To Be Provided by Parent/Guardian:
- Copy of Birth Certificate (if available)
- Copy of Immunization Records (if available)
- 2 Proofs of Address – Charter schools excluded (utility bills or lease agreement)
- Online Confirmation Documents

To Be Completed by Parent/Guardian:
- Enrollment Card (white)
- Student Residency Questionnaire/Affidavit (if applicable - pink)
- Electronic Network User Agreement (canary)
- Records Request Card
- Free/Reduced Lunch Application (for mid-year registration)
- Health Service Form

To Be Distributed to Parent/Guardian:
- Annual Notification of Parent & Student Rights & Responsibilities
- Health Exam Form (if requested)

*Note: All first grade students are required to have a physical examination within the 18 months prior to entering first grade. If a student is in process of obtaining a physical examination, the student will be enrolled and the Health Office will follow-up with the parent.
IMMUNIZATION REQUIREMENTS FOR GRADES 1-12

Required Immunizations

<table>
<thead>
<tr>
<th></th>
<th>Hepatitis B</th>
<th>DTaP/Td/Tdap (Diphtheria, Tetanus, Pertussis)</th>
<th>Polio</th>
<th>MMR (Measles, Mumps, Rubella)</th>
<th>Varicella</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kindergarten through</td>
<td>3 doses</td>
<td>5 doses</td>
<td>4 doses</td>
<td>2 doses</td>
<td>1 dose OR Healthcare provider verified child had disease</td>
</tr>
<tr>
<td>6th Grade</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7th Grade Through</td>
<td>3 doses</td>
<td>5 doses DTaP AND 1 dose Tdap</td>
<td>4 doses</td>
<td>2 doses</td>
<td>1 dose OR Healthcare provider verified child had disease</td>
</tr>
<tr>
<td>12th Grade</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If your child’s immunizations are incomplete, please contact your primary care physician.

The Santa Barbara County Public Health Department administers immunizations to uninsured families by appointment only.

Phone: 805.346.7230

2115 S. Centerpointe Parkway, Santa Maria
# Online Registration Card

**ORCUTT UNION SCHOOL DISTRICT**

Online Registration Card

<table>
<thead>
<tr>
<th>STUDENT’S LEGAL LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>BIRTHDATE</th>
<th>GENDER (circle)</th>
<th>GRADE</th>
<th>TEACHER</th>
<th>RM #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>STUDENT’S ADDRESS (include city and zip)</th>
<th>PRIMARY PHONE</th>
<th>PARENT EMAIL/AERIES PORTAL ACCESS</th>
</tr>
</thead>
</table>

---

**Online Registration Verification**

**HEALTH INFORMATION AND AUTHORIZATION** — A physician’s note listing specific limitations should be submitted to the health office within the first week of school.

- List any ongoing health issues: ________________________________
- List any continuing medication(s) (including inhalers or epi-pens): ________________________________
- Will this medication be taken at school? □ Yes □ No
  - A medical authorization form signed by the parent and physician MUST be on file if medications are to be taken at school.
- List any allergies: ________________________________
  - Name of Child’s Physician: ________________________________
  - Phone #: ________________________________

In case of medical emergency, I as the legal parent or guardian of the above named child, authorize both transportation and medical services if the school is unable to locate me. I understand these medical services will be at my expense. If my child’s regular physician is not available, I authorize the school to secure the services of a qualified doctor or hospital.

Initials ________________________________

Parent Signature: ________________________________ Date: ________________________________

**NOTE:** IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO NOTIFY THE OFFICE STAFF OF ANY CHANGES TO THE STUDENT’S ENROLLMENT INFORMATION CARD AND TO PROVIDE UPDATED MEDICAL INFORMATION.
ELECTRONIC NETWORK USE RULES

The Orcutt Union School District believes staff and students should have open access to local, national and international sources of information. The District, by providing access to electronic services via the Internet; recognizes the potential of such services to support curriculum and student learning. The goal of providing this access is to promote educational excellence by facilitating resource sharing, innovation and communication. While the Internet offers students and teachers access to a variety of information, the District recognizes misuse and abuse are possible. The District will make every effort to protect students and teachers from these misuses and abuses, but it is the responsibility of each user to continuously guard against inappropriate and illegal interaction with the electronic services. The Orcutt Union School District is taking all reasonable steps to ensure the Internet is used only for purposes consistent with the curriculum.

