



Family Readiness Plan

2024-2025

Dear Fresno Unified Families,

We are sharing important information to help support families when something happens that might affect a child's care or education. Attached, you will find the Family Readiness Plan, which offers helpful resources for families who may need support if a parent or guardian is temporarily unavailable. If you have any questions or need assistance, please reach out to us. Thank you for working with us to make sure all our students are supported and successful.

Prevention and Intervention
Attendance Office
559-457-3942

Promoting a Safe and Secure Learning Environment for All:

Guidance and Model Policies to Assist California's K-12 Schools in Responding to Immigration Issues



Rob Bonta
California Attorney General
December 2024

Appendix G

Know Your Educational Rights

Your Child has the Right to a Free Public Education

- All children in the United States have a Constitutional right to equal access to free public education, regardless of immigration status and regardless of the immigration status of the students' parents or guardians.
- In California:
 - All children have the right to a free public education.
 - All children ages 6 to 18 years must be enrolled in school.
 - All students and staff have the right to attend safe, secure, and peaceful schools.
 - All students have a right to be in a public school learning environment free from discrimination, harassment, bullying, violence, and intimidation.
 - All students have equal opportunity to participate in any program or activity offered by the school, and cannot be discriminated against based on their race, nationality, gender, religion, or immigration status, among other characteristics.

Information Required for School Enrollment

- When enrolling a child, schools must accept a variety of documents from the student's parent or guardian to demonstrate proof of child's age or residency.
- You never have to provide information about citizenship/immigration status to have your child enrolled in school. Also, you never have to provide a Social Security number to have your child enrolled in school.

Confidentiality of Personal Information

- Federal and state laws protect student education records and personal information. These laws generally require that schools get written consent from parents or guardians before releasing student information, unless the release of information is for educational purposes, is already public, or is in response to a court order or subpoena.
- Some schools collect and provide publicly basic student "directory information." If they do, then each year, your child's school district must provide parents/guardians with written notice of the school's directory information policy, and let you know of your option to refuse release of your child's information in the directory.

Family Safety Plans if You Are Detained or Deported

- You have the option to provide your child's school with emergency contact information, including the information of secondary contacts, to identify a trusted adult guardian who can care for your child in the event you are detained or deported.
- You have the option to complete a Caregiver's Authorization Affidavit or a Petition for Appointment of Temporary Guardian of the Person, which may give a trusted adult the authority to make educational and medical decisions for your child.

Right to File a Complaint

- Your child has the right to report a hate crime or file a complaint to the school district if he or she is discriminated against, harassed, intimidated, or bullied on the basis of his or her actual or perceived nationality, ethnicity, or immigration status.

Fresno Unified School District CAREGIVER'S AUTHORIZATION AFFIDAVIT

E 5111-11 (a)

Family Code Section 6552

DECLARATION OF ACCEPTANCE OF CUSTODIAL RESPONSIBILITIES

Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code.

INSTRUCTIONS: PRINT CLEARLY. Completion of items 1-4 and signing of the affidavit is sufficient to authorize enrollment of a minor in school and consent to school-related medical care. Being a qualified relative and completing additional items 5-8 authorizes consent for medical and dental care.

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20 -- 20																				
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<i>For Office Use Only:</i> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><i>Special Ed</i></td> <td style="text-align: center;"><i>Expelled/Pending</i></td> <td style="text-align: center;"><i>ELD</i></td> </tr> <tr> <td style="text-align: center;">Y__ N__</td> <td style="text-align: center;">Y__ N__</td> <td style="text-align: center;">Y__ N__</td> </tr> <tr> <td style="text-align: center;">Y__ N__</td> <td style="text-align: center;">Y__ N__</td> <td style="text-align: center;">Y__ N__</td> </tr> <tr> <td style="text-align: center;">Y__ N__</td> <td style="text-align: center;">Y__ N__</td> <td style="text-align: center;">Y__ N__</td> </tr> <tr> <td style="text-align: center;">Y__ N__</td> <td style="text-align: center;">Y__ N__</td> <td style="text-align: center;">Y__ N__</td> </tr> <tr> <td style="text-align: center;">Y__ N__</td> <td style="text-align: center;">Y__ N__</td> <td style="text-align: center;">Y__ N__</td> </tr> </table>			<i>Special Ed</i>	<i>Expelled/Pending</i>	<i>ELD</i>	Y__ N__	Y__ N__	Y__ N__	Y__ N__	Y__ N__	Y__ N__	Y__ N__	Y__ N__	Y__ N__	Y__ N__	Y__ N__	Y__ N__	Y__ N__	Y__ N__	Y__ N__
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I. Minor(s) Information	2. Birthdate	Grade	FUSD I.D. #	In what school was the child last enrolled?
1. Name (First and Last)				

II. CAREGIVER INFORMATION: The minor(s) named above lives in my home and I am 18 years of age or older

3. My name: _____ **Cell Phone:** _____ (H) Phone: _____

4. My home address: _____ Apt. _____ Zip: _____ (W) Phone: _____

5. I am a Grandparent, Aunt, Uncle, Sibling, Other qualified relative: _____, or Other: _____

6. Check one or both (for example, if one parent was advised and the other cannot be located):

I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care and have received no objection.

