

632 WEST 13TH STREET | MERCED, CA 95341 | (209) 381-6600 | WWW.MCOE.ORG

Office Only

Change Guardianship ONLY
 Never been in district
 Re-enroll in same year
 Re-enroll from prior year _____

Teacher: _____

Enrollment Date _____

Perm ID # _____

REGISTRATION FORM

Last Name – Legal		First Name – Legal		Middle Name – Legal	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade:	Date of Birth		Primary Phone Number	
Residence Address:		City:	State:	Zip Code:	
Mailing Address:		City:	State:	Zip Code:	
Father/Guardian – Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No Name: Email Address:		Home Number:	Cell Number:	Work Number:	
Mother/Guardian – Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No Name: Email Address:		Home Number:	Cell Number:	Work Number:	
Parent Education: <input type="checkbox"/> Not a High School Grad <input type="checkbox"/> High School Grad <input type="checkbox"/> Some College <input type="checkbox"/> College Grad <input type="checkbox"/> Grad Plus Post Grad <input type="checkbox"/> Decline					
Student's Mobile:			Last School Attended:		
Ethnicity: Hispanic or Latino? (REQUIRED) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Student Race: <small>REQUIRED TO CHOOSE ONE</small>	<input type="checkbox"/> 100 American Indian/Alaskan Native		<input type="checkbox"/> 600 Black or African American		<input type="checkbox"/> 201 Chinese
	<input type="checkbox"/> 205 Asian Indian		<input type="checkbox"/> 207 Cambodian		<input type="checkbox"/> 400 Filipino/Filipino American
	<input type="checkbox"/> 302 Guamanian		<input type="checkbox"/> 301 Hawaiian		<input type="checkbox"/> 208 Hmong
	<input type="checkbox"/> 202 Japanese		<input type="checkbox"/> 203 Korean		<input type="checkbox"/> 206 Laotian
	<input type="checkbox"/> 299 Other Asian		<input type="checkbox"/> 399 Other Pacific Islander		<input type="checkbox"/> 303 Samoan
<input type="checkbox"/> 304 Tahitian		<input type="checkbox"/> 204 Vietnamese		<input type="checkbox"/> 700 White	
First Language:		Student Birthplace	City:	State:	Country:
If not born in the U.S. what was the date of entry:					
Does student have or had: IEP <input type="checkbox"/> Yes <input type="checkbox"/> No or 504 Plan <input type="checkbox"/> Yes <input type="checkbox"/> No					
<i>Please provide the contact information of individuals you designate the school to contact in the event of an emergency and we are unable to contact you. The persons provided by you are the only people allowed to pick up your child from school for any reason unless you provide the office with a written release.</i>					
Name	Address		Phone	Relationship	
Name	Address		Phone	Relationship	
Is the student currently in Foster Care <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is the student currently Homeless <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please select one: <input type="checkbox"/> hotel/motel <input type="checkbox"/> doubled up <input type="checkbox"/> sheltered or transitional housing <input type="checkbox"/> unaccompanied minor <input type="checkbox"/> unsheltered <input type="checkbox"/> Other					
Is either parent an active duty member of the Armed Forces or full time duty with the National Guard <input type="checkbox"/> Yes <input type="checkbox"/> No					

Parent Signature _____

Date _____



Steve M. Tietjen, Ed.D. | County Superintendent of Schools

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Dear Parent or Guardian,

We are pleased to inform you that Merced Scholars Charter School (MSCS) will continue providing free meals for students during the 2020-21 school year. All students attending MSCS are eligible to receive a healthy lunch at school at **NO CHARGE** to your household. Typically, each student scheduled to be on site for instructional purposes on any school day would receive a free lunch while on site. Once we return to normal operations, we will continue with this practice.

However, as we begin the school year with the distance learning model, we want to continue to provide meals to students even though they will not be on site. Therefore, we need your help. Please answer the following two questions and submit this letter along with all other forms to the school.

