RESIDENTIAL STATUS
ESTADO RESIDENCIAL

School
escuela

Student ID Number
Número de identificación del estudiante

Student’s Full Name
Nombre del estudiante

Please check the one that applies to you the most
Por favor, marque la que se aplica a usted

☐ Permanent Housing (Living in a house or apartment) 200
Vivienda permanente (vive en una casa o apartamento)

☐ Shelter 100
Shelter

☐ Hotel/Motel 110
Hotel/Motel

☐ Unsheltered 130
Unsheltered

☐ Doubled-up (Living house to house with family or friends due to economic hardship, i.e. - loss of job, house, etc.) 120
Doubled-up (viviendo casa por casa con familia o amigos debido a las dificultades económicas, ej.: pérdida de trabajo, casa, etc.)

☐ Doubled-up (By choice, i.e. – helping a loved one, waiting for your residence to be available, etc. Long term) 200
Doubled-up (por elección, es decir – ayudando a un ser querido, esperando su residencia que esté disponible, etc.. A largo plazo)

☐ Kinship (student placed with family by court)
Parentesco (estudiante colocado con familia por corte)

☐ Foster *Must show placement agreement form
Foster *debe mostrar formulario de acuerdo de colocación

☐ Group Home (Licensed Children’s Institution) *Must show placement agreement form
Group Home (Institución de niños con licencia) *debe mostrar formulario de acuerdo de colocación

☐ Decline to state at this time (Will be considered living in a house or apartment) 200
Rechazar decir estatus de residencia en este momento (se considerarán viviendo en una casa o apartamento)

Parent/Guardian Signature

Educational Services/Student Support Services/it

4/24/15
STUDENTS ACCEPTABLE USE OF TECHNOLOGY AGREEMENT
AND RELEASE OF DISTRICT FROM LIABILITY

STUDENT ACCEPTABLE USE OF TECHNOLOGY

The Antioch Unified School District authorizes students to use technology owned or otherwise provided by the District as necessary for instructional purposes. The use of District technology is a privilege permitted at the District's discretion and is subject to the conditions and restrictions set forth in applicable Board policies, administrative regulations, and this Acceptable Use Agreement. The District reserves the right to suspend access at any time, without notice, for any reason.

The District expects all students to use technology responsibly in order to avoid potential problems and liability. The District may place reasonable restrictions on the sites, material, and/or information that students may access through the system.

Each student who is authorized to use District technology and his/her parent/guardian shall sign this Acceptable Use Agreement as an indication that they have read and understand the agreement.

DEFINITION
District technology includes, but is not limited to, computers, the District's computer network including servers and wireless computer networking technology (wi-fi), the Internet, email, USB drives, wireless access points (routers), tablet computers, smartphones and smart devices, telephones, cellular telephones, digital photographic devices, personal digital assistants, pagers, MP3 players, wearable technology, any wireless communication device including emergency radios, and/or future technological innovations, whether accessed on or off site or through District-owned or personally owned equipment or devices.

STUDENT OBLIGATIONS AND RESPONSIBILITIES
Students are expected to use District technology safely, responsibly, and for educational purposes only. The student in whose name District technology is issued is responsible for its proper use at all times. Students shall not share their assigned online services account information, passwords, or other information used for identification and authorization purposes, and shall use the system only under the account to which they have been assigned.

Students are prohibited from using District technology for improper purposes, including, but not limited to, use of District technology to:

1. Access, post, display, or otherwise use material that is discriminatory, libelous, defamatory, obscene, sexually explicit, or disruptive

2. Bully, harass, intimidate, or threaten other students, staff, or other individuals ("cyberbullying")

3. Disclose, use, or disseminate personal identification information (such as name, address, telephone number, Social Security number, or other personal information) of another student, staff member, or other person with the intent to threaten, intimidate, harass, or ridicule that person

4. Infringe on copyright, license, trademark, patent, or other intellectual property rights
STUDENTS ACCEPTABLE USE OF TECHNOLOGY AGREEMENT
AND RELEASE OF DISTRICT FROM LIABILITY

5. Intentionally disrupt or harm District technology or other District operations (such as destroying District equipment, placing a virus on District computers, adding or removing a computer program without permission from a teacher or other District personnel, changing settings on shared computers)

6. Install unauthorized software

7. "Hack" into the system to manipulate data of the District or other users

8. Engage in or promote any practice that is unethical or violates any law or Board policy, administrative regulation, or District practice

PRIVACY
Since the use of District technology is intended for educational purposes, students shall not have any expectation of privacy in any use of District technology.

