



Student Name: _____ ID _____
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## SIGNATURE PAGE

***I have read and reviewed with my child the following topics from the Excelsior Parent & Student Handbook***

**(Pg. 9) Directory Information - Pupil Records**

*I have read the **Directory Information, Pupil Records** release of contact information and acknowledge that I have been appropriately informed. My signature does not indicate that consent has been given to participate in any particular program nor has it been withheld. (E.C. 48980, 48982)*

**(Pg. 17) Unit Testing Procedures**

*I have read and reviewed the testing procedures and agree to the terms and conditions that are set out in the policy.*

**(Pg. 42) Anti- Bullying Policy & Uniform Complaint**

*I have read and reviewed the **Anti-Bullying Policy and California Dept. of Education’s “Prohibition of discrimination, harassment, intimidation and bullying in California Public Schools”** My signature does not indicate that consent has been given to participate in any particular program nor has it been withheld. (E.C. 48980, 48982)*

**(Pg. 46) Suicide Prevention Guidelines**

*I have read the **Suicide Prevention Guidelines** and acknowledge that I have been appropriately informed. My signature does not indicate that consent has been given to participate in any particular program nor has it been withheld. (E.C. 48980, 48982)*

**(Pg. 48-51) Suspension/Expulsion & Rule Violations**

*I have read the **Causes for Suspensions/Expulsions and the Rule Violations/Consequences** and acknowledge that I have been appropriately informed. My signature does not indicate that consent has been given to participate in any particular program nor has it been withheld.*

**(Pg. 52) Use of Surveillance Cameras**

*I have read and give permission to the terms and conditions that are set out in the policy.*

**(Pg. 54) Internet Student Safety Agreement**

*I have read, reviewed and understand the **Student Internet Safety Agreement** and agree to the terms and conditions that are set out in the agreement.*

**(Pg. 56) Photo/Video/Web Site**

*I have read and give permission to the terms and conditions that are set out in the policy.*

***If you do not wish to give consent to Excelsior for Photo/ Video/ Web Site, please initial.  
\_\_\_\_\_ I DO NOT give consent***

**(Pg. 58) Parents Rights Notification**

*I have read the **Parent Notification of Rights** and acknowledge that I have been appropriately informed. My signature does not indicate that consent has been given to participate in any particular program nor has it been withheld. (E.C. 48980, 48982)*

***By signing this page you are acknowledging and verifying that you have received and take the responsibility that you have reviewed all the content in this handbook which includes the boxed items above.***

Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_  
 Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_  
 Date Signed: \_\_\_\_\_

**This signature page must be returned to each child’s school within 10 days of the first day of school.**

**New Students: Return within 10 days of enrollment.**





## Eligibility for Additional School Funds

(One (1) Form for Each Excelsior Student)

All information will remain **CONFIDENTIAL**.

_____ <b>Student <u>First &amp; Last</u> Name (Please Print Clearly)</b>	*(Is this student a <b>foster child?</b> yes <input type="checkbox"/> no <input type="checkbox"/> )*
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Please indicate <b>if you receive any</b> of the following:				
___ CalFresh/ SNAP	___ CalWorks	___ FDPIR	___ TANF	___ Kin-GAP

Circle <b>the total number of <u>adults</u> and <u>children</u> living in the household:</b>										
1	2	3	4	5	6	7	8	9	10	Other: _____

