Student I.D	Student Last Name	Student First Name	Grade

CCHS ADMISSION PACKET

IMPORTANT NOTICE TO PARENT(S)/GUARDIAN(S)

Please remember to complete and sign the ALL FORMS in this packet.

ITEMS TO BE RETURNED

A. Annual Notice to Parent/Guardian Regarding You Rights

B. Emergency Contact

C. Emergency Health Information

D. Insurance Information

E. Internet Access Agreement

F. Student Contract

G. School, Student & Parent Family Compact

H. School Site Council Nomination

I. Housing Questionnaire

If you have any questions, please contact school office at 720-4650.
Thank you for your attention to this matter.

Student I.D	Student Last Name	Student First Name	Grade

A

Delano Joint Union High School District
Delano High School, Chavez Collegiate High School, Robert F. Kennedy High School, Valley High School

CHAVEZ COLLEGIATE HIGH SCHOOL

ANNUAL NOTICE TO PARENTS/GUARDIANS CONCERNING THEIR RIGHTS AND RESPONSIBILITIES 2026 - 2027

As required by law, I wish to notify you, the parent or guardian of student(s) enrolled in our schools, of your rights and responsibilities. I ask that you please take a moment of your time to carefully review the attached materials. Please note that references herein to "parent(s)" include natural or adoptive parent(s) and legal guardian(s). After your review, please sign and return the attached acknowledgment indicating that you have received and reviewed these materials. All references are to the California Education Code ("E.C.") unless otherwise noted.

If you have any questions, please feel free to contact our District Office at (661) 725-4000.

Sincerely,

Kenneth Moore
Superintendent

PARENTAL ACKNOWLEDGMENT

E.C section 48982 Requires Parents to Sign and Return this Acknowledgment

By signing below, I am neither giving nor withholding my consent for my student(s) to participate in any program nor am I agreeing to, or disagreeing to, the information contained in this Notice. I am merely indicating that I have received and read the attached notice regarding my rights relating to activities which might affect my student(s). Please select one of the options below:

☐ I wish to receive the district's Annual Notice by logging onto the district website.

☐ I wish to receive a physical copy of the Annual Notice.

Date: _____ _____
Signature of Parent

_____ _____
Printed Name of Student Printed Name of Parent

Student I.D	Student Last Name	Student First Name	Grade

CHAVEZ COLLEGIATE HIGH SCHOOL

"A California Distinguished School"

Dear Parent(s)/Guardian(s):

The Student Health Program exists to supplement the services received by the family physician. The program is not designed to provide all of the health services to our students.

Parents are invited to call the Student Health Office when a student has a health problem(s) serious enough to influence his/her school attendance or academic performance.

To better assist you, we request that you complete the Emergency Information Form for your child contained in this packet. Please return or mail the completed form to the Student Health Office, located next to the Attendance Office. It is very important that we have this information on file in case of an emergency.

Our school district has entered into an agreement with the California Department of Education and the Department of Health Services that will allow us to collect Federal funds for some of the health services we provide at school by billing Medi-Cal. In order to do this, we must also offer the option to bill private insurance. Please complete the enclosed form and return to school. Those services currently provided at school will continue unchanged. Parents will not be billed for any services provided at school.

Thank you for your attention to this matter. If you have any questions, or if we can provide you with any assistance, please contact us.

Sincerely,

Justin M. Derrick, Principal

Student I.D	Student Last Name	Student First Name	Grade

B

CHAVEZ COLLEGIATE HIGH SCHOOL
DELANO JOINT UNION HIGH SCHOOL DISTRICT

EMERGENCY CONTACT FORM

Please complete the following and return to School:
Legal Name of Student:_____ **Date of Birth**_____/_____/_____

Current Grade_____ **Gender: M**____**F**_____ **Last School Attended:**_____**Language spoken at Home:**_____

Student lives with: Both Parents_____**Father**_____**Mother**_____**Guardians**_____