1. **Student Name:** _____
2. **Would you like your child(ren) to receive a lunch meal from the school?**
 Yes No
3. **Would you like to have the meal delivered to your residence or would you like to pick it up at school between the hours of 11:30 a.m. and 1:00 p.m.?**
 Pick up at school Drop off to our residence

Your child(ren) will be able to participate in these meal programs without having to pay a fee or submit an application for eligibility, but we need this form back to ensure that we have enough meals for each student.

Please note that we are asking each household to complete the attached Household Income Status report and return to the school with the enrollment packet. This form will not change whether your student receives a free meal, but will allow our program to qualify for much needed additional funding from the State. Without your completed form, we lose funding.

If you have any questions, please do not hesitate to contact the school at (209) 381-5165.

Sincerely,

Mark Pintor
Principal



HOUSEHOLD INCOME DATA COLLECTION

Our school may qualify for various federal and state funding this year that is based on a calculation through the Local Control Funding Formula (LCFF). By taking time to fill out this income survey, you can help us provide the additional resources necessary to serve all of our students. It is our goal to provide students with the best opportunity to learn that we can offer, but we need your help. Generally, schools whose families have eligible incomes based on the free and reduced lunch programs may qualify for special grants and additional LCFF funding. Please note that these funds are only based upon the number of students that would qualify for free and reduced lunch programs if such a program was offered, even when school lunch programs are not available. Please review the eligibility requirements below to determine if you would be eligible. Finally, please return this questionnaire to the school.

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.

PART I: Fill in the following information for a student living in your household

Legal Last Name	Legal First Name	Legal Middle Name
Birth Date:	Age	Grade
Mother/Guardian Full Name	Home Phone	Cell Phone
Father/Guardian Full Name	Home Phone	Cell Phone
Address	City	State

PART II: Check Family Size (one box only); Check the estimated yearly combined income for everyone in the household * (one box only)

Household Size	Annual Income	Annual Income	Annual Income
<input type="checkbox"/> 1	<input type="checkbox"/> \$0 to \$16,588	<input type="checkbox"/> \$16,589 to \$23,606	<input type="checkbox"/> \$23,607+
<input type="checkbox"/> 2	<input type="checkbox"/> \$0 to \$22,412	<input type="checkbox"/> \$22,413 to \$31,894	<input type="checkbox"/> \$31,895+
<input type="checkbox"/> 3	<input type="checkbox"/> \$0 to \$28,236	<input type="checkbox"/> \$28,237 to \$40,182	<input type="checkbox"/> \$40,183+
<input type="checkbox"/> 4	<input type="checkbox"/> \$0 to \$34,060	<input type="checkbox"/> \$34,061 to \$48,470	<input type="checkbox"/> \$48,471+
<input type="checkbox"/> 5	<input type="checkbox"/> \$0 to \$39,884	<input type="checkbox"/> \$39,885 to \$56,758	<input type="checkbox"/> \$56,759+
<input type="checkbox"/> 6	<input type="checkbox"/> \$0 to \$45,708	<input type="checkbox"/> \$45,709 to \$65,046	<input type="checkbox"/> \$65,047+
<input type="checkbox"/> 7	<input type="checkbox"/> \$0 to \$51,532	<input type="checkbox"/> \$51,533 to \$73,334	<input type="checkbox"/> \$73,335+
<input type="checkbox"/> 8	<input type="checkbox"/> \$0 to \$57,356	<input type="checkbox"/> \$57,357 to \$81,622	<input type="checkbox"/> \$81,623+
<input type="checkbox"/> 9+	Household Size: _____ Annual Income: _____		

* Annual household income: Check yearly gross earnings (before deductions) from work for all household members. (Include any income received by a child from full-time or regular part-time employment. Include income received for a child from SSL Welfare, Child Support, or Adoption Assistance Payments.

PART III: Parent or Guardian Information and Signature

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 and that the information could be subject to review.