The District reserves the right to monitor and record all use of District technology, including, but not limited to, access to the Internet or social media, communications sent or received from District technology, or other uses. Such monitoring/recording may occur at any time without prior notice for any legal purposes including, but not limited to, record retention and distribution and/or investigation of improper, illegal, or prohibited activity. Students should be aware that, in most instances, their use of District technology (such as web searches and emails) cannot be erased or deleted.

All passwords created for or used on any District technology are the sole property of the District. The creation or use of a password by a student on District technology does not create a reasonable expectation of privacy.

PERSONALLY OWNED DEVICES
If a student uses a personally owned device to access District technology, he/she shall abide by all applicable Board policies, administrative regulations, and this Acceptable Use Agreement. Any such use of a personally owned device may subject the contents of the device and any communications sent or received on the device to disclosure pursuant to a lawful subpoena or public records request.

REPORTING
If a student becomes aware of any security problem (such as any compromise of the confidentiality of any login or account information) or misuse of District technology, he/she shall immediately report such information to the teacher or other District personnel.

CONSEQUENCES FOR VIOLATION
Violations of the law, Board policy, or this agreement may result in revocation of a student's access to District technology and/or discipline, up to and including suspension or expulsion. In addition, violations of the law, Board policy, or this agreement may be reported to law enforcement agencies as appropriate.
STUDENTS ACCEPTABLE USE OF TECHNOLOGY AGREEMENT
AND RELEASE OF DISTRICT FROM LIABILITY

Student Acknowledgment
I have received, read, understand, and agree to abide by this Acceptable Use Agreement and other applicable laws and District policies and regulations governing the use of District technology. I understand that there is no expectation of privacy when using District technology. I further understand that any violation may result in loss of user privileges, disciplinary action, and/or appropriate legal action.

Name: __________________________ Grade: __________________________
(Please print)

School: __________________________

Signature: __________________________ Date: __________________________

Parent or Legal Guardian Acknowledgment
If the student is under 18 years of age, a parent/guardian must also read and sign the agreement.

As the parent/guardian of the above-named student, I have read, understand, and agree that my child shall comply with the terms of the Acceptable Use Agreement. By signing this Agreement, I give permission for my child to use District technology and/or to access the school's computer network and the Internet. I understand that, despite the District's best efforts, it is impossible for the school to restrict access to all offensive and controversial materials. I agree to release from liability, indemnify, and hold harmless the school, District, and District personnel against all claims, damages, and costs that may result from my child's use of District technology or the failure of any technology protection measures used by the District. Further, I accept full responsibility for supervision of my child's use of his/her access account if and when such access is not in the school setting.

Name: __________________________ Date: __________________________
(Please print)

Signature: __________________________
Publishing Release Form and Parent Permission for Publishing Student Work
Board Policy 1113, Board Policy 6162.6

I give permission to the Antioch Unified School District to publish or release for publication (check all that apply):

☐ work including but not limited to drawings, materials, or writings, from my student’s classroom, individual work by my son/daughter, and/or photographs of school activities that may contain my student’s photograph on the school’s website, which is housed on the web server designated by Antioch Unified School District;

☐ photographs, videos, sound recordings or other audio/visual materials for use in the production of printed or audio-visual materials;

☐ just this specific designated item. ___________________________________________________________

I understand that the work will appear with a copyright notice prohibiting the copying of such work without express written permission. In the event anyone requests such permission, the request will be forwarded home. No home address or telephone number will appear with such work. I agree to hold the school, the District, and its officers, employees, or agents harmless for any unauthorized uses or copyright violations arising from the publication of my student’s work and/or photograph published on the school’s web site.

