

Today's
Date: _____

Student Name: _____

Appointment: _____

Please bring the following to the appointment:

- ___ Birth Certificate
- ___ Copy of Social Security Card
- ___ Copy of California ID
- ___ Most recent Transcript
- ___ Immunization Records

Please complete:

- ___ Enrollment Packet (this Packet)
- ___ Online Application, located at www.chybacherter.com

(Select: Enrollment tab (top right-hand of page) or Enroll Now! at top)

ENROLLMENT PACKET





8544 Airport Rd Phone..... 530.378-5254
Redding, CA 96002 Fax..... 530.378-5256
www.CHYBAcharter.com
POWERED BY AMERICANVIRTUALACADEMY

WELCOME

A LETTER FROM THE EXECUTIVE DIRECTOR OF CALIFORNIA HERITAGE YOUTHBUILD ACADEMY® (CHYBA)

Dear Future California Heritage YouthBuild Academy (CHYBA) Students and Parents,

I would like to personally extend a warm welcome to all CHYBA students and parents. As a CHYBA student, you will find a new and innovative curriculum to help you succeed. Our highly-qualified, California-credentialed teachers are involved in every step of your path toward graduation so that your education can be a personalized experience. The staff at CHYBA is here to support you on your path to earning your high school diploma and learning marketable job skills.

Attached you will find information regarding admissions and enrollment guidelines for all prospective students. Please carefully read and complete the enrollment forms as this will assist us in processing your application. CHYBA online courses are formatted in a six-week block schedule with open enrollment and classes beginning regularly.

Enrollment Advisors are available to assist you with the enrollment process. As CHYBA strives to maximize your learning experience, its mission to students and parents continues to be a commitment to making your experience with your courses personal, relevant, and rigorous. We look forward to working individually with you to build an educational foundation that propels you into the 21st century with confidence and determination!

Thank you for your interest in CHYBA. Please feel free to contact us at 530-378-5254 with any questions.

Sincerely,

Cathy Taylor
Executive Director



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MISSION

INFORMATION ON OUR MISSION AND PROGRAM REQUIREMENTS

TERMS OF ENROLMENT

CHYBA students will be required to participate in:

- AMERICORPS IF BETWEEN THE AGES OF 16-24 (450 HOURS OF CONSTRUCTION AND COMMUNITY SERVICE PROVIDED BY THE SCHOOL)
 - NEEDED DOCUMENTS: CALIFORNIA ID, BIRTH CERTIFICATE AND SOCIAL SECURITY CARD
- YOUTHBUILD MENTORING IF 16 & 17 YEARS OF AGE
- CAREER & TECHNICAL EDUCATION COURSES
- DRUG/ALCOHOL SUBSTANCE ABUSE PREVENTION CLASSES OR REFERRALS TO SHASTA YOUTH OPTIONS IF A PROBLEM PRESENTS ITSELF DURING PROGRAM ENROLLMENT
- MENTAL HEALTH COUNSELING IF RESTORATIVE JUSTICE DETERMINES NECESSARY OR RECOMMENDED BY OUR CASE MANAGER

STANDARDIZED EXAMS

INFORMATION ON REQUIRED CALIFORNIA EXAMS

CALIFORNIA ASSESSMENT OF STUDENT PERFORMANCE AND PROGRESS(CASPP)

CHYBA students will be required to participate in the Summative Assessments (CAASPP) testing in the spring semester.

- 11th grade students will be required to test in Mathematics and English-Language Arts.
- 12th grade students will be required to test in Science.
- During this same time period, CHYBA students in grades 9-11 will also take end-of-course exams in Mathematics, Science, and History–Social Science for the corresponding courses that they will complete during the school year.

BY SIGNING THE FOLLOWING SIGNATURE PAGE, YOU ACKNOWLEDGE THAT:

1. You will abide by our terms of enrollment listed above
2. You will attend and take all standardized tests.
3. If you cannot attend an exam on the original testing date, you will make arrangements with CHYBA to take the make-up exam within the testing deadline, which is generally within a week after the original date.
4. If you have an Individualized Education Plan (IEP) or 504 Plan on file with CHYBA, you will work with the school to make necessary adjustments to your testing requirements which sometimes means utilizing the California Alternate Assessments (CAAs)
 - Students with IEPs or 504 Plans may take the CAAs with or without accommodations and/or modifications.
 - It is also required that any accommodations and/or modifications to be used during statewide assessment must be documented in the IEP or 504 Plan.



