

**Camptonville Union Elementary School**

P.O. Box 278 Camptonville, CA 95922 ♦ 16585 School Street Camptonville, CA. 95922  
Phone: (530) 288-3277 ♦ Fax: (530) 288-0805

**Kindergarten Registration Paperwork Checklist**

- Student Registration  
(plus Parent's Guide to Immunization)
  - Birth Certificate
  - Immunization Record
- Student Emergency Information
  - Bus Behavior Code
  - Child's Early History Form
  - Oral Health Assessment
- Report of Health Examination for School Entry
  - Technology Agreement
- National School Lunch Program Application
  - Media Release
- Inter-district Transfer Agreement  
(If you reside outside of Camptonville Union School District)

Emergency Procedure forms, lunch program information and menu, parent handbook, information on parent rights and responsibilities and the bus schedule will be sent home on the first day of school.

**For Office Use Only:**

- Application Complete
  - Thinkwave
  - CALPADS
- Sent for Records

**CAMPTONVILLE UNION ELEMENTARY SCHOOL DISTRICT**  
P.O. Box 278 Camptonville, CA 95922 ♦ 16585 School Street Camptonville, CA 95922  
Phone: (530) 288-3277 ♦ Fax: (530) 288-0805

## **STUDENT REGISTRATION 2023-2024**

**LEGAL NAME OF STUDENT:** \_\_\_\_\_ **Sex:** M F **Grade:** \_\_\_\_\_  
*Last First Middle*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Proof of Birth: \_\_\_\_\_

Please check all services/programs student is currently enrolled in:

Special Day Class (SDC)  Resource Program (RSP)  Speech Program  Title I  Gifted & Talented (GATE)  504 Plan

### **Parent or Guardian Information:**

**NOTE:** If student lives with a non-legal guardian, then a caregiver's affidavit must be filled out by the relative with whom the student lives. If the guardian is not a relative, a notarized letter from the legal guardian must be on file with the school office:

**Parent/Guardian 1 Name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cel Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

I want to be placed on the School Notification All-Call to receive weekly updates and information.

**Parent/Guardian 2 Name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cel Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

I want to be placed on the School Notification All-Call to receive weekly updates and information

Parent/Guardian 1 and Parent/Guardian 2 live in separate residences, and share custody. Both should receive documentation.

If special circumstances exist, please fill in information below.

\* Legal restrictions are: \_\_\_\_\_

**\*A current signed court order must be provided.**

**IN CASE OF AN EMERGENCY, we will first attempt to notify parents/guardians.** If you cannot be reached, please give the names of persons who will assume temporary responsibility for your student: (Someone in the area. Student will be only released to persons indicated below.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

In case of emergency, and in the event none of the above can be reached, do you give permission for school authorities to obtain medical aid or ambulance service at your expense? Yes [ ] No [ ]

If not, what do you want school authorities to do? \_\_\_\_\_

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Ph. \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Ph. \_\_\_\_\_

**Household Income Survey**

Total number of people in the household: \_\_\_\_\_  
Total Annual Household Income is: (Select one)

- Less than \$12,880
- \$12,890 - \$16,744
- \$16,745 - \$23,828
- \$23,829 - \$28,500
- \$28,549 - \$34,450
- \$34,451 - \$40,499
- \$40,500 - \$50,000
- \$50,000 - \$60,000
- \$60,000 - \$70,000
- \$70,000 - \$80,000
- \$80,000 - \$90,000
- More than \$90,000

**Ethnic Code:** (check one) [ ] White (not of Hispanic origin) [ ] Hispanic/Latino [ ] Asian/Asian American  
[ ] Black/African American [ ] Pacific Islander [ ] Native American Other \_\_\_\_\_

**LAST SCHOOL ATTENDED:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Has student ever been expelled? [ ] Yes [ ] No      Has student ever been suspended? [ ] Yes [ ] No

**HOME LANGUAGE SURVEY:**

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide instruction for all students. Please answer the questions below:

Which language did your student learn when he/she first began to talk? \_\_\_\_\_