**\*\* Please complete Sections 1 & 2 \*\***

Circle <b>one</b> of the income levels below by what your household income level is.  <b>**SECTION 1</b>  <b>(R) Yearly</b> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>\$0 - 22,459</td></tr> <tr><td>22,460 – 30,451</td></tr> <tr><td>30,452 – 38,443</td></tr> <tr><td>38,444 – 46,435</td></tr> <tr><td>46,436 – 54,427</td></tr> <tr><td>54,428 – 62,419</td></tr> <tr><td>62,420 – 70,411</td></tr> <tr><td>70,412 – 78,403</td></tr> <tr><td><b>More than \$78,404</b></td></tr> </table>	\$0 - 22,459	22,460 – 30,451	30,452 – 38,443	38,444 – 46,435	46,436 – 54,427	54,428 – 62,419	62,420 – 70,411	70,412 – 78,403	<b>More than \$78,404</b>	Circle <b>one</b> of the income levels below by what your household income level is.  <b>**SECTION 2</b>  <b>(F) Yearly</b> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>\$0 - 15,782</td></tr> <tr><td>15,783 – 21,398</td></tr> <tr><td>21,399 – 27,014</td></tr> <tr><td>27,015 – 32,630</td></tr> <tr><td>32,631 – 38,246</td></tr> <tr><td>38,247 – 43,862</td></tr> <tr><td>43,863 – 49,478</td></tr> <tr><td>49,479 – 55,094</td></tr> <tr><td><b>More than \$55,095</b></td></tr> </table>	\$0 - 15,782	15,783 – 21,398	21,399 – 27,014	27,015 – 32,630	32,631 – 38,246	38,247 – 43,862	43,863 – 49,478	49,479 – 55,094	<b>More than \$55,095</b>
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<b>More than \$55,095</b>																			

*I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide.*

**Signature of Parent/Guardian/Caregiver** \_\_\_\_\_

\_\_\_\_\_ Please print name

\_\_\_\_\_ Date

**\*\*\*RETURN THIS FORM COMPLETED TO YOUR SCHOOL\*\*\***

**For Office Use Only:**

*R F N In*



HEALTH INFORMATION CARD

PLEASE VERIFY IMMUNIZATION INFORMATION IS SUBMITTED OR IS CURRENTLY ON FILE.

In order to provide the best learning experience for the student, it is important that we have an understanding of the student's health status. This form will be used for necessary situations. Please complete this form and if you have any questions or wish to discuss any health problem(s) in more detail, please contact your facilitator or Principal.

Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_ Last First Middle

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: F M Class of: 2019 2020 2021 2022 2023 2024

WHERE IS YOUR CHILD/FAMILY CURRENTLY LIVING? (Federally mandated: Please check all that apply.)

Form with checkboxes for housing types: One family in the home, Sharing housing, Foster Family, Runaway, Unaccompanied Youth, Temporary Shelter, Temporarily Unsheltered, Hotel/Motel.

PARENT/ GUARDIANS

Student Lives with: [ ] Father [ ] Mother [ ] Step-Father [ ] Step-Mother [ ] Guardian [ ] Foster/Group Home [ ] Other (Specify) \_\_\_\_\_

Note: Only by court order can a non-custodial parent be prevented access to a student's record or be prevented from picking up the student.

Is there a restraining order in effect? [ ] No [ ] Yes (If yes, you MUST provide a copy of the order to the school's front office.)

Mother's/Guardian's First Name Last Name Home Phone Cell Phone

Email Address Work Phone

Father's/Guardian's First Name Last Name Home Phone Cell Phone

Email Address Work Phone

Form for mailing and physical addresses with fields for Address, PO Box, Apt. #, City, Zip Code.

PERSON TO CONTACT IN AN EMERGENCY IF PARENT/GUARDIAN CANNOT BE REACHED (additional names may be listed on back):

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph# ( ) \_\_\_\_\_ Home [ ] Cell [ ] Work [ ]

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph# ( ) \_\_\_\_\_ Home [ ] Cell [ ] Work [ ]

Please check the appropriate boxes. If any of the following apply to the student, explain on back page.

Form with 24 numbered checkboxes for health conditions: Allergic to Penicillin, Allergy, Asthma, Bee sting, Blood disorder, Diabetes, Epilepsy, Headache, Hearing loss, Heart Condition, Immune system disorder, Medication prescribed, Medication required at school, Nose bleeds, Scoliosis, Speech, Tuberculosis, Vision impairment, No known health problems, Other.

Student needs medication administered during school hours. [ ] NO [ ] YES (\* Medication Form requires doctor's AND parent signature.)

PLEASE LIST ANY ADDITIONAL INFORMATION OR MEDICATION(S) NEEDED, ON THE BACK OF THIS CARD.

Parent/Guardian Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_