I am unable to contact the parent(s) having legal custody of the minor to notify them of my intended authorization.

7. My date of birth _____ 8. My California driver's license or identification card number: _____ Exp.: _____

III. PARENT INFORMATION:

Name: _____ Address: _____

City: _____ State: _____ Phone: _____

DO NOT SIGN THIS FORM IF ANY OF THE ABOVE INFO. IS FALSE OR YOU WILL BE COMMITTING A CRIME PUNISHABLE BY A FINE, IMPRISONMENT, OR BOTH

IV. SIGNATURE: I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and I have been given a copy of my rights. Minor(s) will reside in my residence on a permanent basis which means not returning to parent's residence on weekends or evenings. Misrepresentation, a false address, or inaccurate information will void the affidavit and the student will be transferred to the school or district of residence. The affidavit is granted for one school year unless revoked in writing by the parent or legal guardian.

Date: _____ **Caregiver Signature:** _____ **Parent Signature:** _____

Administrator: _____ **Date Approved:** _____ **Handler's Initials:** _____ **Date E-mailed:** _____

School: _____

ATLAS SPREADSHEET

Fresno Unified School District CAREGIVER'S AUTHORIZATION AFFIDAVIT

Family Code Section 6552

E 5111-11 (a)

CAREGIVER RIGHTS AND ADDITIONAL INFORMATION

School placement will be based on space availability. This affidavit relates to residency within the district and cannot be used to change schools within the district.

TO CAREGIVERS:

- "Qualified relative," for purposes of item 5, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or great or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by Death or Dissolution.
- The law may require you, if you are not a relative or a currently licensed foster parent, to obtain a foster home license to care for a minor. If you have any questions, please contact your local department of social services.
- If the minor stops living with you, you are required to notify any school, health care provider, or health care service plan to which you have given this affidavit.
- If you do not have the information requested in item 8 (California driver's license or ID), provide another form of identification such as your social security number or Medi-Cal number.
- The Caregiver's Authorization Affidavit may not be used to circumvent the District's intra / interdistrict transfer policies or regulations.
- "School-related medical care" means medical care that is required by state or local governmental authority as a condition for school enrollment, including immunizations, physical examinations, and medical examinations conducted in schools for pupils (Add. Stats. 1996, Ch. 563).

RIGHTS:

- A caregiver's authorization affidavit that meets the requirements of F.C. 6550 authorizes a caregiver 18 years of age or older who completes items 1-4 of the affidavit provided in Section 6552 and signs the affidavit, to enroll a minor in school and consent to school-related medical care on behalf of the minor. A caregiver who is a relative and who completes items 1-8 of the affidavit provided in Section 6552 and signs the affidavit shall have the same rights to authorize medical care and dental care for the minor that are given to guardians under Section 2353 of the Probate Code. The medical care authorized by this caregiver who is a relative may include mental health treatment subject to the limitations of Section 2356 of the Probate Code. This affidavit also authorizes the caregiver to have access to student records and to release student records.
- The affidavit shall not be valid for more than one year after the date on which it is executed.
- The decision of a caregiver to consent to or to refuse medical or dental care for a minor shall be superseded by any contravening decision of the parent or other person having legal custody of the minor, provided the decision of the parent or other person having legal custody of the minor does not jeopardize the life, health, or safety of the minor.
- No person who acts in good faith reliance on a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those stated on the affidavit, is subject to criminal liability or to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the application portions of the affidavit are completed.
- This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor and does not mean that the caregiver has legal custody of the minor.
- A person who relies on this affidavit has no obligation to make any further inquiry or investigation.

TO SCHOOL OFFICIALS:

- Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for a determination of residency of the minor, without the requirement of a guardianship or other custody order, unless the school district determines from actual facts that the minor is not living with the caregiver.
- The school district may require additional reasonable evidence that the caregiver lives at the address provided in item 4.
- Affidavits are limited in scope. The affidavit does not address many issues, such as special education services, confidential medical information, alternative programs, or athletic eligibility.
- The affidavit is granted only for one school year unless revoked in writing by the parent or legal guardian.
- The original affidavit with signatures is on file at the Department of Prevention and Intervention, Attendance Office.

TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS:

- No person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those stated on the affidavit, is subject to criminal liability or to civil liability to any person or is subject to professional disciplinary action for such reliance if the applicable portions of the form are completed.
- This affidavit does not confer dependency for health care coverage purposes.

Caregiver Signature

Date

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
TEMPORARY GUARDIANSHIP OF (<i>Name</i>): _____	CASE NUMBER: _____
PETITION FOR APPOINTMENT OF TEMPORARY GUARDIAN <input type="checkbox"/> Person* <input type="checkbox"/> Estate* <input type="checkbox"/> Person and Estate*	HEARING DATE: _____ DEPT.: _____ TIME: _____

1. Petitioner (name each):

requests that

- a. (*Name*): _____
 (*Address and telephone number*): _____
 be appointed temporary guardian of the PERSON of the minor and Letters issue upon qualification.
- b. (*Name*): _____
 (*Address and telephone number*): _____
 be appointed temporary guardian of the ESTATE of the minor and Letters issue upon qualification.
- c. (1) bond not be required because petition is for a temporary guardianship of the person only.
 (2) bond not be required for the reasons stated in attachment 1c.
 (3) \$ _____ bond be fixed. It will be furnished by an admitted surety insurer or as otherwise provided by law.
 (*Specify reasons in Attachment 1c if the amount is different from maximum required by Probate Code section 2320 and Cal. Rules of Court, rule 7.207(c).*)
 (4) \$ _____ in deposits in a blocked account be allowed. Receipts will be filed.
 (*Specify institution and location*): _____
- d. a request for an exception to notice of the hearing on this petition for good cause is filed with this petition.
- e. the powers specified in attachment 1e be granted in addition to the powers provided by law.
- f. other orders be granted (*specify in attachment 1f*).

2. The minor is (name):

Current address: _____ Current telephone no.: _____

- 3. The minor requires a temporary guardian to** **provide for temporary care, maintenance, and support**
 protect property from loss or injury because (facts are **specified in attachment 3** **as follows):**

***You MAY use this form or form GC-110(P) for a temporary guardianship of the person. You MUST use this form for a temporary guardianship of the estate or the person and estate.**

TEMPORARY GUARDIANSHIP OF (Name):	CASE NUMBER:
MINOR	

3. (Facts supporting appointment of a temporary guardian (continued)):

4. Temporary guardianship is required

- a. pending the hearing on the petition for appointment of a general guardian.
- b. pending the appeal under Probate Code section 1301.
- c. during the suspension of powers of the guardian.

5. Character and estimated value of the property of the estate (complete if a temporary guardianship of the estate or person and estate is requested):

- a. Personal property: \$ _____
- b. Annual gross income from all sources, including real and personal property, wages, pensions, and public benefits: \$ _____
- c. Additional amount for cost of recovery on the bond, calculated as required under Cal. Rules of Court, rule 7.207(c): \$ _____
- d. Total: \$ _____

6. Petitioner believes the minor will will not attend the hearing.

7. All attachments to this form are incorporated by this reference as though placed here in this form. There are _____ pages attached to this form.

Date:

▶ _____
(SIGNATURE OF ATTORNEY*)

*(Signature of all petitioners also required (Prob. Code, § 1020).)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF PETITIONER)

(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF PETITIONER)



Legal Aid Services

List of free legal service providers in Fresno CA.

Central California Legal Services (CCLS)

Services: Provides free legal services to low-income individuals, including assistance with guardianship and adoption cases.

Address: 2115 Kern Street, Suite 1, Fresno CA. 93721

Phone: (800) 675-8001

Centro La Familia Advocacy Services, Inc.

Services: A Community based non-profit organization that serves low-income families throughout Fresno County. Some of their services include Family Law. Address: 302

Fresno Street, Suite 102 Fresno CA 93706

Phone: (559) 237-2961

Family Law Facilitator's Office- Fresno County Superior Court Services: Provides free assistance with family law matters, including guardianship and adoption, to individuals who do not have an attorney.

Address: 1130 O Street, Fresno, CA 93721

Phone: (559) 547-2100

Fresno County Superior Court- Guardianship Clinic

Service: Free legal clinic for self-represented people interested in learning more about the guardianship process for minor children.

When: 1st Friday of the month- In Person 3rd

Friday of the month- Virtual

Phone: (559) 570-1211