Which language does your student use most frequently at home? \_\_\_\_\_

Which language do you (the parents or guardians) most frequently speak to your student? \_\_\_\_\_

Which language is spoken most often by the adults at home? \_\_\_\_\_

If a language other than English is indicated on any line above, does your child:

Understand this language? [ ] Yes [ ] No

Speak this language? [ ] Yes [ ] No

Read this language? [ ] Yes [ ] No

Write this language? [ ] Yes [ ] No

How many years of instruction has your child had in a language other than English? \_\_\_\_\_

**HOMELESS STATUS: (If applicable):**

(The term "homeless student" means students who lack a fixed, regular, and adequate nighttime residence.) Completion of this information is optional. If you have any questions, or are not comfortable completing this section but would like information about services available, contact the school at 288-3277.)

[ ] Student is sharing the housing of other persons due to loss of housing, economic hardship or a similar reason.

- Student is living in motel, hotel, trailer park, shelter, or awaiting foster care placement.
- Student has primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
- Student is living in car, park, public space, abandoned building, substandard housing, or similar settings.

**Parent/Guardian Education Level:** (education level of most educated parent):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Graduate School/Post Graduate Training | <input type="checkbox"/> College Graduate         | <input type="checkbox"/> Some College      |
| <input type="checkbox"/> High School Graduate                   | <input type="checkbox"/> Not High School Graduate | <input type="checkbox"/> Declined to State |

**TECHNOLOGY USE AGREEMENT:** Access to the Internet is available to students at Camptonville School. Parents and students are required to read, understand, and sign the Responsible Use of Technology Agreement before students may use any computer on campus. Violation of the terms/conditions of this agreement will result in termination of the privilege.

**BEHAVIOR OF STUDENT ON SCHOOL BUS:** Bus service is available to students at Camptonville School. Parents and students are required to read, understand, and sign the Bus Behavior Contract before students may ride the bus. Violation of the terms/conditions of this agreement will result in termination of the privilege.

**MEDIA CONSENT:** Students and Parents are required to read, designate their personal choices and sign the Media Consent form.

**RESIDENCY VARIFICATION:** I declare under the penalty of perjury under the laws of the State of California that the residency address is the correct residence for my student.

I give permission for my child to take walking tours locally with his/her teacher.      Yes       No

Is there any other pertinent information you feel the school should be made aware of?    No       Yes (If yes, please explain:)

---



---



---

Military Status: Parent or legal guardian is an active duty member of the Armed Forces.   Yes    No

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

CAMPTONVILLE UNION ELEMENTARY SCHOOL DISTRICT

• STUDENT EMERGENCY INFORMATION 2023-2024 •

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Residency Verification:

I declare under penalty of perjury, under the laws of the State of California, that the above street address is the correct residence for my student.

Parent/Guardian Name

Parent/Guardian Signature

Date

With whom does student live?

[ ] Mother or [ ] Step Mother Phone: Home: \_\_\_\_\_ Cel: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

[ ] Father or [ ] Step Father Phone: Home: \_\_\_\_\_ Cel: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

[ ] Guardian Phone: Home: \_\_\_\_\_ Cel: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Non-Resident Guardian: Other legal guardian's address if student not living with him/her.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

If you cannot be reached in case of illness/injury, please give the names of persons who will assume temporary responsibility for your student: (Someone in the area. Student only released to persons indicated below.)

Name	Relationship to Student	Home Phone	Work Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Plan/Insurance: \_\_\_\_\_

Group/Policy #: \_\_\_\_\_

(Please complete other side.)