_____ Signature of adult household member completing this form	_____ Printed name of adult household member completing this form	_____ Date
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OFFICE USE ONLY	Reviewed by (print name): _____
Teacher: _____	Program: _____
Site: _____	Enrollment Date: _____
Eligibility: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Not eligible	

Acceptable Use Agreement for Students

Merced Scholars Charter School (MSCS) recognize that access to technology in school gives students greater opportunities to learn, engage, communicate, and develop skills that will prepare them for work, life, and citizenship. We are committed to helping students develop 21st-century technology and communication skills; therefore, we provide the privilege of access to technologies for student use.

MSCS may provide the privilege of Internet access, desktop computers, mobile computers or devices, videoconferencing capabilities, online collaboration capabilities, message boards, email and more. This Acceptable Use Agreement applies to both school-owned technology equipment that utilizes the school network, the schools' Internet connection, and/or private networks/Internet connections accessed from school-owned devices at any time. MSCS employs filtering and other safety and security mechanisms, and attempts to ensure their proper function.

Technology Use Guidelines and Expectations

This Acceptable Use Agreement outlines the guidelines and expectations that all student users are expected to follow when using school technologies.

- All technologies provided by the district are intended for education purposes. All users are expected to use good judgment and to abide by the guidelines outlined in this agreement.
- MSCS provides its users the privilege of access to the Internet, including web sites, resources, content and online tools. Access to the Internet will be restricted as required to comply with CIPA regulations and school policies. Web browsing may be monitored and web activity records may be retained indefinitely.
- Users are expected to respect the web filter as a safety precaution, and shall not attempt to circumvent the web filter when browsing the Internet.
- Recognizing the benefits collaboration brings to education, MSCS may provide users with access to web sites or tools that allow communication, collaboration, sharing and messaging among users. Users are expected to communicate with the same appropriate, safe, mindful and courteous conduct online as offline. Posts, chats, sharing and messaging may be monitored.
- MSCS may provide users with mobile computers or other devices to promote learning outside of the classroom. Users should abide by the same acceptable use agreement when using school devices off the school network as on the school network. Users are expected to treat these devices with extreme care and caution; these are expensive devices that the school is entrusting to your care. Users should immediately report any loss, damage, or malfunction to the staff member that issued the device. Users may be financially accountable for any damage resulting from negligence or misuse. Use of school-issued mobile devices off the school network may be monitored.
- Users are expected to take reasonable safeguards against the transmission of security threats over the school network. This includes not opening or distributing infected files or programs and not opening files or programs of unknown or untrusted origin. If you believe a device you are using might be infected with a virus, please alert a staff member. Do not attempt to remove the virus yourself or download any programs to help remove the virus.
- Users should not download or attempt to download or run .exe programs over the school network or onto school resources.
- Users should always use the Internet, network resources, and online sites in a courteous and respectful manner. Users should recognize that among the valuable content online there is also unverified, incorrect, or inappropriate content. Users should only use trusted sources when conducting research via the Internet.
- Users should not plagiarize (or use as their own, without citing the original creator) content, including words or images, from the Internet. Users should not take credit for things they did not create themselves, or misrepresent themselves as an author or creator of something found online.
- Users should never share personal information, including phone number, address, social security number, birthday, or financial information, over the Internet without adult permission. Users should never agree to meet in real life someone they meet online without parental permission. If you see a message, comment, image, or anything else online that makes you concerned for your personal safety, bring it to the attention of an adult (teacher or staff if you're at school; parent if you're using the device at home) immediately.
- Cyberbullying will not be tolerated. Harassing, dissing, flaming, denigrating, impersonating, outing, tricking, excluding, and cyberstalking are all examples of cyberbullying. Do not send emails or post comments with the intent of scaring, hurting, or intimidating someone else. Engaging in these behaviors, or any online activities intended to harm (physically or emotionally) another person, will result in disciplinary action and loss of privileges. In some cases, cyberbullying can be a crime. Remember that your activities are monitored and retained.

