



SAN BENITO COUNTY
POLYTECHNIC ACADEMY

SAN BENITO COUNTY POLYTECHNIC ACADEMY
790 Bolsa Road
Hollister, CA 95023
(831) 297-1883

NEW STUDENT REGISTRATION PACKET

CHECK-OFF LIST

SCHOOL (Please check only one)

SAN BENITO COUNTY POLYTECHNIC ACADEMY

STUDENT

Last Name(s): _____ First Name: _____

Birthdate: _____ Enrolling for Grade: _____

PROOF OF RESIDENCY (Only 1 is required at Enrollment)

Deed PG&E Bill Rental Agreement

Water Bill Property Tax Bill Other: _____

ENROLLMENT REQUIREMENTS (Forms need to be completed by Parents, Doctor, and Dentists and copies need to be made of certificates or records – All need to be submitted)

Proof of Age: Passport, Baptism Certificate, or Copy of Birth Certificate *(Required at Enrollment)*

Updated Yellow Immunization Record *(Required at Enrollment)*

Registration Form *(Required at Enrollment)*

Home Language Survey

Emergency Student Card *(Required at Enrollment)*

Mobility Form *(Required at Enrollment)*

Student Residency Questionnaire *(Required at Enrollment)*

Parent Agreement *(Required at Enrollment)*

TB (Tuberculosis) Screening *(Not required by San Benito County or Santa Cruz County)*

Health Exam (by Doctor) *(Required before the child starts school)*

Oral/Health Assessment (by Dentist)

* **For office use only!** *

Student Enrolled by: _____
SBC Polytechnic Academy School Staff Person

Date of Enrollment: _____

SAN BENITO COUNTY POLYTECHNIC ACADEMY SCHOOL

790 Bolsa Road
Hollister, CA 95024
(831) 297-1883



STUDENT REGISTRATION FORM

School Year _____

Student Information

Last Name _____ First Name _____ Middle Initial _____ Birthdate _____ Enrollment Grade _____
 Gender: Male Female Other

Residence Address _____ City _____ Zip Code _____
 Mailing Address _____ City _____ Zip Code _____ Primary Phone _____ Month/Year moved to current address _____
 Emergency Contact Information - If responsible adult (Parent/Guardian) is not available _____ Medical Problem(s)? Yes No

Name _____ Address _____ Phone Number _____ If Yes, describe problem (Attach any additional information) _____
 Has this student attended a California school in the past? Yes No
 Grades Attended _____ Dates Enrolled (From/To) _____ School _____ Public? Yes No State, City and County _____

Has this student ever received any of the following services in this or any other district?

GATE: Yes No
ESL / ELD: Yes No
Migrant Education: Yes No
Special Education: Yes No If yes, identify services (Resource, Speech, Special Day, IEP) _____

Is your child on a 504 plan? Yes. No

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one)

- White (including Hispanic/Latino)
- Hispanic or Latino (of any race)
- Asian (including Asian American and Pacific Islander)
- African American or Black
- Native American or Indigenous
- Multi-racial or mixed ethnicity

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.

<input type="checkbox"/> American Indian or Alaskan Native (100) (Persons having origins in any of the original people of North, Central or South America) <input type="checkbox"/> Chinese (201) <input type="checkbox"/> Japanese (202) <input type="checkbox"/> Korean (203) <input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Asian Indian (205) <input type="checkbox"/> Laotian (206) <input type="checkbox"/> Cambodian (207) <input type="checkbox"/> Hmong (208) <input type="checkbox"/> Other Asian (299) <input type="checkbox"/> Hawaiian (301) <input type="checkbox"/> Guamanian (302) <input type="checkbox"/> Samoan (303)	<input type="checkbox"/> Tahitian (304) <input type="checkbox"/> Other Pacific Islander (399) <input type="checkbox"/> Filipino/Filipino American (400) <input type="checkbox"/> African American or Black (600) <input type="checkbox"/> White (700) (persons having origins in any of the original people of Europe, North Africa, or the Middle East)
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Does your student have an active enrollment in a United States Tribe? Yes No

List any siblings living in the home:

Name of Sibling _____	School Attended _____	Name of Sibling _____	School Attended _____
Name of Sibling _____	School Attended _____	Name of Sibling _____	School Attended _____

Name of Sibling

School Attended

Name of Sibling

School Attended

Parents/Guardians Information

Check all that apply

- Mother
- Father
- Foster Parent
- Legal Guardian
- Other (Specify)

Divorced/Legally Separated

Yes No

If Yes, Joint Custody?

