUSEHOLD MEMBERS (including yourself): List ALL household members not listed in STEP 1, even if they do not receive income. For each household member, report the TOTAL GROSS income (before deductions) in whole dollars for each source. If the household member does not receive income from any sources, write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. 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)	Earnings from Work		Public Assistance/SSI/ Child Support/Alimony	Pensions/Retirement/ All Other Income		Total Student Income	How Often	
	How Often	How Often		How Often	How Often			
	\$		\$			\$		
	\$		\$			\$		
	\$		\$			\$		
	\$		\$			\$		

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 Check the box if NO SSN

DO NOT COMPLETE. SCHOOL USE ONLY

How Often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Total Household Income
Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Total Household Size <input type="text"/> Eligibility Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-price <input type="checkbox"/> Paid (Denied)	<input type="checkbox"/> Categorical
Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway	<input type="checkbox"/> Error Prone
Determining Official's Signature:	Date:
Confirming Official's Signature:	Date:
Verifying Official's Signature:	Date:

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



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:

- | | | | |
|-----------------------------------------------------|------------------------------------------|----------------------------------------------|------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Eczema |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Headaches | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Joint Pains | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Frequent Nosebleeds | |
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Severe Allergy | <input type="checkbox"/> Joint Pains | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Tire easily | <input type="checkbox"/> Migraine |
| <input type="checkbox"/> 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



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:** _____



Santa Clara County  Office of Education

ACKNOWLEDGMENT OF HANDBOOK & TECHNOLOGY ACCEPTABLE USE POLICY

This Student Handbook is intended as a resource for parents, students, staff, and the community. Opportunity Youth Academy 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
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Student Name	Student Signature	Grade Level	Date
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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.

- o Use only assigned accounts.
- o Not view, use, or copy passwords, data, or networks for which they are not authorized.
- o Not distribute private information about others or themselves.

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

- o Observe all network security practices, as posted.
- o Report security risks or violations to a teacher or network administrator.
- o Not destroy or damage data, networks, or other resources that do not belong to them, without clear permission of the owner.
- o Conserve, protect, and share these resources with other students and Internet users.

Respect and protect the intellectual property of others.

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

Respect and practice the principles of community.

- o Communicate only in ways that are kind and respectful.
- o Report threatening or discomfoting materials directed at staff, students, or community members to a teacher immediately.
- o 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).
- o Not intentionally access, transmit, copy, or create material that is illegal (such as obscenity, stolen materials, or illegal copies of copyrighted works).
- o Not use the resources to further other acts that are criminal or violate the school's code of conduct.
- o Not send spam, chain letters, or other mass unsolicited mailings.
- o 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:

- o Design and post web pages and other material from school resources.
- o Use direct communications such as online chat, or instant messaging with a teacher's permission.
- o Install or download software, if also in conformity with laws and licenses, and under the supervision of a teacher.
- o 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.

Student Signature

Parent Signature