



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](http://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 25<sup>th</sup> birthday
- Must be officially dis-enrolled from school or any adult education program

<b>REQUIRED DOCUMENTS</b>	
•	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:**

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

**OPPORTUNITY YOUTH ACADEMY (SCCOE)  
STUDENT REGISTRRTION 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 <sup>st</sup> Site: _____	<input type="checkbox"/> 2 <sup>nd</sup> _____	<input type="checkbox"/> 3 <sup>rd</sup> _____

**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



**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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent/Legal Guardian's Last Name	Parent/Guardian First Name	Parent/Legal Guardian's Home Phone			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Parent/Legal Guardian's Current Street Address	Apt.	City	State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
How long has the student lived full time at the above listed address?		<input type="text"/>			

**Type of Dwelling in which Family Resides:**

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

**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**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



**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

**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 discomforting 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
------------------	-------------------