Yes No

Emergency Contact

Guardian Name: _____

Address (If different from student) _____

Business Phone: _____ Ext. _____

Cell Phone _____

Email: _____

What language would you like to be contacted in: _____

Federal Impact Aid (FIA) Section 8003 Grant Information.

Is this individual a member of the Military? Yes No

Education Level, College Year or Degree Obtained:

- Not High School Graduate
- High School Graduate
- Some College
- College Graduate
- Graduate School

Check all that apply

- Mother
- Father
- Foster Parent
- Legal Guardian
- Other (Specify)

Divorced/Legally Separated

Yes No

If Yes, Joint Custody?

Yes No

Emergency Contact

Guardian Name: _____

Address (If different from student) _____

Business Phone: _____ Ext. _____

Cell Phone _____

Email: _____

What language would you like to be contacted in: _____

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Education Level, College Year or Degree Obtained:

- Not High School Graduate
- High School Graduate
- Some College
- College Graduate
- Graduate School

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FORGOING IS TRUE AND THAT MY SUPPORTING DOCUMENTS ARE CORRECT.

Parent/Guardian Signature: _____ **Date:** _____

Office Use Only

ID: _____ SCH: _____ REG-DATE: _____ ENROLLED BY: _____ ETH: _____ IMMUN: _____ SPECIAL ED: _____ HOME SCH: _____ Next School Code: _____

Verification of Residence: Deed Tax Card Lease Insurance Escrow Letter Other: _____

Documentation of Birthdate: Baptismal Record Birth Certificate Passport Other: _____

Referred to ELD: _____ ELD Status: _____ Test Date: _____ Primary Language: _____

Date: _____
School: SBCPA



Original
HLS
Interim HLS
(Pending arrival of
CUM from another
CA School)

Coded

Note: School personnel should complete all of the information items above this line

HOME LANGUAGE SURVEY

Name of Student: _____
(Surname / Family Name) (First Given Name) (Second Given Name)

Age of Student: _____ Grade Level: _____

Directions to Parents and Guardians:

The California *Education Code* contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.

1. Which language did your child learn when he/she first began to talk? _____
2. Which language does your child **most frequently** speak at home? _____
3. Which language do you (the parents or guardians) **most frequently** use when speaking with your child? _____
4. Which language is most often spoken by **adults** in the home? _____

(parents, guardians, grandparents, or any other adults)

Please sign and date this form in the spaces provided below, then return this form to office. Thank you for your cooperation.

Signature of Parent or Guardian

Date

Emergency Student Information Card

STUDENT AND PARENTS/GUARDIANS INFORMATION

_____ Date of Birth ____/____/____ F M Non Binary

Student's Last Name First Name Middle Name

Residence Address, City, State, Zip Mailing Address (If different from Residence Address)

Father/Guardian's Name Employer Email Address: _____ Home # _____ Work # _____ Cell # _____	Mother/Guardian's Name Employer Email Address: _____ Home # _____ Work # _____ Cell # _____
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Student Lives with: Both Parents Mother Father Guardian

SIBLINGS INFORMATION

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

STUDENT'S HEALTH INFORMATION - MUST BE COMPLETED

Asthma: Yes No Allergies: Yes No If yes, types:

Medications (taken regularly): _____ Doctor's Name: _____

Other Conditions: _____ Doctor's Phone #: _____

San Benito County Polytechnic Academy submits claims to Medi-Cal for basic health screenings and services given to all students. Revenues received help to provide additional health services for all district students. Parents will not be asked to pay for any school health services. I consent to billing to Medi-Cal / insurance carriers for school health services provided for my child and for the exchange of billing information with the school district's services company.

OTHER EMERGENCY CONTACTS - When I cannot be reached, I authorize you to contact: (MUST BE AT LEAST 18 YEARS OF AGE)

Name	Address	Phone No: <input type="checkbox"/> Cell <input type="checkbox"/> Home	Relationship
Name	Address	Phone No: <input type="checkbox"/> Cell <input type="checkbox"/> Home	Relationship
Name	Address	Phone No: <input type="checkbox"/> Cell <input type="checkbox"/> Home	Relationship

NOTE: Child will not be released to anyone not listed on this card, unless the parent/ Guardian provides a written release.