SIGNATURE PAGE

1. We hereby verify and attest that the answers to all questions on the enrollment application are correct and valid. This includes information regarding family income and the primary home language survey.
2. We have read and understand the Parent and Student Handbook that describes CHYBA's policies and procedures. We will uphold and honor them.
3. We have read our rights as outlined on the notification of rights under the Family Educational Rights Privacy Act (FERPA) for Elementary and Secondary institutions and the notification of rights under the Protection of Pupil Rights Amendment (PPRA) as listed in the CHYBA parent and student handbook.
4. We acknowledge that CHYBA may release "directory information" pertaining to our son/daughter (or pertaining to me if I am an "eligible student" as defined by FERPA) without our prior written consent, unless we have indicated that we do not agree to this disclosure as indicated below. "Directory information" is used for the (Parent Student Portal) and includes, but is not limited to, the student's name, city of residence, email address, photograph, grade level and current class enrollment. "Directory information" does not include the student's social security number or student's ID number.
 - I do not give consent for CHYBA® to release directory information about my son/daughter.
5. We understand and agree that students must log onto their online courses every school day according to the approved-school calendar. They must also complete a minimum of 25 hours of course work and attendance each week. Non-compliance with these requirements may affect student(s) enrollment status.
6. It is the student/parent/guardian's responsibility to ensure the student's homework is authentic and original. Teachers use numerous methods to verify the authenticity of student work. As a secondary effort to ensure authenticity, an adult must observe and validate the integrity of the student's work on a regular basis.
7. We have read and understand the Standardized Exams Form which specifies that all students are required to take all tests mandated by the State of California.
8. We have read and understand the withdrawal policy on the following page. We hereby acknowledge and accept all policies regarding withdrawal from courses, transferring of courses, and course assignments based on the student's transcript evaluations. These policies can be found in the student handbook.
9. We understand that CHYBA has the obligation to request records from our son/daughter's previous school. Therefore, we hereby provide written permission for CHYBA to request student records from any previous school attended.
10. By the signatures below, we acknowledge and certify that we have read and understand the above statements and request enrollment with California Heritage YouthBuild Academy.

ADULT STUDENT/PARENT/GUARDIAN SIGNATURE

PRINT NAME

PHONE NUMBER

DATE

STUDENT'S SIGNATURE

PRINT NAME

DATE OF BIRTH

DATE

ONCE SIGNED AND DATED, THIS FORM IS VALID FOR THE REMAINDER OF THE CURRENT SCHOOL YEAR, AND THE FOLLOWING SCHOOL YEAR AS LONG AS ENROLLMENT IS CONTINUOUS. CALIFORNIA HERITAGE YOUTHBUILD ACADEMY IS A NON-SECTARIAN, PUBLICLY-FUNDED CHARTER SCHOOL AND DOES NOT DISCRIMINATE IN ITS ENROLLMENT OR HIRING PRACTICES ON THE BASIS OF GENDER, RACE, RELIGION, NATIONAL OR ETHNIC ORIGIN, COLOR, OR DISABILITY.



REQUIRED RECORDS

INSTRUCTIONS AND CHECKLIST

Please refer to this checklist for forms that are required for enrollment at CHYBA. Once you have collected all necessary records, submit these items to the school.

STUDENT'S RESPONSIBILITY

Please submit the following:

- Birth Certificate
- Copy of Social Security Card
- Copy of California ID
- Immunization Records
[Incl. Whooping Cough (Pertussis/TDAP) Vaccination administered on or after Student's 7th birthday]
- Signature Page (Page 4 of this packet)

You may fax, scan, email, or mail/deliver these documents to:

CHYBA
8544 AIRPORT ROAD
REDDING, CA 96002

FAX: 530.378.5256

EMAIL: CMARTINEZ@CHYBACHARTER.COM

CHYBA'S RESPONSIBILITY

We will contact your previous school to collect your transcripts. When documentation is received on your behalf, we will email you with updates as to what may still be needed. Please allow three to five business days for processing.

WHAT TO DO NEXT

Check your email frequently to see if you have any updates and respond to any items that still need to be submitted. If possible, you may also follow up with your previous school to ensure your records have been or will be sent.

CALIFORNIA HERITAGE YOUTHBUILD ACADEMY WITHDRAWAL POLICY

REQUESTED: Parents/guardians/adult students are able to request to be withdrawn at any time, verbally or in writing. If requested within the first five weeks of a block, the registrar may process the withdrawal. If the request is submitted in the sixth week of a block, the withdrawal cannot be processed until the teachers have graded the student out of their courses.