**Please check the following items that pertain to your student:**

**STUDENT HAS NO KNOWN HEALTH PROBLEMS** [ ]

**EYES:** [ ] Wears glasses/contacts [ ] Need to be worn at all times

**EARS:** [ ] Has hearing problem [ ] Tubes in ears [ ] Hearing aid [ ] Requires preferential seating

**GENERAL HEALTH:** Has the following condition(s):

[ ] Seizures [ ] Fainting Spells [ ] Diabetes [ ] Heart Condition [ ] ADHD/ADD [ ] Migraines

[ ] Asthma [ ] Other health problems. *Describe:* \_\_\_\_\_

[ ] Allergic Reaction to Bee Stings *Describe:* \_\_\_\_\_

[ ] Food Allergies *Describe:* \_\_\_\_\_

[ ] Medication Allergies *Describe:* \_\_\_\_\_

**LIST MEDICATION PRESCRIBED:**

Name and dosage: \_\_\_\_\_

For (diagnosis): \_\_\_\_\_

Does the drug need to be taken during school hours? [ ] \*Yes [ ] No

Prescribed by Dr. \_\_\_\_\_ Phone: \_\_\_\_\_

**\*Note:** Student **MUST** have a medication authorization form, signed by doctor and parent/guardian, on file in the school office in order to take any prescription at school or on field trips. (**Forms must be renewed annually.**) Over-the-counter medication must have authorization form on file signed by parent/guardian. **All medication must be in original container.**

*In the event of an emergency, if a parent or guardian cannot be reached, I hereby give my permission for the school authorities to render first aid and, when deemed necessary, secure medical help or ambulance service at my expense.*

*As a legal custodian of \_\_\_\_\_, a minor, I hereby authorize the superintendent or his/her designees, into whose care the aforementioned minor pupil has been entrusted, to consent to any x-ray, examination, anesthetic, medical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.*

*I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary.*

*This authorization shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that the Camptonville Union Elementary School District, its employees, and its Board assume no liability of any nature in relation to the transportation or treatment of said minor. I further understand that all costs of paramedic transportation, hospitalization, and examination, x-ray, or treatment provided in relation to this authorization shall be my responsibility.*

*I understand that the Camptonville Union Elementary School District does provide "school-time accident" insurance to help with the cost of medical treatment not covered by other insurance I may have. This "school-time accident" insurance is designed to cover some, but not all, of the possible costs.*

*I understand the information given on this card will be used as a permanent guide for emergency care for my student and it is my responsibility to notify the school of any change.*

**[ ] I have read the above statements and agree.**

**[ ] I do not choose the above statement and desire the following action in the event of an emergency:**

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Camptonville Union Elementary School**

P.O. Box 278 Camptonville, CA 95922 ♦ 16585 School Street Camptonville, CA. 95922

Phone: (530) 288-3277 ♦ Fax: (530) 288-0805

**Behavior of Students on Bus**

Riding the school bus is not a right, but a privilege, which can be denied if the following rules are willfully disobeyed.

---

1. Students transported in the school bus shall be under the authority of, and responsible directly to, the Bus Driver. Requests of the Bus Driver are to be obeyed without discussion while the bus is en route. The Bus Driver shall be held responsible for the orderly conduct of the pupils while they are on the bus, or being escorted across a street, highway, or road.
  1. Continued disorderly conduct or persistent refusal to adhere to the authority of the Bus Driver shall be sufficient reason for a pupil to be denied transportation.
  2. No Bus Driver shall require any pupil to leave the bus between home and school, or school and other destinations.
2. Students are expected to be at the bus pick-up point, waiting to board in an orderly fashion.
3. At the discretion of the Bus Driver, a student may be assigned a specific seat and shall not be permitted to occupy another seat without permission from the Bus Driver.
4. All students are to remain seated until released by the Bus Driver. Students are to sit in a safe transportation position: facing forward, with their back against the seat, hands to themselves. Feet shall be kept out of the aisle. Students shall keep heads, hands, arms and other body parts inside the bus at all times.
5. Students shall not drop or throw material of any kind, either from or within the bus.
6. Students shall not make offensive remarks or gestures to pedestrians or motorists.
7. Students shall keep books, packages, coats and other objects out of the bus aisle. No objects are permitted which impair the ability of the driver to operate the bus, or which will obscure the Bus Driver's vision. No objects are allowed in student's hands while on bus, including electronic devices.
8. Students shall not carry knives, flammable devices or other hazardous materials or objects on the bus.
9. Seeing eye dogs are the only animals that may be transported on the school bus.
10. Students are to speak in conversational tones only. Profanity is forbidden, as are the playing of musical instruments, whistling, or participating in any commotion which might distract the Bus Driver.
11. Students shall not interfere with other students or their property.
12. Students shall not eat or drink beverages on the bus during normal transportation. Eating and drinking on the bus may be arranged for field trips. Breakable glass objects may be transported on a bus only if they are contained in a suitable container that would minimize hazard in the event of breakage.
13. Use and/or possession of tobacco or any illegal and/or harmful substance in any form, is prohibited while

riding the school bus.