In case of emergency, when I cannot be reached, I authorize school officials to call or take my child for emergency medical treatment.

Is one Parent/Guardian of the Student active in the U.S. Armed forces?: Yes No

Legal documentation (It's the parents' responsibility to provide updated information):

Restraining order: Yes No Guardianship Change: Yes No Change of student name: Yes No

At times during the school year, the media may write an article or take pictures of programs or activities taking place on school campuses. I give my permission: Yes No

Parent/Guardian Signature _____ Date _____

BEFORE AND AFTER SCHOOL INFORMATION

Daycare Provider: _____ Phone #: _____

Picked up Walker

CONFIDENTIAL



SAN BENITO COUNTY
POLYTECHNIC ACADEMY

Student ID Number

STUDENT RESIDENCY QUESTIONNAIRE

This document is intended to address the McKinney-Vento Assistance Act. Your answers will help us know our families and provide possible assistance.

Student: _____ (Male ___ Female ___ Other ___)

Birthdate: _____ Grade: _____

School: SAN BENITO COUNTY POLYTECHNIC ACADEMY

1. Do you and your student live in a fixed, regular, adequate nighttime residence? **Yes** ___ **No** ___

(If you circled "Yes", stop here. If you circled "NO", please continue with this form.)

2. Do you and the student live in:

- shelter
- motel/hotel
- temporarily with another family in a house, mobile home, or apartment
- in a car or RV
- at a campsite
- transitional housing
- other location _____

3. The student lives with:

- one parent
- two parents
- a qualified relative
- friend(s)
- an adult that is not the legal guardian
- alone with no adult(s)

4. I am:

- the parent/legal guardian of the above-named student
- a qualified adult relative of the above-named student
(Relationship: _____)

I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge.

Signature: _____ Date: _____

Print Your Name:

Residence:

Street

City

Zip

Mailing Address:

Street

City

Zip

Telephone: (____) _____ Cell Phone: (____) _____



**Student Health Information
(CONFIDENTIAL)**

Student's Name: _____ **Birthdate:** _____

Primary Care Provider: _____ **Provider Phone:**

Does your child have any of the health conditions listed below? **Yes** **No**

If yes, check all that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Allergies _____ | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Developmental | <input type="checkbox"/> Neurological Condition |
| Food _____ | Delay | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Allergies Seasonal | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Skin Condition |
| <input type="checkbox"/> Autoimmune Disorder | <input type="checkbox"/> Endocrine | <input type="checkbox"/> Spina Condition |
| <input type="checkbox"/> Bee Sting Allergy | Disease | <input type="checkbox"/> Stomach Condition |
| <input type="checkbox"/> Behavioral/Emotional/
Psychological | <input type="checkbox"/> EPI PEN | <input type="checkbox"/> Urinary Condition |
| <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Genetic | <input type="checkbox"/> Visually Impaired |
| <input type="checkbox"/> Bowel Disorder | Disorder | |
| <input type="checkbox"/> Brain or CNS Disorder | <input type="checkbox"/> Head | |
| <input type="checkbox"/> Cancer | Injury/Concussion | |
| | <input type="checkbox"/> Headaches/
Migraines | |
| | <input type="checkbox"/> Hearing | |
| | Problems | |
| | <input type="checkbox"/> Heart Condition | |

Please Explain: _____

Are any of the above conditions life-threatening for your child? **Yes** **No**

If yes, please explain: _____

Other conditions: _____

Does your Child have any medical or physical restrictions? **Yes** **No**

If yes, please explain: _____

Medications: List any medications your child takes: _____

If your child needs to take medication while at school, you must complete a Permission to **Administer medication** form before school staff are able to assist your child in taking the medication. These forms are available in the school office.

Please be prepared to provide documentation directly to the school nurse regarding any and all health conditions/concerns and medications. You will be required to provide immunization documentation at your registration appointment.

Would you like to get more information about Medi-Cal? **Yes** **No**

I understand my child's health information is kept confidential and disclosed only as needed to protect my child's health and safety at school.