Is there a court order restricting a parent from visiting/removing this child from school: Yes_____**No**_____
(If "Yes", present the recorded court order to the attendance office to have a photocopy made for the child's school files.)
Home Address:_____**City:**_____**Zip Code:**_____
Father's Name:_____**Place of Employment:**_____ **Cell Phone:** _____
Work Telephone:_____
Mother's Name:_____**Place of Employment:**_____ **Cell Phone:**_____
Work Telephone:_____
In case my child is ill or there is an Emergency, and I cannot be reached, you may call or release my child to:
Name:_____**Relationship:**_____**Telephone:**_____
Name:_____**Relationship:**_____**Telephone:**_____

Please note that if your son/daughter needs to be picked up from school at any time during regular school hours by any individual other than the legal guardian or the parent, Attendance Office staff need to receive a phone call at (720-4650, 720-4550, 720-4514, 720-4779) from the legal guardian or parent or a note prior to the individual picking up the student.

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one):
☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
☐ Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories)
The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

☐ White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)
☐ Filipino/Filipino American (400)
☐ African American or Black (600)
☐ Korean (203)
☐ Vietnamese (204)
☐ Other Asian (299)
☐ Laotian (206)
☐ Cambodian (207)
☐ Asian Indian (205)
☐ Hmong (208)
☐ Hawaiian (301)
☐ Guamanian (302)
☐ Samoan (303)
☐ Japanese (202)
☐ Tahitian (304)
☐ American Indian or Alaskan Native(100) (Persons having origins in any of the original people of North, Central or South America **and who maintains tribal affiliation or community attachment)**
☐ Chinese (201)
☐ Other Pacific Islander (399)

PARENT EDUCATION – Check the response that describes the education level **for each Parent/Guardian.**

Parent/Guardian(1) Name:_____
☐ Graduate Degree or Higher (10)
☐ College Graduate (11)
☐ Some College or Associate's Degree (12)
☐ High School Graduate (13)
☐ Not a High School Graduate (14)

Parent/Guardian(2) Name_____
☐ Graduate Degree or Higher (10)
☐ College Graduate (11)
☐ Some College or Associate's Degree (12)
☐ High School Graduate (13)
☐ Not a High School Graduate (14)

Student I.D	Student Last Name	Student First Name	Grade

C

CHAVEZ COLLEGIATE HIGH SCHOOL

DELANO JOINT UNION HIGH SCHOOL DISTRICT

EMERGENCY HEALTH INFORMATION

Does your child have a diagnosed history of: (Check all that apply)

_Asthma _Convulsions _Speech Problems _Allergies
Please List Allergies:_____

_Diabetes _Heart Problems _Hearing Problems _Vision Problems _A Shunt

_Depression _Surgeries Please List:_____

Does your child wear eyeglasses? Yes_No_ Does your child wear hearing aids? Yes_No_

Does your child have any physical handicaps or special needs? Yes_ No_
If "Yes" Please explain:_____

Has your child ever been in Special Education classes? Yes_No_ If "Yes", what type?

Does your child take any medications regularly? Yes_No_
If "Yes", what type?_____

I authorize the school to act as agents to consent to an X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act for the above-named child. I hereby grant permission for the school personnel to transport my child as deemed necessary in an emergency.

_____ _____
Signature of Parent/Guardian Date

YOUR CHILDREN MAY QUALIFY FOR NO-COST AND LOW-COST MEDICAL, DENTAL AND VISION CARE COVERAGE PROGRAMS. CALL TOLL-FREE TODAY: 1-888-747-1222 HEALTHY CHILDREN

Please note that if your son/daughter needs to be picked up from school at any time during regular school hours by any individual other than the legal guardian or the parent, Attendance Office staff need to receive a phone call at (720-4650) from the legal guardian or parent or a note prior to the individual picking up the student.