14. Any student found guilty of inflicting willful damage to a school bus will be denied transportation until the parent/guardian has paid for the cost of repairs.
15. Students having to cross the road when boarding or leaving the bus shall do so only in front of the bus with the Bus Driver's permission, after all vehicles have stopped or the road is clear and safe. The Bus Driver will use flashing lights and shall accompany all elementary students who must cross the street to get home.
16. Students who refuse to submit to the authority of the Bus Driver shall be reported by the Bus Driver to the superintendent as soon as possible after the misconduct occurs.
  1. The superintendent shall reprimand the student and inform the parent/guardian of the offense and the reprimand. The superintendent shall also inform the student, and their parent/guardian that if such misconduct persists the student may lose the privilege of being transported by the bus. Other disciplinary action may be taken.
17. Students must present written and signed permission from a parent/guardian for any permanent or temporary change in their regular bus schedule.
18. All School Bus Incident Reports must be signed by a parent or guardian and returned to the superintendent before the student will be allowed back on the bus.

Parents and/or guardians shall be provided with copies of this regulation and shall acknowledge that they have read and understood these rules. Questions regarding transportation or the above regulations should contact the superintendent.

---

We have read and understood the rules for School Bus Behavior.

---

Student Name: (please print)

Student Signature

Date

---

Parent/Guardian Name (please print)

Parent Signature

Date



**Camptonville Union Elementary School**

P.O. Box 278 ♦ 16585 School Street, Camptonville, CA 95922

Phone: (530) 288-3277 ♦ Fax: (530) 288-0805

**Child's Early History**

It is always helpful to us to know your child's history during his/her early years. For this purpose, we ask that you complete the form below.

Student Name: \_\_\_\_\_

1. How long was the pregnancy? \_\_\_\_\_  
What was the Birth weight? \_\_\_\_\_

2. Was medication taken during pregnancy? [ ] Yes [ ] No  
If yes, what medication?  
\_\_\_\_\_  
\_\_\_\_\_

3. Was there any illness, surgery, bleeding, or high blood pressure during pregnancy? [ ] Yes [ ] No  
If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_

4. Delivery was: [ ] easy [ ] average [ ] difficult [ ] C-Section [ ] emergency or [ ] planned  
Length of labor \_\_\_\_\_

5. Baby's condition at birth? [ ] jaundiced [ ] normal [ ] cyanotic blue

6. Did the baby need any unusual help to start breathing? [ ] Yes [ ] No

7. Did the baby have any problems during the first months of life? [ ] Yes [ ] No  
If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

8. Has your child experienced any of the following? Please check appropriate box(es).

- [ ] Parents' divorce Year \_\_\_\_\_
- [ ] Parents' separation Year \_\_\_\_\_
- [ ] New adult in the home Year \_\_\_\_\_
- [ ] New sibling in the home Year \_\_\_\_\_
- [ ] Death of close family member Year \_\_\_\_\_
- [ ] A traumatic experience (explain below) Year \_\_\_\_\_

9. What effect has any of the above had on your child?

---

---

---

10. Does your child have a physical or emotional condition of which the teacher should be made aware?

Yes  No

If yes, please explain:

---

---

---

11. Do you feel that your child may be young in some ways?  Yes  No

12. Please provide any additional information that you feel may assist us in making your child's adjustment to school as smooth as possible.

