

Student Last Name: _____ GRADE: _____

Student First Name: _____ DOB: _____

Student ID: _____



**OAKLAND UNIFIED
SCHOOL DISTRICT**

Community Schools, Thriving Students

2017 - 2018

**STUDENT REGISTRATION
PACKET**



OAKLAND UNIFIED
SCHOOL DISTRICT
Community Schools, Thriving Students

2017-2018 School Year

Dear OUSD Parents and Guardians,

Welcome to Oakland Unified School District and thank you so much for choosing to register your child in an Oakland public school. We know that your child's education is important and entrusting your child's education with us is a responsibility and obligation we take very seriously.

In the Oakland Unified School District, we believe in educating the whole child (academically, socially and emotionally) and are committed to ensuring your child graduates college and career ready. Our school board has put some important policies in place to set the conditions for your child's success. Your registration packet contains some important policies that will guide our actions as a district and ensure your child's experience in OUSD is optimal for success.

We strongly believe in developing community schools so our students can thrive. This means we need you to partner with us to guarantee your child's success by ensuring that your **child attends school daily and on time**. Studies show that students who attend school every day have a higher rate of academic achievement. **Parental involvement** is also a critical factor in student success. Please contact your school principal to see how you can get involved in your child's school. Finally, it is never too early to know what the **High School graduation requirements** are for your child in their educational journey, so we have included the requirements in this packet. Please read through this important document and track your child's success each year.

Together, we can achieve our common goal of making your child's educational experience rewarding and positive. For more detailed information about OUSD policies, Strategic Plan and strategies for success, please visit our public website and review the parent guide at <http://www.ousd.org/ParentGuide>.

Thank You.

OUSD Interim Superintendent, Devin C. Dillon

OUSD Policies Signature Page

Please complete both pages and submit it to your child's school site.

1. Acknowledgement of Policies
Please initial each box indicating that you have reviewed the policy.

Initial	Attendance
	I understand I am responsible for my child's attendance.
	I will send a written note to school if my child is absent.
Initial	Responsibility for Textbooks
	I accept responsibility for any lost textbooks or any damage to textbooks that have been issued to my child.
	I agree to reimburse the District for the cost of replacing all lost, unreturned, or damaged books.
	I understand that grades, diplomas, and transcripts may be withheld if payment is not made for unreturned or damaged books.
Initial	2017-18 OUSD Student and Family Handbook
	I understand the Student and Family Handbook has required information about parent rights and responsibilities. I have received a copy of the OUSD Student and Family Handbook, or request to and will access it online at http://www.ousd.org/StudentFamilyHandbook(in five languages) and have been informed of my rights.
Initial	Student Acceptable Use of Technology Agreement and Consent
	I have read the District Acceptable Use of Technology policy and regulations and signed the Student Acceptable Use of Technology Agreement and Consent form. I agree to abide by these rules. I understand that if my child violates the policy or regulations it may result in disciplinary action, including loss of technology privileges, suspension or expulsion, or legal action.
Initial	Voluntary Student Accident Insurance Information
	As of July 1, 2016, all OUSD students who have an accident during school or school sponsored activities are covered by limited accident insurance under the District's blanket student insurance policy and catastrophic student insurance policy. These benefits are automatic; families do not need to apply to be covered but there are limitations. For more information, please visit HYPERLINK "http://www.ousd.org/riskmanagement" \h www.ousd.org/riskmanagement or contact the Office of Risk Management at 879-1612.

2. Does your child have a current IEP? Yes No

3. Oakland Promise Card

Oakland Promise Card	
I consent to OUSD providing my child's directory information and student ID number to Oakland Public Library for this card.	
Student's Name	
Parent/Guardian's Signature	

4. California College Guidance Initiative – Parents of Middle and High School students only

California College Guidance Initiative (Middle and High School only)	
I consent to OUSD providing my student’s directory information, demographics, student ID number and transcript information to CCGI for higher education services.	
Student’s Name	
Parent/Guardian’s Signature	

5. California Healthy Kids Survey – Parents of 5th grade students only

California Healthy Kids Survey (5th grade only)	
I consent to my 5 th grade students’ participation in the anonymous 2016 California Healthy Kids Survey.	
Student’s Name	
Parent/Guardian’s Signature	

6. Decline Release of Directory Information (**Note: most parents do not choose this option**)

Decline Release of Directory Information	
I do not want the District to release “directory information” (see Student and Family Handbook Packet for examples) to qualified individuals or groups, such as official parent-teacher organizations, college recruiters, other government entities, data sharing partners, or	
Student’s Name	
Parent/Guardian’s Signature	

7. Military Exemption – Students 16 years old and above only

Military Exemption (students 16 years old and above only)	
I do not want the District to release “directory information” (name, home address, and home telephone number) for the secondary student named below to military recruiters.	
Student’s Name	
Parent/Guardian <u>or</u> Student’s Signature	

Name of Student _____ Date of Birth _____

Parent / Guardian’s Name _____

Parent / Guardian’s Signature _____ Date _____

Student’s Signature (if over 18) _____ Date _____