Student I.D	Student Last Name	Student First Name	Grade

D

CHAVEZ COLLEGIATE HIGH SCHOOL
DELANO JOINT UNION HIGH SCHOOL DISTRICT

INSURANCE INFORMATION/AUTHORIZATION

Dear Parents:

Delano Joint Union High School is currently updating Health Insurance information to better serve and respond to any medical emergencies your child may encounter during the school day. School districts providing school-based health services have an opportunity to bill private and government insurance companies for those services. Receiving insurance reimbursements helps districts defray the growing costs of providing these health care services. Medi-cal reimburses school districts through a special program call Local Educational Agency Medi-Cal Billing Option. Certain screenings and therapies for Medi-Cal eligible students are billed so this fund created solely for school districts. This has been at no cost to the families. In order for the district to continue receiving these important funds, the federal government requires that private health care insurance be billed for services provided to students covered by those companies. Many private insurance companies do not pay for school-based health services, but school districts must attempt to bill them. The School District will continue to provide Health Services at NO COST to the families.

Please fill out the following health insurance information for your child: ❑ **The students does not have health insurance**

Student Name: _____ Birthdate: _____
Parent/Guardian Name (Policyholder's Name & Address):_____
Primary Health Insurance Company Name & Address: _____
Insurance Policy Number & Group Number: _____

If applicable:
Secondary Health Insurance Company Name & Address: _____
Insurance Policy Number & Group Number: _____
Policyholder's Name & Address: _____

Authorization of Release of Information
I authorize release of any information by the school district and its providers to my insurance carrier as is necessary to process the claim or to request payment of claims. I authorize my insurance carrier to make payments directly to the school districts.

Parent/Guardian Signature:_____ Date: _____

In the process of going through health records and talking to some parents, we have noticed that many of our students do not have Health Insurance. Some parents have thought their work insurance has covered their children when the insurance only covers the employee and not the family. Our concern is to try to help our families to ensure proper coverage for your children if possible. Due to this concern, we would like to inform you that your children might be eligible for low or no cost health insurance through California Healthy Families & Medi-Cal programs. Where do you get the applications? You may contact the Kern County Department of Human Services, Delano Joint Union High School District- all sites, Community Connection Center, Delano Elementary School District, Delano Community Health Center or call toll free information 1-888-747-1222 for an application and assistance. For assistance with filling out the application: Department of Human Services (721-5134), Community Connection Center (721-7036), WIC (725-7185), Delano Elementary School District (721-5000). Please return this form to the school office.

Sincerely,

Kenneth Moore, DJUHSD Superintendent

Student I.D	Student Last Name	Student First Name	Grade

E

CHAVEZ COLLEGIATE HIGH SCHOOL

Delano Joint Union High School District

Information Technology Department

DJUHSD Student Access

Student Signature and Parental Release Form

Choose School Site: ☐ DHS ☐ CCHS ☐ RFKHS ☐ VHS ☐ DAS

Choose Grade: ☐ 9Th ☐ 10th ☐ 11th ☐ 12th

I have read the Acceptable Use Policy. I have completed the Student Internet Test. If I follow the rules I may keep my account on DELANO JOINT UNION HIGH SCHOOL DISTRICT. If I do not follow the rules in the Acceptable Use Policy, I understand that my network account will be taken away from me. I understand that there will be no second chance.

Student Signature _____ Date _____

Internet Parent/Guardian Release

I have read the DELANO JOINT UNION HIGH SCHOOL DISTRICT Acceptable Use Policy; I understand that the Internet is a worldwide group of hundreds of thousands of computer networks. I know that the Delano Joint Union High School District does not control the content of these Internet networks. When using the Internet, I realize that students may read material that I might consider controversial or offensive. The Delano Joint Union High School District has my permission to give an Internet account to my child. I understand that my child may keep this address while enrolled at DELANO JOINT UNION HIGH SCHOOL DISTRICT and follow the procedure that is in the Acceptable Use Policy.

Parent or Guardian Signature _____ Date _____

Student I.D	Student Last Name	Student First Name	Grade

F

CHAVEZ COLLEGIATE HIGH SCHOOL

STUDENT CONTRACT

In Compliance with the CCHS Student Handbook, Student Dress Code and District Policy, I will adhere to the following Contract Expectations.