---

---

---

Form completed by: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Date: \_\_\_\_\_

## Oral Health Assessment Form

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

### Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

### Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

**IMPORTANT NOTE:** Consider each box separately. Mark each box.

Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>_____</span> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><b>Licensed Dental Professional Signature</b></span> <span><b>CA License Number</b></span> <span><b>Date</b></span> </div>			

### Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- I am unable to find a dental office that will take my child's dental insurance plan.  
My child's dental insurance plan is:  
 Medi-Cal/Denti-Cal     Healthy Families     Healthy Kids     Other \_\_\_\_\_     None
  - I cannot afford a dental check-up for my child.
  - I do not want my child to receive a dental check-up.
- Optional: other reasons my child could not get a dental check-up: \_\_\_\_\_

If asking to be excused from this requirement: ► \_\_\_\_\_  
*Signature of parent or guardian*
*Date*

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

**Return this form to the school *no later than May 31* of your child's first school year.**  
*Original to be kept in child's school record.*

## Camptonville Union Elementary School

P.O. Box 278 Camptonville, CA 95922 ♦ 16585 School Street Camptonville, CA. 95922

Phone: (530) 288-3277 ♦ Fax: (530) 288-0805

# 23/24 Student Responsible Use of Technology Agreement

## Overview:

The Camptonville Union Elementary School District makes a variety of communication and information technologies available to students through computer and internet access. These technologies, when properly used, promote educational excellence in the District by facilitating resource sharing, innovation, diversifying perspective, collaboration, and communication. Illegal, unethical or inappropriate use of these technologies can have dramatic consequences, however, the District firmly believes that digital resources, information and interaction available online far outweigh the disadvantages.

This Responsible Use Agreement is intended to minimize the likelihood of harm to students and staff by educating and setting standards which will serve to protect both the District and its students.

## Mandatory Review by Parent/Guardian and Student

To educate students on proper digital technology use and conduct, students are required to review the following guidelines each school year. The parent or legal guardian of a student is required to acknowledge receipt and understanding of the District's Student Responsible Use of Technology Agreement (hereinafter referred to as the Responsible Use Agreement) as part of the annual registration process, which includes signing and submitting a Summary Signature Form at the beginning of each school year.

## Student Use Expectations:

These regulations must be adhered to in order to maintain technology privileges.

- ❖ The school's information technology resources are provided for educational and instructional purposes; if you have any doubt about whether a contemplated activity is acceptable, consult with your teacher, supervisor, or administrator.
- ❖ Respect and protect your privacy and security and the privacy and security of others by:
  - Using only accounts assigned to you.
  - Only viewing or using passwords, data, drives, or networks to which you are authorized access.
  - Never distributing private information about yourself or others.
- ❖ Respect and protect the integrity, availability, and security of all electronic resources.
  - Report computer or network malfunctions to a teacher or authority.
  - Report security risks or violations to a teacher or network administrator.
  - Do not destroy, damage or delete data, equipment, networks, or other resources that do not belong to you without clear permission of the owner.
  - Do not engage in malicious network activity, including, but not limited to, hacking, creating/uploading/downloading viruses, sending mass emails or spam, or causing a disruption to electronic services.
  - Do not cause network congestion or Mass Electronic Storage
- ❖ Respect and protect the intellectual property of others.

- Following copyright laws (not making illegal copies of music, pictures, images, videos, games, software, apps, files or movies).
  - Citing sources when using others' work (not plagiarizing).
- ❖ Respect your digital community.
- Communicate respectfully and with consideration.
  - Report threatening or discomfoting materials to a teacher or administrator.
  - Not intentionally accessing, transmitting, copying, or creating material that violates the school's code of conduct (such as messages/content that are pornographic, obscene, threatening, discriminatory, harassing, intimidating or bullying).
  - Not intentionally accessing, transmitting, copying, or creating material that is illegal (such as obscenity, stolen materials, impersonating another person for harmful purposes, or illegal copies of copyrighted works).
  - Not using the resources to further other acts that are criminal or violate the school's standards for student behavior, such as cheating.

### **Consequences for Violation**

Violations may result in the loss of technology privileges. Violations may also result in disciplinary action, imposed in accordance with the District's Standards for Student Behavior, up to and including; suspension, expulsion or legal action, depending on the severity of the violation.