Parent/Guardian Signature: _____ Date: _____



San Benito County Polytechnic Academy Commitments to Success

Parent/Guardian Commitment

We fully commit to our school in the following ways:

- We fully support the San Benito County Polytechnic Academy mission.
- We will always help our child in the best way we know how, and we will do whatever it takes for him/her to learn and prepare for college and life by supporting him/her and encouraging him/her to adhere to his/her “commitment to excellence.”
- We will make sure our child arrives at school on time every day.
- We will follow all arrival and dismissal regulations and parking procedures.
- We will make sure our child follows the San Benito County Polytechnic Academy School dress code.
- We will ensure that our student completes all homework assignments and is prepared for school each day.
- We will meet regularly with teachers to discuss our child’s progress, including home visits, sites off campus, and parent conferences, and support their work to help our child excel.
- We will participate in school activities including parent/family meetings, exhibition nights, community meetings, open house nights, conferences, etc.
- We, not the school, are responsible for the behavior of our child.

Failure to adhere to these commitments could cause my child to lose various privileges and/or face consequences.

X _____

Parent Signature

Migrant Education Program

San Benito County Polytechnic Academy

Your children may be eligible for additional services if you have moved in the recent past to do certain kinds of work. Please help us determine if your child qualifies by answering these questions.

1. Have you moved in the past three years to obtain work in agriculture or fishing? Yes No

2. Please check the jobs you have done.



Harvesting fruits/
vegetables



Cultivation/
preparation
of soil/ irrigating



Planting/
pruning trees
and vines (orchards)



Greenhouse/nursery/
sod/ mushroom farms



Harvesting nuts/
Packing facility



Dairy/ Livestock



Commercial fishing/
crabbing/ shellfish



Meat processing/
seafood processing

Parent(s) name(s): _____ Date: _____

Phone #: _____ Phone #2: _____

Best time to call: _____

For more information, please contact:

Nicole Prater, nprater@poly-academy.org

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)
_____ <i>Licensed Dental Professional Signature</i>		_____ <i>CA License Number</i>	_____ <i>Date</i>

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.

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street	City	ZIP code	SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	___/___/___
Physical Examination	___/___/___
Dental Assessment	___/___/___
Nutritional Assessment	___/___/___
Developmental Assessment	___/___/___
Vision Screening	___/___/___
Audiometric (hearing) Screening	___/___/___
TB Risk Assessment and Test, if indicated	___/___/___
Blood Test (for anemia)	___/___/___
Urine Test	___/___/___
Blood Lead Test	___/___/___
Other	___/___/___

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.

Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

- Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian

Date

Name, address, and telephone number of health examiner

Signature of health examiner

Date

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

School Year 2024-2025 San Benito County Polytechnic Academy INCOME SURVEY Complete one survey per household.

Please read the instructions on how to complete. Print clearly with a pen. This institution is an equal opportunity provider.

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 EACH STUDENT (First, Middle Initial, Last)	Enter school name and grade level		Enter student's birthdate	Check the applicable box if the student is foster, homeless, migrant, or runaway.			
	Lincoln Elementary	1st		12-15-2010	Foster	Homeless	Migrant
EXAMPLE: Joseph P Adams				<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 FDPIR

Do ANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDPIR? If **NO**, skip STEP 2 and continue to STEP 3.

If YES , check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4.	Select Program Type:	Enter Case Number:
	<input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDPIR	

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 survey is true and that all income is reported.

Signature of adult completing this application: X		
Print Name:		
Date:	Phone Number:	
Mailing Address:		
City:	State:	Zip:
E-mail:		

DO NOT COMPLETE. SCHOOL USE ONLY			
How Often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly			Total Household Income
Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12			\$
Total Household Size	Eligibility Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-price <input type="checkbox"/> Paid (Denied)		<input type="checkbox"/> Categorical
<input type="text"/> <input type="text"/>	Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway		<input type="checkbox"/> Error Prone
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.	
Ethnicity (check one):	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
Race (check one or more):	
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> White



Student Responsible Use of Technology Agreement 2024-25

Overview

San Benito County Polytechnic Academy makes a variety of communications and information technologies available to students. These technologies, when properly used, promote educational excellence in San Benito County Polytechnic Academy by facilitating resource sharing, innovation, collaboration, and communication. Illegal, unethical, or inappropriate use of these technologies can have dramatic consequences, harming San Benito County Polytechnic Academy, its students, and its employees. San Benito County Polytechnic Academy firmly believes that digital resources, and interaction available through San Benito County Polytechnic Academy technology systems far outweigh the disadvantages. This Responsible Use Agreement is intended to minimize the likelihood of harm by educating San Benito County Polytechnic Academy students and setting standards that will serve to protect San Benito County Polytechnic Academy and its students.