- ☐ I will demonstrate school pride and personal responsibility.
- ☐ I will dress presentable and appropriate for school every day.
- ☐ I will come to school every day ready to learn.
- ☐ I will be in class, **in my seat** by the sound of the bell.
- ☐ I will clear my absences within 3 days at the attendance office.
- ☐ I will **not** be **disruptive** in the classroom.
- ☐ I will only park in the student parking lot.
- ☐ I will help keep the campus clean.
- ☐ I will respect fellow classmates.
- ☐ I will **not** be **defiant** of staff members or school officials.
- ☐ I will **not** engage in any form of verbal or physical altercation.
- ☐ I will **not** retaliate if I am verbally or physically threatened; instead I will notify school officials.
- ☐ ***I will adhere to the Use of Electronic Devices Policy (Cell phones, IPods, etc). I will not hold DJUHSD, Chavez Collegiate High School or its staff responsible for lost or stolen electronic devices.***
- ☐ **I will be held responsible for all expectations listed on the front and back of this form.**
- ☐ I will give my best effort to **WIN** each day.

I have read, checked, and understood all the above expectations that I will follow as a CCHS student. Appropriate consequences will be given for failing to uphold the expectations of this contract.

Student's Signature Date

Parent's Signature Date

Student I.D	Student Last Name	Student First Name	Grade

SCHOOL RULES JURISDICTION (Education Code 48900): Students are subject to Education Code regulations while on school grounds, while coming to or going from school; during school hours whether on campus or not, and during school-sponsored activities.

ELECTRONIC DEVICES (EC 48901.5, 51512): To ensure the safety of all students, to protect personal property, and to ensure the educational process is not disrupted, iPods, PSPs, cameras, radios, tape/CD players, and recording devices are not allowed on campus. **Cell phones are not allowed during school hours.**

Consequences: • *First Offense:* Confiscated item will be released by the Assistant Principal to the parent or legal guardian after school hours. *Second Offense:* Confiscated item will be held and released to the parent or legal guardian only after a parent conference. • *Third Offense:* Confiscated item may be held until the end of the school year and released to the parent or legal guardian only. NOTE: DJUHSD, Chavez Collegiate High School or its staff are not responsible for lost or stolen electronic devices.

CLASSROOM BEHAVIOR: Unacceptable classroom behavior is not tolerated at Chavez Collegiate High School. Students are expected to do the following:

1. To behave in a safe and orderly manner. 2. To treat all members of the school community with respect. 3. To follow all school and classroom rules. 4. To complete assigned work and to turn assignments in on time. 5. To be a contributing member of each class.

Consequences: Students will be referred by the teacher to the Student Affairs Office for discipline. The penalties for unacceptable behavior range from detention to a recommendation to the Governing Board for expulsion.

CLEAN CAMPUS: Students are expected to participate in maintaining a clean campus. Trash should be deposited in receptacles. *Consequences:* Students observed throwing trash on the grounds or inside buildings will be asked to pick up their trash and deposit it in the receptacles provided. Further occurrences will result in detention, Saturday School, suspension or work detail.

ACCEPTABLE WEAR FOR CHAVEZ COLLEGIATE HIGH SCHOOL:

The top of pants must be worn around the waist and belts need to be secured in the belt loops. Sagging is not permitted.

Shoes must be worn at all times. Sandals must have heel straps. Thongs, backless shoes, sandals and house slippers are not acceptable. ***High heels with straps will be permitted up to a 2 in heel.***

Clothing, jewelry and personal items (backpacks, fanny packs, gym bags, water bottles etc.) shall be free of writing, pictures or any other insignia which are crude, vulgar, profane or sexually suggestive, which bear drug, alcohol or tobacco company advertising, promotions and likenesses, or which advocate racial, ethnic or religious prejudice.

Hats, caps, beanies and other head coverings must be CCHS issued and **shall not be worn indoors**.

Clothes shall be sufficient to conceal undergarments at all times AND straps of any kind must be at least 2 in wide. See-through or fish-net fabrics, halter tops, off-the-shoulder or low-cut tops, bare midriffs and skirts or shorts **shorter than mid-thigh are prohibited (including holes or frayed materials)**.