Students in grades 1-8 may be given district e-mail accounts. Through our filtering process, Orcutt Union School District student e-mail accounts can only be used to communicate with students, teachers and/or administrators within the school district. In addition, student e-mails are archived so that they may be retrieved at any time if there is a concern. Students in grades 9-12 will be given access to email outside Orcutt Union School District. All email is archived. Students may have a Google for Education account within the Orcutt Union School District domain under the supervision of his/her teacher.

Using electronic devices and services within the Orcutt Union School District via the Internet is a privilege, not a right. The privilege may be revoked at any time for unacceptable conduct. Unacceptable conduct includes, but is not limited to, the following:

1. Using the Internet for any illegal activity, including violation of copyright or other contracts.
2. Using the Internet for financial or commercial gain.
3. Degrading or disrupting system performance.
4. Damaging computers or other electronic devices.
5. Vandalizing the data of other users.
6. Gaining unauthorized access to resources or entities.
7. Invading the privacy of individuals.
8. Using an account owned by another without authorization.
9. Posting personal communications without the author’s consent.
10. Posting anonymous messages.
11. Placing of unlawful information on a system.
12. Using abusive or offensive objectionable language in either public or private messages.
13. Sending of messages that are likely to result in the loss of the recipient's work or disrupting systems; for example, a computer virus.
14. Sending 'Chain Letters' or 'Broadcast' messages to lists or individuals, or other types of communication, which would cause congestion of the networks.
15. Using the Internet to send/receive messages and images, which are inconsistent with the district's curriculum and conduct guidelines. These include, but are not limited to, racist, sexist, pornographic, dangerous and obscene messages and images.

Students are not permitted to record audio or video media or take pictures of any student or staff member without their permission. The distribution of any unauthorized media (i.e. on social media or to another person) may result in discipline, including but not limited to, suspension, criminal charges and expulsion.

When the Orcutt Union School District network is open to students, Orcutt Union School District will require students utilizing personal devices on any school campus to only access the Internet through the District network and to abide by the above Electronic Network Use Rules. Students are also required to adhere to school policies regarding personal electronic devices.

The Orcutt Union School District believes that educators and students from access to the Internet, in the form of information resources and opportunities for collaboration, far exceed any disadvantages. But ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their child or ward should follow. To that end, Orcutt Union School District supports and respects each family's right to decide whether or not to apply for Internet access.

APPLICATION FOR STUDENT INTERNET ACCESS AND PARENT APPROVAL

School computer systems are for use by authorized individuals only. Any unauthorized access to these systems is prohibited and is subject to criminal and civil penalties. Individuals using these systems are subject to having all activities on these systems monitored by the system or school personnel. By signing this agreement, I give consent to the school district to access and monitor all district-owned electronic devices accessed by my child and the information created or transmitted by my child while using these devices. Prosecution and/or account termination may occur without warning.

It is possible for all users of the Internet (including your child) to access information intended for adults. Although the OUSD has taken all reasonable steps to ensure the Internet connection is used only for the purposes consistent with the curriculum, the District or School cannot prevent the available, or even begin to identify, inappropriate material elsewhere on the Internet.

We have read the Electronic Network Use Rules document, understand it, and agree to adhere to the principles and procedures detailed within. We understand and accept the conditions stated above, and agree to hold blameless, and release from liability, the Orcutt Union School District, the sponsoring school, its subcontractors, and employees.

The Orcutt Union School District makes no guarantee of any kind, for the Internet service provided to the student. The District will not be responsible for any damages claimed or suffered by any child or parent relating to the use of the Internet. This includes the child's exposure to materials a parent; otherwise would have a right of notice and/or consent to pursuant to State or Federal law. Use of any information obtained via the Internet is at the student’s and parents’ own risk.

I understand that my child is expected to use good judgment and follow the attached Electronic Network Use Rules in making electronic contact with others. Messages sent by students relating to or in support of illegal activities will be reported to law enforcement authorities.