***LACK OF ATTENDANCE:** Students may be withdrawn from online classes for nonattendance if the student has not logged in and submitted assignments for five consecutive school days. The withdrawal determination will be made by the principal and teachers and is based on a student's lack of submission of any "product" (study or academic work) during the consecutive period of nonattendance.

***LACK OF ACADEMIC PROGRESS:** If a student fails their first block of online courses with CHYBA, he/she will be placed on the first level of the student success plan, and the student advisor and instructors will closely monitor progress in the next courses. If the student fails the second block and is not meeting all attendance requirements per the student handbook and/or master agreement, the student will be withdrawn from online courses for lack of academic progress. If the student is meeting all attendance requirements per the student handbook and master agreement and still does not pass the second block, he/she may stay enrolled, but will be placed on the next level of the student success plan.

***STUDENTS REMOVED FROM THE ONLINE PORTION OF THE PROGRAM MAY NOT BE ELIGIBLE FOR RE-ENROLLMENT IN ONLINE COURSES FOR ONE BLOCK OR MORE FROM THE DATE OF WITHDRAWAL.**



CALIFORNIA
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SECOND PARTY AUTHORIZATION FORM

(For students over 18 years of age)

I, _____, do hereby authorize California Heritage YouthBuild Academy (CHYBA) to provide the individual named herein (*SECOND PARTY*) to receive any and all communication regarding my academic program per FERPA policies and regulations as indicated below.

- ACCESS TO INFORMATION ONLY ACCESS TO INFORMATION & ABILITY TO MAKE ACADEMIC DECISIONS

STUDENT NAME

BIRTHDATE

SECOND PARTY PRINTED NAME

EMAIL ADDRESS

PHONE NUMBER

ADULT STUDENT/PARENT/GUARDIAN SIGNATURE

DATE

SECOND PARTY SIGNATURE

DATE



School Intake Form

STUDENT'S NAME _____ DATE _____
DATE OF BIRTH _____ BIRTH CITY _____ AGE _____ SEX _____
GRADE LEVEL AT INTAKE _____
STUDENT MAILING ADDRESS _____ ZIP CODE _____
STUDENT PHYSICAL ADDRESS _____ ZIP CODE _____
STUDENT EMAIL ADDRESS _____
STUDENT HOME PHONE _____ STUDENT CELL PHONE _____

CUSTODIAL PARENT(S) OR GUARDIAN(S)

PARENT(S) _____ RELATION _____
PARENT PHYSICAL ADDRESS (if different from above) _____ ZIP CODE _____
HOME PHONE # _____ WORK PHONE# (Mother) _____ (Father) _____
CELL PHONE Mother/other# _____ CELL PHONE Father/other# _____
EMPLOYER (Mother) _____ Phone# _____ (Father) _____ Phone# _____
PARENT EMAIL ADDRESS#1 _____
PARENT EMAIL ADDRESS#2 _____
EMERGENCY # _____ EMERGENCY CONTACT NAME _____ RELATION _____

IF APPLICABLE:

FOLLOWING PEOPLE HAVE PERMISSION TO PICK UP MY CHILD FROM SCHOOL

(1) _____ (2) _____

OTHER CONTACT INFORMATION (If 18 years of age or older)

#1 _____ RELATION _____ PHONE NUMBER _____
#2 _____ RELATION _____ PHONE NUMBER _____

WHAT WAS THE LAST SCHOOL YOU ATTENDED? _____ DATE LAST ATTENDED _____

WHAT GRADE WERE YOU IN? _____ WHO REFERRED YOU TO OUR SCHOOL? _____

WHY DO YOU WANT TO CHANGE SCHOOL PROGRAMS? _____

SPECIAL EDUCATION: YES NO IF YES, LAST IEP DATE: _____

Is English your first language YES NO

STUDENT MARTIAL STATUS: SINGLE MARRIED DIVORCED SIGNIFICANT OTHER

U.S. CITIZEN: YES NO

RACE: AFRICAN AMERICAN HAWAIIAN/PACIFIC ISLANDER CAUCASIAN
 ASIAN NATIVE AMERICAN OTHER: _____

ETHNICITY: HISPANIC/LATINO YES NO

MOTHER'S EDUCATION:

GRADUATE DEGREE (PHD/MA) COLLEGE GRADUATE (BS/BA) SOME COLLEGE (AA)
 HIGH SCHOOL GRADUATE (DIPLOMA/GED) NOT A HIGH SCHOOL GRADUATE UNKNOWN

FATHER'S EDUCATION:

GRADUATE DEGREE (PHD/MA) COLLEGE GRADUATE (BS/BA) SOME COLLEGE (AA)
 HIGH SCHOOL GRADUATE (DIPLOMA/GED) NOT A HIGH SCHOOL GRADUATE UNKNOWN

DO YOU HAVE ANY ALLERGIES OR MEDICAL CONDITIONS WE NEED TO BE AWARE OF? YES NO

IF YES, PLEASE EXPLAIN: _____



STUDENT INFORMATION

HAVE YOU EVER BEEN EXPELLED? YES NO
IF YES, LIST SCHOOL, WHEN, AND WHY _____

HAVE YOU EVER BEEN SUSPENDED FOR MORE THAN 10 DAYS IN A SCHOOL YEAR? YES NO
IF YES, LIST SCHOOL, WHEN, AND WHY _____

ARE YOU A WARD OF THE COURT? YES NO
ARE YOU A DEPENDENT OF THE COURT? YES NO
IF YES TO EITHER, LIST THE NAME OF THE COURT _____

ARE YOU CURRENTLY PREGNANT? YES NO
IF YES, WHAT IS YOUR DUE DATE? _____

ARE YOU A PARENTING TEEN/ADULT? YES NO
IF YES, PLEASE LIST THE NAME(S) AND AGE(S) OF YOUR CHILD (REN) _____
DO YOU HAVE DAYCARE ARRANGEMENTS FOR YOUR CHILD (REN)? YES NO

IF YOU ARE 18 YEARS OF AGE OR OLDER, WHEN WAS THE LAST TIME YOU ATTENDED SCHOOL? (MM/YYYY) _____
WHAT WAS YOUR REASON FOR LEAVING SCHOOL? _____

HAVE YOU EVER BEEN CALLED TO APPEAR BEFORE A SCHOOL ATTENDANCE REVIEW BOARD (SARB)? YES NO

WERE YOU RETAINED MORE THAN ONCE IN KINDERGARTEN THROUGH GRADE 8? YES NO

ARE YOU ON PROBATION? YES NO
IF YES, REASON _____ NAME OF OFFICER _____

ARE YOU A FOSTER YOUTH, IF YES, THEN..... FOSTER FAMILY HOME FOSTER GROUP HOME KINSHIP PLACEMENT
NAME OF FOSTER AGENCY _____
SOCIAL WORKER NAME/NUMBER _____
EDUCATIONAL RIGHTS HOLDER NAME/CONTACT INFO _____

DO YOU LIVE IN A FIXED, REGULAR, ADEQUATE NIGHTTIME RESIDENCE? YES NO

IF NO, DO YOU LIVE IN?

- | | |
|---|---|
| <input type="checkbox"/> SHELTER | <input type="checkbox"/> MOTEL/HOTEL |
| <input type="checkbox"/> IN A CAR OR RV | <input type="checkbox"/> TEMPORARILY WITH ANOTHER FAMILY MEMBER |
| <input type="checkbox"/> AT A CAMPSITE | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> TRANSITIONAL HOUSING | |

DO YOU LIVE WITH?

- | | |
|---|---|
| <input type="checkbox"/> ONE PARENT | <input type="checkbox"/> ADULT WHO IS NOT YOUR LEGAL GUARDIAN |
| <input type="checkbox"/> TWO PARENTS | <input type="checkbox"/> ALONE, WITH NO ADULT(S) |
| <input type="checkbox"/> QUALIFIED RELATIVE | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> FRIEND(S) | |

DO YOU HAVE RELIABLE TRANSPORTATION TO/FROM SCHOOL? YES NO

ARE YOU RECEIVING MENTAL HEALTH SERVICES? YES NO

ARE YOU RECEIVING DRUG/SUBSTANCE ABUSE COUNSELING SERVICES? YES NO

DO YOU PARTICIPATE IN ANY OF THE FOLLOWING PROGRAMS?