Mandatory Review by Parent/Guardian and Student

To educate students on proper technology use and conduct, students are required to review these guidelines each school year. The parent or legal guardian of a student user is required to acknowledge receipt and understanding of the San Benito County Polytechnic Academy 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.

Definition of San Benito County Polytechnic Academy Technology System and Network

San Benito County Polytechnic Academy technology and networks are any configuration of hardware and software. The system includes but is not limited to, the following: telephones, cell phones, and voicemail technologies; email accounts; servers; computer hardware and peripherals; software including operating system software and application software; digitized information including stored text, data files, email, digital images, and video/audio files; internally or externally accessed databases, applications, or tools (Internet or San Benito County Polytechnic Academy -server based); San Benito County Polytechnic Academy -provided Internet access including guest Wi-Fi; and new technologies as they become available.

Student Use Expectations

San Benito County Polytechnic Academy 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 or administrator to help decide if a use is appropriate. You must do the following to keep your school technology privileges:

Respect and protect your own and the privacy of others by:

1. Using only accounts assigned to you.
2. Only viewing or using passwords, data, drives, or networks to which you are authorized.
3. Never distribute private information about yourself or others.

Respect and protect the integrity, availability, and security of all electronic resources by:

1. Observing all San Benito County Polytechnic Academy Internet filters and posted network security practices.
2. Reporting security risks or violations to a teacher or network administrator.
3. Not destroying or damaging data, equipment, networks, or other resources that do not belong to you, without clear permission of the owner, (not hacking, uploading, or creating computer viruses, sending mass emails or spam, or causing a disruption to electronic services).
4. Sharing technology resources with other users by not deliberately causing network congestion or consuming excessive electronic storage.
5. Immediately notify a staff member or administrator of computer or network malfunctions.

Respect and protect the intellectual property of others by:

1. Following copyright laws (not making illegal copies of music, pictures, images, videos, games, software, apps, or movies).
2. Citing sources when using others' work (not plagiarizing).

Respect your community by:

1. Communicating only in ways that are kind and respectful.
2. Reporting threatening or discomfoting materials to a teacher or administrator.
3. 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, or bullying).
4. 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).
5. Not using the resources to further other acts that are criminal or violate the school's standards for student behavior, such as cheating.
6. Refraining from buying, selling, advertising, or otherwise conducting business, unless approved as a school project.
7. Participating positively in all digital learning environments and refraining from behaviors that negatively impact your peers or staff members.

Consequences for Violation.

Violations may result in the loss of your privileges to use the school or San Benito County Polytechnic Academy's information technology resources. Violations of law may also result in disciplinary action, imposed in accordance with the San Benito County Polytechnic Academy Standards for Student Behavior up to and including suspension or expulsion depending on the degree and severity of the violation. Violations could also result in criminal prosecution by government authorities.

Student Access to Computer/Network/Internet.

Computer/Network/Internet access is provided to all students for educational and instructional purposes. Each San Benito County Polytechnic Academy computer/tablet 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). San Benito County Polytechnic Academy makes every effort to limit access to objectionable material; however, controlling all such materials on the computer/tablet/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.

Digital Learning Environments

Students may participate in online environments related to curricular projects or school activities and use digital tools, such as, but not limited to, mobile devices, blogs, discussion forums, RSS feeds, podcasts, wikis, and online meeting sessions. The use of blogs, wikis, podcasts, and other digital tools is considered an extension of the classroom. A verbal or written language that is considered inappropriate in the classroom is also inappropriate in all uses of blogs, wikis, podcasts, and other San Benito County Polytechnic Academy-provided digital tools. For students under the age of 13, the Children’s Online Privacy Protection Act (COPPA) requires additional parental permission for the use of educational software tools and applications. Parents wishing to deny access to these curricular resources must do so in writing to the site principal indicating their child should be denied access to these tools.