### **Student Access to Computer/Network/Internet**

Computer/Network/Internet access will be provided to all students for educational and instructional purposes. Each District computer with internet access has filtering software that blocks access to visual depictions that are obscene, pornographic, inappropriate for students, or harmful to minors, as defined by the Federal Children's Internet Protection Act (CIPA). The District makes every effort to limit access to objectionable material; however, controlling all such materials on the computer/network/Internet is impossible, even with filtering in place. With global access to computers and people, a risk exists that students may access material that may not be of educational value in the school setting.

### **Supervision and Monitoring**

The use of District owned information technology resources is not private.

Authorized employees monitor the use of information technology resources to help ensure that uses are secure and in conformity with District policies. Administrators reserve the right to examine, use, and disclose any data found on the school's networks in order to further the health, safety, discipline, or security of any student or other person, or to protect property.

Students must understand that computer files and electronic communications are not private and may be accessed by the District for the purpose of ensuring proper use. Administrators may also use this information in disciplinary actions, and will furnish evidence of crime to law enforcement. The District reserves the right to determine which uses constitute acceptable use and to limit access to such uses. The District also reserves the right to limit the time of access and priorities among competing acceptable uses.

## Consent Form

### Parent

I, the parent/guardian, have received, read, understood, and shared with my student this Responsible Use of Technology Agreement.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Student

I acknowledge that I have read, understood, and agreed to all terms and conditions in the Responsible Use of Technology Agreement.

I further understand that, as a user on the Camptonville Union Elementary School District network, I am responsible for appropriate behavior when using any Camptonville Union Elementary School District Technology resource,

I understand that any or all of the following disciplinary actions could be imposed if I break any of the rules in the policy:

- Loss of access to any technology resources such as, but not limited to, computers, ipads, printers, the internet, and/or video equipment.
- Additional disciplinary action determined as appropriate by school staff.
- Legal action, if applicable.

(Parent signature will suffice if a student can neither read nor write.)

\_\_\_\_\_  
Student Name  
(please print)

\_\_\_\_\_  
Student Signature

**Camptonville Union Elementary School**

P.O. Box 278, ♦ 16585 School Street ♦ Camptonville, CA 95922

Phone: (530) 288-3277 ♦ Fax: (530) 288-0805

**23/24 Authorization and Consent for Photographs and/or Interviews for Publication**

We frequently have school events which may be photographed or videotaped. Please indicate whether Camptonville Elementary School may use the content listed below here in the following areas. If the school uses media outside of the following classifications, we will obtain individual consent. Your signature gives permission for your child's name or picture to be used in this manner until such time as you deny permission by notifying the school:

\_\_\_\_\_  
Student Name

Content:

(Check all that apply)

- Photograph of Student       Anonymous Student Work     Student Work with Name

Areas to be Published:

(Check all that apply)

- Camptonville Courier       Camptonville School Website ( www.cville.k12.ca.us)

- Individual Class Sites     Student Blogs       Camptonville Union Yearbook

- Nevada Union or other Print or Online Newspapers

If you have further restrictions or comments, please indicate below.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**School Year 2023–24 Camptonville Elementary School 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 <b>EACH STUDENT</b> (First, Middle Initial, Last)	Enter <b>school name</b> and <b>grade level</b>		Enter <b>student's birthdate</b>	Check the applicable box if the student is <b>foster, homeless, migrant, or runaway.</b>				
	<b>EXAMPLE: Joseph P Adams</b>	<b>Lincoln Elementary</b>		<b>1st</b>	<b>12-15-2010</b>	Foster	Homeless	Migrant
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<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 <b>YES</b> , check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4.	<b>Select Program Type:</b> <input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDIPIR	<b>Enter Case Number:</b> _____
---	--	------------------------------------

**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**

Total Student Income	How Often
\$ _____	_____

**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". If you enter "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	How Often	Public Assistance/SSI/ Child Support/Alimony	How Often	Pensions/Retirement/ All Other Income	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**

**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: \_\_\_\_\_

**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 x24, 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:** \_\_\_\_\_

**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