Examples of Acceptable Use – I will:

- Use school technologies for school-related activities.
- Follow the same guidelines for respectful, responsible behavior online that I am expected to follow offline.
- Treat school resources carefully, and alert staff if there is any problem with their operation.
- Encourage positive, constructive discussion if allowed to use communicative or collaborative technologies.
- Alert a teacher or other staff member if I see threatening, inappropriate, or harmful content (images, messages, and posts) online.
- Use school technologies at appropriate times, in approved places, for educational pursuits.
- Cite sources when using online sites and resources for research.
- Recognize that use of school technologies is a privilege and treat it as such.
- Be cautious to protect the safety of myself and others.
- Help to protect the security of school resources.

This is not intended to be an exhaustive list. Users should use their own good judgment when using school technologies.

Examples of Unacceptable Use – I will NOT:

- Use school technologies in a way that could be personally or physically harmful.
- Attempt to find inappropriate images or content; intent to seek inappropriate images or content is a violation of this Acceptable Use Agreement.
- Create a personal mobile “hot-spot” or utilize a “proxy site” for the purpose of circumventing network safety measures and filtering tools.
- Create, distribute or deploy multi-user servers or gaming software on or within the MSCS network.
- Engage in cyberbullying, harassment, or disrespectful conduct toward others.
- Try to find ways to circumvent the school’s safety measures and filtering tools; intent to circumvent safety measures and filtering tools is a violation of this Acceptable Use Agreement.
- Use school technologies to send spam or chain mail.
- Plagiarize content I find online.
- Post or otherwise disclose personally-identifying information, about myself or others.
- Agree to meet someone I meet online in real life.
- Use language online that would be unacceptable in the classroom.
- Use school technologies for illegal activities or to pursue information on such activities.
- Attempt to hack or access sites, servers, or content that is not intended for my use.

This is not intended to be an exhaustive list. Users should use their own good judgment when using school technologies.

MSCS ACCEPTABLE USE AGREEMENT FOR STUDENT

I have read MSCS Acceptable Use Agreement and understand its provisions. I accept responsibility for the appropriate use of MSCS technology resources. I understand that use of MSCS technology resources in violation of the Acceptable Use Agreement will result in the restriction, suspension, or revocation of user privileges. I agree to report any use which is in violation of this agreement to my teacher, principal, or to a system administrator.

By typing my name below, I am acknowledge that I have read, understand, and agree to the terms in this agreement.

Student (PRINT NAME)

Signature

Date

PARENT (Parent consent required if student is a minor.)

I have read MSCS Acceptable Use Agreement and understand its provisions and the responsibility my child has for the use of MSCS technology resources. I agree that my child may use MSCS technology resources and that my child’s use shall be subject to this agreement.

By typing my name below, I am acknowledge that I have read, understand, and agree to the terms in this agreement.

Parent (PRINT NAME)

Signature

Date

Student Name _____ Sex _____
 Grade _____ Date of Birth _____

IMMUNIZATION REQUIREMENT

Each student enrolling for the first time in a district elementary or secondary school, preschool, or child care and development program or, after July 1, 2016, enrolling in or advancing to grade 7 shall present an immunization record from any authorized private or public health care provider certifying that he/she has received all required immunizations in accordance with law. Students shall be excluded from school or exempted from immunization requirements only as allowed by law.

Health and Safety Code 120335, as amended by SB 277, further provides that students must be exempted from immunizations for any one of the following reasons: (1) a licensed physician indicates that a student should be exempted for medical reasons, (2) a parent/guardian files a letter or affidavit prior to January 1, 2016 stating his/her personal beliefs opposed to immunization (effective only until the student enters the next grade span), or (3) a student is enrolled in independent study and does not receive classroom-based instruction.