Should my child breach the Electronic Network Use Rules, I understand that my child will lose all network privileges on the Orcutt Union School District network and may be subject to discipline up to and including suspension or expulsion.
### ORCUTT UNION SCHOOL DISTRICT
Health Services Department

**ANNUAL HEALTH UPDATE FOR SCHOOL YEAR 20   /   ____**

**Teacher: ____________________________**

**Student Information (Información del Estudiante):**

<table>
<thead>
<tr>
<th>Name (Nombre):</th>
<th>M / F</th>
<th>DOB (FDN):</th>
<th>School (Escuela):</th>
<th>Grade (Grado):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last (Apellido) First (Primero)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DOES YOUR CHILD HAVE (TIENE SU ESTUDIANTE):**

<table>
<thead>
<tr>
<th>Yes (Sí)</th>
<th>No</th>
<th>Non-Food Allergies (Alergias)</th>
<th>List (Lista):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes (Sí)</td>
<td>No</td>
<td>Food Allergies (Alergia de Comida)</td>
<td>Specify (Cual):</td>
</tr>
<tr>
<td>Yes (Sí)</td>
<td>No</td>
<td>Nut Allergies (Alergia de Nueces):</td>
<td>Specify (Cual):</td>
</tr>
</tbody>
</table>

**Reaction (Reacción):**

<table>
<thead>
<tr>
<th>Yes (Sí)</th>
<th>No</th>
<th>Bee Sting Allergy (Alérgico a Piquete de Abeja)</th>
<th>Reaction (Reaccion):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes (Sí)</td>
<td>No</td>
<td>Does your child need an EpiPen (Necesita su niño inyección de Epinefrina)? If yes (Si, si):</td>
<td>at home (en casa) at school (en escuela)</td>
</tr>
<tr>
<td>Yes (Sí)</td>
<td>No</td>
<td>Asthma (asma) Does your student use a rescue inhaler (usa un inhalador de rescate)? If yes (Si, si):</td>
<td>at home (en casa) at school (en escuela)</td>
</tr>
<tr>
<td>Yes (Sí)</td>
<td>No</td>
<td>Diabetes - Type (Tipo) 1 or 2</td>
<td>Oral Medication (Medicamento Oral)</td>
</tr>
<tr>
<td>Yes (Sí)</td>
<td>No</td>
<td>Seizure Disorder (Trastorno Convulsivo)</td>
<td>Last Seizure Date (Fecha de Ultimo Ataque):</td>
</tr>
<tr>
<td>Yes (Sí)</td>
<td>No</td>
<td>ADD/ADHD</td>
<td></td>
</tr>
</tbody>
</table>

**CHECK THE FOLLOWING HEALTH CONCERNS WHICH PERTAIN TO YOUR STUDENT**

(MARQUE LAS SIGUIENTES QUE SON RELACIONADAS CON SU HIJO):

- **Wears glasses or contacts (Usa lentes [lentes de contacto]) (circle one/circule uno)**
- **Neurological/Tourettes (Neurológico)**
- **Hearing Aid Left/Right (Audífono Izquierdo/Derecho)**
- **Headaches (Dolores de Cabeza)**
- **Frequent Ear Infections (Infecciones Frecuentes del Oído)**
- **History of Concussion (Historia de Concusión)**
- **Hearing Difficulty (Dificultad con Oír)**
- **Heart Condition (Condición del Corazón)**
- **Breathing Problems (Problemas de la Respiración)**
- **Stomach Problems (Problemas del Estómago)**
- **Anxiety/Panic Attacks (Ansiedad/Ataques de Panico)**
- **Bladder/Bowel Problems (Problemas de la Vejiga)**
- **Frequent nose bleeds (Hemorragia Nasal Frecuente)**
- **Other (Otro):**
- **Bone/Joint Problems (Problemas de Hueso o Coyuntura)**
- **Other (Otro):**
- **Other (Otro):**

If any health concerns were checked, please explain (Si marco cualquier preocupaciones medicas, favor de explicar):