Supervision and Monitoring

The use of San Benito County Polytechnic Academy 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 San Benito County Polytechnic Academy policies. Administrators reserve the right to examine, use, and disclose any data found on the school's networks to further the health, safety, discipline, or security of any student or other person, or to protect property. In other words, students must understand that computer files and electronic communications are not private and may be accessed by San Benito County Polytechnic Academy for the purpose of ensuring proper use. Administrators may also use this information in disciplinary actions and may furnish evidence of crime to law enforcement. San Benito County Polytechnic Academy reserves the right to determine which uses constitute acceptable use and to limit access to such uses. San Benito County Polytechnic Academy also reserves the right to limit the time of access and priorities among competing acceptable uses.

Disclaimer of Liability

San Benito County Polytechnic Academy makes no guarantees about the quality of services provided and is not responsible for any claims, losses, damages, costs, or other obligations arising from the use of the network or accounts. San Benito County Polytechnic Academy also denies any responsibility for the accuracy or quality of the information obtained through user access. San Benito County Polytechnic Academy denies any responsibility for material encountered on a computer network, including the Internet, which may be deemed objectionable to a user (or his/her parents, if a minor) or for any hostile or injurious actions of third parties encountered through a computer network. Any statement accessible on the computer network or the Internet is understood to be the author’s point of view and not that of San Benito County Polytechnic Academy, or employees. Due to the nature of electronic communications and changes in the law, it is also impossible for San Benito County Polytechnic Academy to guarantee the confidentiality of emails sent and received over any computer network.

By signing the Summary Signature Form below, I have read, understand, and acknowledge receipt of this Responsible Use Agreement.

Student Responsible Use of Technology Agreement 2024-25

Student Number _____

Student Name _____

Signature of Student _____ Date _____

Parent/Guardian Name _____

Signature of Parent/Guardian _____ Date _____



San Benito County Polytechnic Academy
G Suite for Education Student Account Permission Form

To Parents and Guardians,

At San Benito County Polytechnic Academy, we use G Suite for Education, and we are seeking your permission to provide and manage a G Suite for Education account for your child. G Suite for Education is a set of education productivity tools from Google including Gmail, Calendar, Docs, Classroom, and more used by tens of millions of students and teachers around the world. At San Benito County Polytechnic Academy, students will use their G Suite accounts to complete assignments, communicate with their teachers, sign into their iPads/Macs, and learn 21st-century digital citizenship skills. Students also use their Suite accounts to log into their blended learning applications.

The notice below provides answers to common questions about what Google can and can't do with your child's personal information, including:

What personal information does Google collect?

How does Google use this information?

Will Google disclose my child's personal information?

Does Google use student personal information for users in K-12 schools to target advertising? Can my child share information with others using the G Suite for Education account?

Please read it carefully, let us know of any questions, and then sign below to indicate that you've read the notice and give your consent.

I give permission for San Benito County Polytechnic Academy to create/maintain a G Suite for Education account for my child and for Google to collect, use, and disclose information about my child only for the purposes described in the notice below.

Full name of student

Printed name of parent/guardian

Signature of parent/guardian Date

G Suite for Education Notice to Parents and Guardians

This notice describes the personal information we provide to Google for these accounts and how Google collects, uses, and discloses personal information from students in connection with these accounts.

Using their G Suite for Education accounts, students may access and use the following “Core Services” offered by Google (described at https://gsuite.google.com/terms/user_features.html):

Gmail
Google+
Calendar
Chrome Sync
Classroom
Cloud Search
Contacts
Docs, Sheets, Slides, Forms
Drive
Groups
Hangouts, Hangouts Chat, Hangouts Meet, Google Talk
Jamboard
Keep
Sites
Vault

Google provides information about the information it collects, as well as how it uses and discloses the information it collects from G Suite for Education accounts in its G Suite for Education Privacy Notice. You can read that notice online at https://gsuite.google.com/terms/education_privacy.html. You should review this information in its entirety, but below are answers to some common questions:

What personal information does Google collect?