Hair shall be clean and neatly groomed.

Standard ear piercings shall be permitted. Other ear and body piercings shall be prohibited due to safety concerns.

Coaches and teachers may impose more stringent dress requirements to accommodate the special needs of certain sports and/or classes.

Clothes must fit properly and cover the underwear and midriff when sitting, standing, or bending.

Shoulders and midriffs must be covered.

STUDENT DRESS OR GROOMING PRACTICES WHICH ARE UNACCEPTABLE:

May present a potential hazard to the health or safety of the student or others in the school.

May materially interfere with schoolwork, create disorder, or disrupt the educational program.

May cause excessive wear or damage to school property.

May prevent a student from achieving his/her own educational objectives because of blocked vision or restricted movement.

May be construed as gang affiliated.

UNACCEPTABLE DRESS CODE VIOLATIONS THAT WILL RESULT IN DISCIPLINARY ACTION FOR CESAR E. CHAVEZ HIGH SCHOOOL STUDENTS INCLUDE:

Thongs, house slippers, backless shoes, high heels shoes (2 inches), or sandals without straps.

Any clothing or apparel displaying alcohol. Tobacco products, drugs, gang affiliation, sexual content, or offensive language which advocates racial, ethnic, or religious prejudice.

Sports Jerseys (i.e., NFL, NBA, MLB, etc.). Non-CCHS Hats, hairnets, beanie caps, hoods, or other head coverings.

See- though or fish-net fabrics, tube tops, halters, tank tops, razor back and spaghetti straps.

Sunglasses worn indoors.

Any item that is potentially dangerous and could cause physical injury to oneself or others (i.e., sharp objects, safety pins, metal studs).

Any jewelry which is visible that pierces any body part other than the ears – No facial piercings.

GANG-RELATED ACTIVITIES:

Gang related activities will not be tolerated on campus or in the immediate vicinity of Chavez Collegiate High School.

Student I.D	Student Last Name	Student First Name	Grade

G

CHAVEZ COLLEGIATE HIGH SCHOOL

800 Browning Road, Delano, CA 93215 - (661) 720-4504

FAMILY COMPACT

SCHOOL PLEDGE

We understand the importance of the school experience to every student and our role as educators and parent liaisons. Therefore, we pledge to carry out the following responsibilities

- We will provide a high-quality curriculum and instruction.
- We will communicate high expectations for every student.
- We will endeavor to motivate our students to learn.
- We will teach and involve students in classes that are interesting and challenging.
- We will participate in professional development opportunities that improve teaching and learning and support the formation of partnerships with families and the community.
- We will enforce rules equitably and involve students and parents in creating a welcoming, inviting, and caring learning environment in the class.
- We will communicate regularly with families about their child's progress in school.
- We will participate in shared decision making with other school staff and families for the benefit of students.
- We will respect the school, staff, students and families.

Principal Signature _____ Date _____

Teacher Signature _____ Date _____

FAMILY PLEDGE

We understand the importance of our student's education, and we realize that our participation will improve his/her achievement and attitude. Therefore, we pledge to carry out the following responsibilities:

- We will communicate with our students and their teachers regarding assignments, and regularly monitor academic progress.
- We will support the school's discipline, attendance, and dress code policies.
- We will provide a quiet study time/place at home, encourage good study habits, and support tutorial attendance.
- We will assure that our student arrives at school on time and ready to learn.
- We will attend and support school functions involving our student.
- We agree to voluntarily participate in having teachers visit at home or to participate in community education meetings.

Parent Signature _____ Date _____

STUDENT PLEDGE

I understand the importance of education and realize that I am responsible for my own success in school. Therefore, I pledge to carry out the following responsibilities:

- I will arrive at school and class on time and ready to learn.
- I will communicate with my teachers and family regarding my education.
- I will follow the school's discipline, attendance, and dress code policies.
- I will be respectful to the staff, other students, and to school property.
- I will ask for help and attend tutorial when I need it.
- I will set aside time every day to complete homework.