In addition, I release any claims against the school, the District, and its officers, employees, or agents for any damages, awards, claims, or liabilities that may arise from any unauthorized uses or copyright violations of my student’s work and/or photograph.

Student Name: ____________________________________________________________
(print)

Classroom Teacher: ___________________________ School: ___________________________

Home/Cell Phone Number: ________________________________________________________

Name of Parent or Guardian: _____________________________________________________
(print)

Signature of Parent or Guardian: ___________________________ Date: _____________________

Revised 1/14rb

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RELEASE OF STUDENT INFORMATION (Optional)

If you do not wish directory information released, please sign where indicated below and return to the school office within the next 30 days. Note that this will prohibit the District from providing the student’s name and other information to the news media, interested schools, parent-teacher associations, interested employers, and similar parties. A separate letter must be sent to your student’s principal if you do not want information released to military recruiters.

(Annual Notification)

Do NOT release student information regarding __________________________________________________________

☐ Check if an exception may be made to include student information and photos in the yearbook.

☐ Check if an exception may be made to provide student information/photos to newspapers/media for the purpose of graduation announcements, scholarships, awards, and recognitions.

Signature of Parent or Guardian: ___________________________ Date: _____________________
ANTIOCH UNIFIED SCHOOL DISTRICT

MEDICATION

To: Parent or Guardian and Attending Physician

The California Education Code, Section 49423, authorizes the administration of medication to pupils when such administration has been requested and approved by the student's parent(s) and physician. The regulations apply to "over-the-counter" as well as prescription medications.

The school supply of medication must be in an original pharmacy-labeled container. The label shall contain: name and telephone number of the pharmacy; student name; physician name, dosage, and time and frequency of administration. Over-the-counter medication must be in the original manufactured-labeled container. When the school supply of medication is depleted, additional medication must be brought to school in a new container, labeled as described above, with the most current prescription.

An adult must bring medications under jurisdiction of the Federal Controlled Substance Act to the school. All medications brought to school must be kept in a locked storage area. The physician must acknowledge that the medication is required to be taken during the regular school hours and such medication may be administered by designated (medically-untrained) school personnel.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>M/F</th>
<th>Birthday</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td>School</td>
<td>Grade/Room #</td>
<td></td>
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<tr>
<td>Physician Name</td>
<td>Phone</td>
<td>Date</td>
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</tbody>
</table>

I hereby request that the school assist me with the administration of medication to my child during school hours and I give my consent to the school and doctor to exchange any information concerning my child.

Parent Signature

The attending physician must complete this section and all information below shall be provided on the prescription label.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Medical Record #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Medication

Specific Dosage Order | Time(s) |
----------------------|---------|
|                      |         |

Duration of this authorization (not to exceed June 30th of this school year)

Physician Signature | Address | Phone
-------------------|---------|--------
|                    |         |        |

Education Code, Section 49423: any pupil who is required to take, during the regular school day, medication prescribed for him by a physician, may be assisted by the school nurse or to the designated school personnel if the school district receives (1) a written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken and (2) a written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in the matter set forth in the physician's statement.
Date: ____________________

____________________________________________________________________ (student) has been instructed in the proper use of (inhaler/medication) __________________________. The child's well-being is in jeopardy unless the inhaler/medication is carried on his/her person; therefore, we request that he/she be permitted to carry the inhaler/medication. He/she understands the purpose, appropriate method, and frequency of use of this inhaler/medication.

_________________________________________  __________________________
Physician's Signature                     Date

Physician's Name: ____________________________________________________________________________

Address ______________________________________________________________________________________

Phone: (___) __________________

*******************************************************************************
**

I permit my child to carry the above listed inhaler/medication as ordered by his/her physician. I understand that sharing medication with other students will result in disciplinary action.

_________________________________________  __________________________
Parent/Guardian Signature                  Date

THIS FORM MUST BE COMPLETED IN ADDITION TO THE ROUTINE DISTRICT MEDICATION AUTHORIZATION FORM