HEALTH SCREENINGS

The following health screenings are required by state law (*Ed Code 49452 and 49452.5*) and performed by the school nurse for each of the following grades:

Vision	Scoliosis	Hearing
6 th Grade	7 th Grade – Girls	8 th Grade
8 th Grade	8 th Grade – Boys	10 th or 11 th Grade

Vision Tests

Tests to evaluate the vision of each child, including tests for visual acuity and color vision, will be performed by the school nurse for MSCS students:

- In grades 6 and 8
- On students being assessed for initial and three - year review for special education services
- First entry into the California public school system
- Following consultation with the school nurse, a teachers' observation indicating a student may be having a vision problem
- If the student's school performance gives evidence that existence of the problem might be caused by a visual difficulty

The evaluation may be waived upon presentation of an appropriate certificate from a physician or optometrist. Parents will be notified in writing if their child fails the vision screening test.

Please check the box if you do not wish to have your child participate in vision testing:

Scoliosis Screenings:

Female students in grade 7 and male students in grade 8 are screened by the school nurse for the spinal condition known as scoliosis, in accordance with State Department of Education standards. Scoliosis is a lateral curvature of the back. Normally the backbone (the spine), curves in and out. When scoliosis is present, the spine also bends from side to side. Parents will be notified if their student is suspected of having a spinal defect.

Please check the box if you do not wish to have your child participate in a scoliosis screening:

Hearing Tests

Hearing screening tests shall be given by the school nurse to MSCS students:

- In grades 8 and 10 (or grade 11 if not completed in grade 10)
- Being assessed for initial and three-year review for special education services
- First entry into the California public school system
- At risk of hearing loss
- Students referred for testing by a parent or teacher

Parents will be notified in writing if their child fails the hearing screening test.

Please check the box if you do not wish to have your child participate in hearing testing:

MEDICAL ASSESSMENTS DONE ON STUDENTS ON AN IEP

The following medical assessments may be done on students who are on an Individualized Education Program (IEP): Vision, Hearing, Height, Weight, Blood Pressure, Medications, Brief Medical History and Brief Family Composition.

My child is currently in an IEP: YES or NO

HIV/AIDS PREVENTION EDUCATION

California state law requires that HIV/AIDS prevention education is taught in middle school and in high school. If comprehensive sexual health education is taught, the District shall follow state laws (California Education Code Section 51933). The District may not pick and choose topics to teach. HIV/AIDS prevention instruction includes:

- Information on HIV/AIDS and how it affects the body.
- Discussion of ways to lower the risk of HIV, including: Sexual Abstinence and the latest medical information on ways to prevent sexually transmitted HIV infection.
- Discussion of the public health issues related to HIV/AIDS.
- Places for HIV testing and medical care.
- Making good decisions and staying away from risky activities.
- Discussion about society's views on HIV/AIDS, and people with HIV/AIDS.

The goal of a comprehensive sexual health education program is to help students learn the facts and to make good decisions now, and later in life. State law allows you to remove your student from comprehensive sexual health education or HIV/AIDS prevention education.

Please check the box if you do not wish to have your child participate in the comprehensive sexual health or HIV/AIDS prevention instructional program:

I have read and understand the information in this form regarding mandated health requirements, testing, and education for MSCS.

Parent/Guardian Signature

Date



Steve M. Tietjen, Ed.D. | County Superintendent of Schools

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REQUEST FOR ELECTRONIC ACCESS TO ANNUAL RIGHTS NOTIFICATION

Sign and return to Merced Scholars Charter School if you would like electronic access to the 2020-2021 Parent Notice of Rights and Responsibilities. If you do not return this form by the specified date, you will be provided with a hard copy of the Notice at the beginning of the 2020-2021 school year.

Student Name: _____

School: _____ Grade: _____

- I hereby request to receive the annual Parent Notice of Rights and Responsibilities in electronic format.
I understand that, by requesting the Parents Rights and Responsibilities in an electronic format, it is my responsibility to access it at the beginning of the 2020-2021 school year on the Merced County Office of Education's website at www.mcoe.org.
I also understand that the Parents notice of Rights and Responsibilities contains important information regarding my rights, responsibilities, and protections and that, by requesting it in electronic format, I will be required to access, print, complete, and return the ACKNOWLEDGEMENT OF PARENT/GUARDIAN OF ANNUAL RIGHTS NOTIFICATION.