When creating a student account, San Benito County Polytechnic Academy may provide Google with certain personal information about the student, including, for example, a name, email address, and password. Google may also collect personal information directly from students, such as telephone number for account recovery or a profile photo added to the G Suite for Education account.

When a student uses Google services, Google also collects information based on the use of those services. This includes:

device information, such as the hardware model, operating system version, unique device identifiers, and mobile network information including phone number;
log information, including details of how a user used Google services, device event information, and the user's Internet protocol (IP) address;
location information, as determined by various technologies including IP address, GPS, and other sensors;
unique application numbers, such as application version number; and
cookies or similar technologies which are used to collect and store information about a browser or device, such as preferred language and other settings.

How does Google use this information?

In G Suite for Education **Core Services**, Google uses student personal information to provide, maintain, and protect the services. Google does not serve ads in the Core Services or use personal information collected in the Core Services for advertising purposes.

Does Google use student personal information for users in K-12 schools to target advertising?

No. For G Suite for Education users in primary and secondary (K-12) schools, Google does not use any user personal information (or any information associated with an G Suite for Education Account) to target ads, whether in Core Services or in other Additional Services accessed while using an G Suite for Education account.

Can my child share information with others using the G Suite for Education account?

We may allow students to access Google services such as Google Docs and Sites, which include features where users can share information with others or publicly. When users share information publicly, it may be indexable by search engines, including Google.

Will Google disclose my child's personal information?

Google will not share personal information with companies, and individuals outside of Google unless one of the following circumstances applies:

With parental or guardian consent. Google will share personal information with companies, or individuals outside of Google when it has parents' consent (for users below the age of consent), which may be obtained through G Suite for Education schools.

With San Benito County Polytechnic Academy. Because they are school-managed accounts, G Suite for Education accounts give administrators access to information stored in them.

For external processing. Google may provide personal information to affiliates or other trusted businesses or persons to process it for Google, based on Google's instructions and in compliance with the G Suite for Education privacy notice and any other appropriate confidentiality and security measures.

For legal reasons. Google will share personal information with companies, or individuals outside of Google if it has a good-faith belief that access, use, preservation, or disclosure of the information is reasonably necessary to:

meet any applicable law, regulation, legal or enforceable governmental request.

enforce applicable Terms of Service, including investigation of potential violations.

detect, prevent, or otherwise address fraud, or technical issues.

protect against harm to the rights, property, or safety of Google, Google users, or the public as required or permitted by law.

Google also shares non-personal information -- such as trends about the use of its services -- publicly and with its partners.

What choices do I have as a parent or guardian?

First, you can consent to the collection and use of your child's information by Google. If you don't provide your consent, we will not create a G Suite for Education account for your child, and Google will not collect or use your child's information as described in this notice.

If you consent to your child's use of G Suite for Education, you can access or request deletion of your child's G Suite for Education account by contacting your school's Vice Principal. If you wish to stop any further collection or use of your child's information, you can request that we use the service controls available to limit your child's access to features or delete your child's account entirely. You and your child can also visit <https://myaccount.google.com> while signing in to the G Suite for Education account to view and manage the personal information and settings of the account.

What if I have more questions or would like to read further?

If you have questions about our use of Google's G Suite for Education accounts or the choices available to you, please contact Nicole Prater, nprater@poly-academy.org. If you want to learn more about how Google collects, uses, and discloses personal information to provide services to us, please review the [G Suite for Education Privacy Center](https://www.google.com/edu/trust/) (at <https://www.google.com/edu/trust/>), the [G Suite for Education Privacy Notice](https://gsuite.google.com/terms/education_privacy.html) (at https://gsuite.google.com/terms/education_privacy.html), and the [Google Privacy Policy](https://www.google.com/intl/en/policies/privacy/) (at <https://www.google.com/intl/en/policies/privacy/>).

The Core G Suite for Education services are provided to us under [Google's Apps for Education agreement](https://www.google.com/apps/intl/en/terms/education_terms.html) (at https://www.google.com/apps/intl/en/terms/education_terms.html) [if school/district has accepted the Data Processing Amendment (see <https://support.google.com/a/answer/2888485?hl=en>), and the [Data Processing Amendment](https://www.google.com/intl/en/work/apps/terms/dpa_terms.html) (at https://www.google.com/intl/en/work/apps/terms/dpa_terms.html)].