Student Signature _____ Date _____

Student I.D	Student Last Name	Student First Name	Grade

H

Chavez Collegiate High School

Justin M Derrick, Principal | Lorena Anderson, Assistant Principal | Lorraine Alvarez, Assistant Principal | Leonedes Garcia, Learning Director

SCHOOL SITE COUNCIL NOMINATION FORM

Dear Parent(s) and/or guardian(s) of Chavez Collegiate High School Students:

As part of the school plan, we encourage the involvement of parents and families in the education of their children, I would like to cordially invite you to serve as an important member of the School Site Council.

The SSC meets quarterly throughout the year to decide how we can best meet the educational needs of your children so they can succeed in school. I would like to ask you to serve by putting your name on the Nomination Form below or by nominating someone who you believe will serve our school community by putting the interests of children first.

The names on the nomination form will be used for a voting ballot. Parents will be given the opportunity to vote for the parent members of the SSC at our **Annual Title I Parent Advisory Committee.**

Sincerely,

Justin M. Derrick,
CCHS Principal

NOMINATION FORM

Nominations for Chavez Collegiate High School Site Council (SSC)

Parent Name_____ Student's Name_____ Grade_____

Address_____

Phone_____

In one or two sentences, please describe yourself and why you would like to be a nominated to the CCHS Site Council:

_____

_____

_____

_____

_____

Please return with your student to CCHS Attendance Office. If you have any questions, please contact Eva Torres, Principal's Secretary at 661-720-4504.

Student I.D	Student Last Name	Student First Name	Grade

DELANO JOINT UNION HIGH SCHOOL DISTRICT

Student Housing Questionnaire 2026-2027

McKinney-Vento Assistance Act-Declaration Form

This questionnaire is intended to address the McKinney-Vento Act, authorized by the Every Student Succeeds Act. (Dec. 2015) Your answers will help determine residency and/or documents necessary for your student enrollment and eligibility for federal services available to qualified students. The information you provide on this form will be kept confidential and only shared with the appropriate school district and site staff.

Currently, where does your child/family reside? Please check all that apply.

- **(STABLE AND PERMANENT)** Live in a single-family residence (home, house, apartment, or dwelling), which means that the building is usually occupied by just one family or household.
- **(SHARING BY CHOICE)** Live with another family in a home, house, apartment, or dwelling **NOT** due to financial hardship.
- **(SHARING DUE TO FINANCIAL HARDSHIP/NATURAL DISASTER)** Live temporarily with a friend or relative **because of** financial hardship and/or loss of housing due to natural disaster or similar reason.
- Live in a motel, hotel, or weekly rate housing.
- Live in an emergency shelter, transitional shelter, or domestic violence shelter.
- Live in a car, trailer park, or campground
- I am a student under the age of 18 and not in the physical custody of a parent or guardian
- Migratory child/children living in a Labor Camp
- Living in substandard housing is defined as residential structures that do not meet local health and safety requirements. (Shed, garage, tent, or structure not meant for human habitation; i.e., no electricity, running water, or cooling/heating)

Name of Parent/Guardian: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Please list all the children currently living with you.

STUDENT (First, Last Name)	BIRTHDATE	SCHOOL	GRADE

I declare under penalty under the laws of the State of California that the above information is a true and accurate account of my residential status. I understand that the information on this document is subject to district verification, and home contacts may be made to establish accuracy. I acknowledge that the information I provide on this form is used to determine my child's residency and school enrollment, and I agree to provide information that is accurate and complete to the best of my knowledge.

I understand that if the information provided is later found to be inaccurate, the school district may review my child's enrollment and take steps to ensure enrollment in the correct school of residence, which may include a transfer within two school days.

My signature below indicates I have read the above statement and understand the conditions.

_____ _____

Signature of Parent/Guardian Date Completed

If you have any questions, please contact Rene Ayon, Assistant Superintendent of Student Services, or Iris Guerra at 661-720-4127