Parent/Guardian Signature: _____ Date: _____

ACKNOWLEDGEMENT OF PARENT OR GUARDIAN OF ANNUAL RIGHTS NOTIFICATION

Sign and return this page indicating you have received the Parent Notice of Rights and Responsibilities. Also, where specified on this page, indicate whether you have a child on continuing medication and if you do not wish directory information to be released.

Student is on a continuing medication program: (Please check one) YES _____ NO _____

If YES, you have my permission to contact student's physician:

Physician Name: _____ Telephone: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

DIRECTORY/MEDIA/YEARBOOK release. If you do not wish directory information released, please indicate below and return to the school office within the next 30 days. Merced Scholars Charter School and the Merced County Office of Education from providing the student's information, photos and other information to the news media, interested schools, parent-teacher associations, interested employers, and similar parties.

- Do NOT release directory information.
Do NOT release student information in the yearbook
I hereby acknowledge receipt of information regarding my rights, responsibilities, and protections.

Parent/Guardian Signature: _____ Date: _____

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Google Apps for Education – Student Account

PARENT PERMISSION FORM

Student Name: (Print) _____ Grade: _____

Parent/Guardian: (Print) _____

By signing below, I confirm that I have read and understand the following:

I understand that by participating in Google Apps for Education, information about my child will be collected and stored electronically. I have read the privacy policies associated with the use of Google Apps for Education. I understand that I may ask for my child's account to be removed at any time.

_____ **YES**, I give permission for my child to be assigned a full MSCS Google Apps for Education account. This means my child will receive an email account, access to Google Docs, Drive, Calendar, and Sites. I agree to enforce acceptable use when my child is off School Property.

_____ **NO**, I do not give permission for my child to be assigned a full MSCS Google Apps for Education account. This means my child will NOT receive a user account or access to Google Docs, Drive, Calendar, and Sites and will have to complete assignments and receive school information differently than the rest of the class. As a result, my child will achieve curricular goals without the use of this technology.

Parent Signature

Date

Your initial agreement and signature for Google Apps for Education will apply for the duration for your child's enrollment at MSCS.

For office use only:

GAFE Account Created

Student GAFE Account: _____

GAFE Account Not Created



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MIGRANT EDUCATION PROGRAM ELIGIBILITY SURVEY

The Region III Migrant Education Program serves eligible migrant students in the counties of Madera, Merced and Stanislaus.

Students that qualify may benefit from the following free services:

- Supplemental School Assistance: After School site based and home based tutoring, high school counseling, credit recovery and college/university application process
- Health Assistance: Scheduling doctor appointments, transportation to medical appointments, translation during medical appointments and applying for health coverage.
- Social Services Assistance: Linking with community resources that provide; food, clothes, etc...
- Other services: Summer educational services, educational field trips, student leadership activities, parent advocacy and leadership development opportunities.

In order to determine the eligibility of your child, please answer the following three questions and complete the information on the bottom of this form. Once completed, return this survey to your school's office. Please be aware that the Migrant Education Program staff may contact you for a personal interview to determine eligibility and to discuss free services available to your children. For more information regarding the Migrant Education Program services, please call (800) 722-2717.

1. Have you and your children moved within the last 3 years? Yes___No___
2. Do you or have you worked in: agriculture, cannery, dairy, forestry or fishing in the last 3 years? Yes___No___
3. Have you traveled to Mexico or to another state with your family in the last 3 years? Yes___No___

Parents' Name _____

Date: _____

Address: _____

Telephone: _____

Name of Children

Date of Birth

School Name

1. _____
 2. _____
 3. _____
 4. _____
 5. _____

Electronic Signature Confirmation Page

By typing your name below and submitting this form you are acknowledging your signature is to be considered as an original signature, and the document transmitted is to be considered to have the same binding effect as an original signature on an original document.

By typing your name below you are confirming that all information for your child,

is true and correct to the best of your knowledge. Should any of the information change, you will contact the school office to update the changed information.

Parent Signature (type full name) _____ **Date** _____