- | | | |
|--|-----------------------------------|---|
| <input type="checkbox"/> CALWORKS | <input type="checkbox"/> SNAP | <input type="checkbox"/> OTHER (PLEASE EXPLAIN): |
| <input type="checkbox"/> PARTNERSHIP/MEDI-CAL INSURANCE | <input type="checkbox"/> SDPIR | <input type="checkbox"/> FAMILY NURSE PARTNERSHIP |
| <input type="checkbox"/> I HAVE PRIVATE HEALTH INSURANCE | <input type="checkbox"/> CALFRESH | |
| <input type="checkbox"/> I DO NOT HAVE MEDICAL INSURANCE CURRENTLY | | |

8544 Airport Road, Redding, CA 96002
Phone: (530)378-5254 ■ www.chybacharter.com



WHAT IS YOUR GOAL(S)? (CHECK ALL THAT APPLY)

- | | |
|---|---|
| <input type="checkbox"/> TO RETURN TO SCHOOL | <input type="checkbox"/> TO COMPLY WITH A COURT ORDER |
| <input type="checkbox"/> TO EARN MY HIGH SCHOOL DIPLOMA | <input type="checkbox"/> TO SATISFY MY FAMILY |
| <input type="checkbox"/> TO EARN MY GED | <input type="checkbox"/> TO FIND EMPLOYMENT |
| <input type="checkbox"/> OTHER (PLEASE EXPLAIN): | |

PLEASE CHECK THE SERVICES YOU NEED.

- | | |
|---|--|
| <input type="checkbox"/> FINDING A JOB | <input type="checkbox"/> INTERVIEW SKILLS |
| <input type="checkbox"/> RESUME/COVER LETTERS | <input type="checkbox"/> TIPS TO STAY EMPLOYED |
| <input type="checkbox"/> INTERVIEW CLOTHES | <input type="checkbox"/> OTHER: |

ARE YOU CURRENTLY EMPLOYED?

YES NO

IF YES, PLEASE COMPLETE THE FOLLOWING:

COMPANY: _____ POSITION: _____
HOURS PER WEEK: _____ SALARY: _____
WHAT SHIFT(S) DO YOU WORK? MORNING EVENING OVERNIGHT
WHAT DO YOU WORK? PART TIME FULL TIME

WHAT SPECIAL INTERESTS/TALENTS DO YOU HAVE?

(Example: Photography, Play Instrument, Artist, Hunting, Auto Mechanic)

DO YOU PARTICIPATE IN ANY EXTRACURRICULAR ACTIVITIES?

(Example: Gym Membership, Volunteerism, Sports Clubs, Music Lessons, Job)

ARE YOU INTERESTED IN TAKING CLASSES AT SHASTA COLLEGE?

YES NO

FUTURE PLANS

WHAT DO YOU PLAN TO DO AFTER YOU GRADUATE HIGH SCHOOL? (CHECK ONLY ONE OPTION)

- | | |
|--|--|
| <input type="checkbox"/> 2 YEAR COLLEGE | <input type="checkbox"/> MILITARY (WHICH BRANCH?): |
| <input type="checkbox"/> 4 YEAR COLLEGE | <input type="checkbox"/> UNDECIDED |
| <input type="checkbox"/> TRADE OR TECHNICAL SCHOOL | <input type="checkbox"/> OTHER: |
| <input type="checkbox"/> EMPLOYMENT | |

IF EMPLOYMENT WAS SELECTED, PLEASE DESCRIBE YOUR CAREER INTERESTS BELOW:

SUPPORTIVE SERVICES

WHAT THINGS WOULD YOU LIKE TO DISCUSS THAT WILL HELP YOU SUCCEED IN MEETING YOUR GOALS?

- | | |
|---|---|
| <input type="checkbox"/> DRUG & ALCOHOL TREATMENT | <input type="checkbox"/> PARENTING SKILLS |
| <input type="checkbox"/> MENTAL HEALTH SERVICES | <input type="checkbox"/> HOUSING |
| <input type="checkbox"/> OTHER: | |

PERSONAL/FAMILY ISSUES: _____

MISCELLANEOUS: _____



Photo Release Form

I give permission for the named student to appear in any photographs, film, or videotape produced by CHYBA and their Partners, without compensation of any kind. I realize the photographs, film, or videotape will be used only in educational context and that I can request to see the photographs, film, or videotape.

CHYBA shall have the right to exhibit and televise said photographs, film, or videotape and are granted sole and exclusive ownership of all copies.

Student's Name (Print)

Parent/Guardian Signature or Adult Student Signature Date

Mark the box only if you do not want the named student photographed, filmed, or videotaped.

