



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 a locked facility *may not qualify* for OYA

Eligibility Criteria for Young Adults:

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

REQUIRED DOCUMENTS	
•	Proof of Birth (Baptism Certificate, Passport, etc.)
•	Immunization records (shot records)
•	Statement and Proof of Residence (lease agreement, utility bills, valid identification)
•	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 ENROLL: - PICK UP A REGISTRATION PACKET AT ANY OF THE OYA SITE LISTED ABOVE OR YOU CAN DOWNLOAD IT FROM OUR WEBSITE AT <http://opportunityyouthacademy.org/>

ALL APPLICANTS MUST CALL FOR A REGISTRATION APPOINTMENT TO SUBMIT THEIR REGISTRATION PACKET: MIRIAM ATAYDE, REGISTRAR, at 408-573-3266

For questions or concerns you can contact Office staff:

Registrar, Miriam Atayde at 408-573-3266

Administrative Assistant, Blanca Morales at 408-573-3262

Assistant Principal, Katherine Everett at 408-573-3264

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

**Opportunity Youth Academy
Academic Calendar 2019-2020**

*** Check In-Progress**

JULY 2019				
M	T	W	TH	F
X	X	X	X	X
X	X	X	X	X
X	X	X	18	19
22	23	24	25	26
29	30	31		

INSTRUCTION: 10 DAYS
 SCHOOL CLOSED 7/1-7/17
 FIRST DAY OF SCHOOL

JANUARY 2020				
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

INSTRUCTION: 18 DAYS
 NO SCHOOL JAN 1ST - 3RD
 *28 & *30 Check In-Progress
 NO SCHOOL MLK Day: Jan 20th & 21st

AUGUST 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

INSTRUCTION: 22 DAYS
 *13 & *15 Check In-Progress
 STAR Math and Reading

FEBRUARY 2020				
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

INSTRUCTION: 15 DAYS
 STAR Math and Reading
 NO SCHOOL President's Week

SEPTEMBER 2019				
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				

INSTRUCTION: 19 DAYS
 NO SCHOOL Labor Day: Sept. 2-3

MARCH 2020				
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			

INSTRUCTION: 21 DAYS
 March 16 - No School
 ELPAC 3/17 - 3/28

OCTOBER 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	

INSTRUCTION: 22 DAYS
 NO SCHOOL OCT 11th

APRIL 2020				
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	

INSTRUCTION: 17 DAYS
 SCHOOL CLOSED - Spring Break
 *28 & *30 Check In-Progress

NOVEMBER 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

INSTRUCTION: 15 DAYS
 *19 & *21 Check In-Progress
 STAR Math and Reading
 NO SCHOOL-Veteran's Day: Nov 11th
 SCHOOL CLOSED THANKSGIVING

MAY 2020				
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

INSTRUCTION: 20 DAYS
 CAASPP Math/Reading/Science
 NO SCHOOL Memorial Day: May 25

DECEMBER 2019				
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			

INSTRUCTION: 15 DAYS
 FALL GRADUATION
 WINTER BREAK Dec 23-Jan3

JUNE 2020				
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			

INSTRUCTION: 21 DAYS
 SPRING GRADUATION
 STAR Reading and Math
 NO SCHOOL

TOTAL = 215 INSTRUCTION DAYS

OPPORTUNITY YOUTH ACADEMY (SCCOE) (2019-2020)
STUDENT REGISTRRTION FORM – PAGE 1

New Enrollment

List sites in order of choice

Re-Enrollment Previous Site: _____ Teacher: _____

1st Site: _____ 2nd _____ 3rd _____

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

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

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

(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 _____ @ _____

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

(Student Name)

Last _____ First _____ Age _____ Grade _____

ADDITIONAL STUDENT INFORMATION

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 (____) _____ - _____

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? _____

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# _____



STATEMENT OF RESIDENCE – 2019-2020

I understand that the student/parent or caregiver is requiring to certify that the student:

STUDENT'S NAME: (PRINT): _____

Date: _____

Currently resides at the address below:

Street Address _____ City _____ Zip _____

County _____ Signature of Minor's Parent/Guardian _____ Signature of Adult Student _____

I am providing the following **three (3) documents** clearly showing my name and address to verify my place of residence.

1. Adult Student or Parent/Legal Guardian's picture ID from the following list:
 - a. Valid CA State Driver's License
 - b. Valid CA State ID Card
 - c. Valid Passport or Consulate issued picture ID
 - d. Voter Registration Card

AND
2. One of the following original documents of Adult Student/ parent/guardian's name and address
 - a. Current valid Vehicle Registration
 - b. State or Federal Tax Return filed within the past 12 months with W-2 form attached (Business returns do not meet residency requirements)
 - c. Most current utility bill showing Adult Student/parent/guardian's name and address
 - d. Current bank statement issued within 35 days from the date of registration

AND
3. One of the following Original documents with Adult Student/parent/guardian's name and Address
 - a. Current Property Tax bill with Adult Student/parent/guardian's name, and property address, indicating homeowner's exemption
 - b. Current Lease-Rental agreement on company printed forms which include Adult Student/parent/guardian's name



MEDICAL INFORMATION FORM

2019-2020

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 UP-TO-DATE ON THEIR IMMUNIZATION TO ENROLL INTO OYA PROGRAM.

Must provide records of Tuberculosis (TB) Test done and Tdap immunization to enroll into the 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

OPPORTUNITY YOUTH ACADEMY

2019-2020

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:



Santa Clara County  Office of Education

2019-2020

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 2019-2020 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:** _____

Opportunity Youth Academy – 2019-2020

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 discomfoting 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