__________________________________________________________________________________________

**LIST ALL DAILY MEDICATION AND REASON PRESCRIBED (HAGA UNA LISTA DE MEDICAMENTOS TOMADOS Y LA RAZON):**

<table>
<thead>
<tr>
<th>Medication/Purpose (Medicamento/Razon)</th>
<th>Dose &amp; Frequency (Dosis &amp; Frecuencia)</th>
<th>Home/School (Casa/Escuela)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Doctor Name (Nombre del Doctor):**

**Doctors’s Phone (Telefono del Doctor):**

__________________________________________________________________________________________

In order to provide a safe and healthy environment for your child, this confidential information will be accessible to the nursing staff, applicable school staff and emergency medical personnel. It may be shared electronically, verbally and/or in writing, unless I provide a written request. If parent/guardian cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgement of school authorities, I authorize the school contact emergency services. California Education Code 49423 requires a written authorization form be completed each school year for prescription or over the counter medication to be administered at school. All medications must be brought to school by a parent or guardian. Para tener un ambiente seguro y saludable para su hijo, esta información confidencial será compartida por el personal de enfermería, personal de la escuela aplicable y personal de emergencia médica. Esta será compartida electrónica y verbal y/o por escrito, al menos que haya una solicitud por escrito. Si el padre/tutor no se encuentra en caso de una emergencia médica, y el cuidado inmediato es urgente, juzgado por las autoridades escolares, yo doy mi autorización de que la escuela contacte a servicios de emergencia. Código 49423 de la Educación de California requiere que la forma de autorización escrito sea completada cada año escolar para medicamentos con o sin receta para ser administradas en la escuela. Padres o tutores deben traer todos los medicamentos a la escuela.

Please sign and date below and return to the school office (Favor de firmar y poner la fecha y regrese a la oficina de la escuela).

Please continue to page 2
The Orcutt Union School District 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 services. I consent for billing to Medi-Cal / Insurance carriers for school health services provided for my child and for exchange of billing information with the school district’s billing services company.

El Distrito Escolar de Orcutt somete peticiones a MEDI-CAL para revisiones básicas de salud dadas a todos los estudiantes. Los ingresos recibidos ayudan a proveer servicios de salud adicionales para los estudiantes de todo el distrito. No se les pedirá a los padres que paguen por ninguno de los servicios de salud escolares. Estoy De Acuerdo que se envíen a las agencias de MEDI-CAL/ASEGURANZAS medicas por servicios de salud escolares para mi hijo/a y por intercambiar información relacionada con recibos de pago con las compañías de servicios del distrito escolar.

FAMILY MEDICAL INSURANCE CARRIER: ________________________________ POLICY #: _______________
COMPAÑÍA DE SEGURO MEDICO Número de Póliza

Signature of Parent/Guardian (Firma de Padre/Tutor) _______________________________________________________

Date (Fecha) ______________________________________________

Reviewed by Nurse (initials) ______________________

REV. 08/2018
THIS MAY BE USED AS A **TRANSFER CARD** OR A **REQUEST FOR CUMULATIVE RECORD**

NAME OF PUPIL ___________________________________  BIRTHDATE____________

PARENT/GUARDIAN ________________________________ PRESENT GRADE ________

<table>
<thead>
<tr>
<th>TO BE COMPLETED WHEN A STUDENT TRANSFERS FROM A SANTA BARBARA COUNTY SCHOOL DISTRICT:</th>
<th>TO BE COMPLETED WHEN CUMULATIVE RECORDS ARE BEING REQUESTED:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRANSFER FROM_________________________________</td>
<td>PLEASE SEND RECORDS FOR THE ABOVE-NAMED PUPIL TO:</td>
</tr>
<tr>
<td>ADDRESS________________________________________</td>
<td>SCHOOL____________________________________________________</td>
</tr>
<tr>
<td></td>
<td>ADDRESS____________________________________________________</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>LAST DAY ATTENDED____________________________</td>
<td></td>
</tr>
</tbody>
</table>

SIGNATURE_________________________ ______________________________ DATE_____________

| SIGNATURE_________________________ ______________________________ DATE_____________ |