2023/2024 Transportation Permission Slip

I hereby give my permission for the named student to be transported by CHYBA staff in CHYBA/staff vehicles for the entire 2023/2024 school year. This includes transportation to/from school and any off campus activities that may occur during the school day. Examples of activities: traveling to/from construction site, counseling appts., college visits, volunteer activities, incentive field trips, music classes, offsite PE activities etc.

Student's Name (Print)

Parent/Guardian Signature or Adult Student Signature Date

Emergency Procedure Approval and Notification of Parent's Rights

In the event of an emergency, accident, or illness, when I cannot be contacted, I hereby authorize the principal or delegate to make whatever arrangements are necessary for examination, diagnosis, or emergency medical treatment of named student. I understand that I will be responsible of any expenses incurred.

Student's Name (Print)

Parent/Guardian Signature or Adult Student Signature Date

**If you have any questions, please contact:
California Heritage YouthBuild Academy at (530)378-5254**

CA HEALTHY SCHOOLS ACT

The California Healthy Schools Act (HSA) was enacted in 2000. It is a right-to-know law that provides parents and staff with information about pesticide use taking place at public schools and child care centers (except family day care homes). The law encourages the adoption of effective, lower risk pest management practices, also known as integrated pest management (IPM).

The goals of the HSA are to address the health and environmental concerns associated with the use of pesticides at schools and child care centers and to assure healthy learning environments for California children. The Department of Pesticide Regulation (DPR) is charged with carrying out the HSA.

I understand that, upon request, the school is required to supply information about pesticide applications.

If you would like to be notified at least 48 hours before pesticide application at this school please let the school know.

Signature: _____

SPECIAL EDUCATION SERVICES

This is to verify that **MY CHILD** _____

_____ **HAS**

_____ **HAS NOT**

Received any Special Education Services within the last two school years.

If your child **HAS** received any of the following services within the last two school years, please check all that apply. *Thank you.*

_____ Special Day Class

_____ Resource Specialist Program

_____ Speech and Language Services

_____ Opportunity Class/Behavior Concerns

_____ Title 1

_____ Adaptive PE

_____ Educationally Handicapped

_____ Occupational Therapy

Comments: _____



SCHOOL MEDICATION AUTHORIZATION FORM
California Ed CodeSection 49423

TO BE COMPLETED BY PARENT BEFORE GIVING FORM TO DOCTOR:

Student's Last Name	Student's First Name	Date of Birth
---------------------	----------------------	---------------

In agreeing to have the school administer my child's medication, I voluntarily agree to release, discharge, and hold harmless the District and its officers, agents and employees for any and all claims of liability arising out of their negligence, recklessness or any other act of omission which cause my child's illness, injury, death, and damages of any nature in any way connected with the administration of medication. As the parent of the above student, in the event there is no school nurse or other licensed person to administer medication, I give consent for a trained unlicensed assistive person/trained health care aid to administer the prescribed medication to the above student. I understand that I may terminate the consent for the administration of the medication or for otherwise assisting the student in the administration of medication at any time. **I authorize the District to communicate with the physician below regarding my child's medical condition and/or medication prescribed.**

Parent Name/Signature	Date	Phone (home)
-----------------------	------	--------------

Address	City	Zip	Phone (Emergency)
---------	------	-----	-------------------

Please list any/all allergies _____

I give my consent for my student to carry the medication with them.

PHYSICIAN'S ORDER: (To be completed by the physician only)

Medication Name: _____ Dose: _____
 Frequency/time to be given at school: _____
 Reason for Medication/Diagnosis: _____ Possible Side Effects: _____

Medication Name: _____ Dose: _____
 Frequency/time to be given at school: _____
 Reason for Medication/Diagnosis: _____ Possible Side Effects: _____

- Student has been instructed by physician in the use of inhaler and may carry with them.**
- Student has been instructed in the use of the EPI-PEN and may carry medication with them.**

As the prescribing physician, in the event there is no school nurse or other licensed person to administer medication, I authorize a trained unlicensed assistive person/trained health care aid to administer this prescribed medication to the above student.

Print Name of Licensed Physician	Signature of Licensed Physician
----------------------------------	---------------------------------

Address: Phone: Fax:

PLEASE RETURN THE COMPLETED FORM TO THE SCHOOL OFFICE QUESTIONS: CALL THE SCHOOL OFFICE OR 530-378-5254
--



Dear Parent/Guardian:

We recognize that students may need to take either over-the-counter or prescribed medications during school hours to maintain their health. California Education code Section 49423 defines certain requirements for the administration of medication at school:

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

Students are not permitted to carry medications at school, or at school sponsored field trips or events, except for prescribed inhalers or Epi-pens.

All medications, including over-the-counter medications, must be prescribed by a physician, NP, or PA to be administered at school. Over the counter medications include such items as cough drops, throat lozenges, Midol, Tylenol, ibuprofen and aspirin.

Medications may be taken at school if the following conditions are met:

- **A signed School Medication Authorization Form.**
- **The medication is in the original container clearly labeled from the pharmacy.**

It is important that the parent have a container at home with the correct dosage, and a separate container for the school properly labeled. Whenever possible, we encourage you to work out the dosage schedule with the doctor so that medication is not given during school hours.

Students will be responsible for remembering to come to the office at the correct time to get their medication. The office staff will not be responsible for reminding the student.

A School Medication Authorization form must be renewed at:

- **Beginning of every school year**
- **Upon entry to school**
- **When a NEW medication, dosage, or change is prescribed**

Thank you.

CHYBA School Attendance Contract

Attendance is important at our school and plays a key role in student success at CHYBA. To enroll at CHYBA you must understand our expectations and follow the below terms and conditions. Personalized attendance plans that differ from the below must be approved by our Principal and put in writing.


As a Student of CHYBA, I agree to abide by the following:

- I will strive for an attendance of 90-100% each week
- I will attend Morning Meeting at 9am and arrive promptly
- I will strive to book medical or other appointments outside of school hours (9am to 3:20pm)
- I will communicate with the attendance clerk for all appointments that fall within the school day. 530-378-5254
- If I am under 18 years of age I must be signed out by a parent/guardian
- Employment opportunities for students under 18 years of age may not interfere with normal school hours unless permitted by the Principal
- I understand that continued chronic non-attendance can lead to a referral to SARB, Truancy Court and/or being sent back to your home district hence losing your place of enrollment at CHYBA.
- Any adult student with 10 or more unexcused absences in a grading period may be withdrawn. Our Principal has the discretion to revoke enrollment for the remainder of the year.
- I will comply with all school rules, dress code and treat others with respect
- Other _____

As a Parent/Guardian/Community Agency/Case Worker of CHYBA, I agree to abide by the following:

- I will get my child to school every day on time
- Communicate and explain all absences
- Attend all regularly scheduled parent/administrator conferences
- Other _____

As a Program CHYBA agrees to abide by the following:

- I will register with ParentSquare 
- Provide a safe learning environment
- Provide academic and social emotional support
- Assist with overcoming barriers to attendance in any reasonable way possible
- Timely communication regarding daily attendance and attendance patterns

Contract Effective Date: _____

Student Name: _____ Student Signature: _____

Parent Guardian Signatures: _____

Case Manager/Attendance Clerk: _____

Statement of Purpose

Why have you enrolled at CHYBA?

Download the ParentSquare app today!

Stay involved with your child's
learning and activities at school.
From anywhere.



 ParentSquare



Parent Instructions:

If you are a parent and the school's database (SIS) contains your correct contact details, you can use your email or phone number to set up your account without the invitation.

What to do:

Hello. Welcome to ParentSquare.

A screenshot of the ParentSquare sign-up form. The form is titled "Sign Up / Create Password" and has a red border. It contains a text input field labeled "Email or Cell Phone Number*" with a small icon of a phone to its right. Below the input field is a small note: "*You must use the email/phone you provided to your school". At the bottom of the form is a brown "Go" button. To the left of the form, there is a sidebar with a "Forgot password?" link.

1. Go to parentsquare.com/signin (or install the ParentSquare app) and follow the prompts to sign up.
2. Use Google single sign-on, your email, or your phone number to set up your account. *Your email/phone number must match contact details in the school's database for this to work!*
3. **If your contact details aren't recognized, contact your school administrator to get them added.** *After they update your information in their database, the new contact details will appear in ParentSquare after the next daily sync, and you will be able to create an account.*

Note: After you are added to ParentSquare by your school, you will receive school communications even if you have not registered your account. However, you will need to register your account in order to participate in two-way communications and to access any confidential student-specific documents or forms.



Student Instructions:

Sign up to receive information from your school and teachers

1. On your device, open a web browser and visit:
ssqr.at/marti017
2. Follow instructions to sign up for StudentSquare.