

Student Last Name: \_\_\_\_\_ GRADE: \_\_\_\_\_

Student First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Student ID: \_\_\_\_\_



# OAKLAND UNIFIED SCHOOL DISTRICT

*Community Schools, Thriving Students*

## 2018 - 2019

# STUDENT REGISTRATION PACKET

Dear Families:

Welcome to the 2018-19 school year in Oakland Unified School District (OUSD)! Whether your family is new to the District or you've long been part of our family, on behalf of all of our educators and staff, I thank you for entrusting your children to our care. We are thankful for your continued confidence and collaboration as we work together to ensure that every Oakland student receives a high quality education.

As I begin my second year as Superintendent, I remain humbled and honored to lead the District and learn from OUSD educators, students and families in Oakland, my hometown. I am also optimistic and invigorated because I believe in the power of our collective commitment to provide the wrap around services and academic, social and emotional support that every student deserves. OUSD is moving in the right direction and nothing will stop us from preparing our young people for success in college, career and community.

This year, I encourage you to learn more about your child's school experience and get more involved whenever possible. Whether it's homework support or reading together after school, volunteering in the classroom or serving on your School Site Council, or participating in district-level meetings and initiatives - your increased participation is not only welcome, it's needed. By uniting around our District values of *Integrity, Equity, Excellence, Cultural Responsiveness, Joy* - and above all, putting *Students First* - we will realize our vision, together.

Please visit our website [www.ousd.org](http://www.ousd.org) for more information and connect with us on social media at @OUSDNews. Here's to a great school year!

Respectfully,

Dr. Kyla Johnson-Trammell  
Superintendent  
Oakland Unified School District

# OUSD Policies Signature Page

**\*\*Please complete both side of this page and  
submit it to your child’s school site.\*\***

**1. Acknowledgement of Policies**

*Please initial each box indicating that you have reviewed the policy.*

<b>Initial</b>	<b>Attendance</b>
	I understand I am responsible for my child’s attendance.
	I will send a written note to school if my child is absent.
<b>Initial</b>	<b>Responsibility for Textbooks</b>
	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.
<b>Initial</b>	<b>2018-19 OUSD Student and Family Handbook</b>
	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 <a href="http://www.ousd.org/StudentFamilyHandbook">http://www.ousd.org/StudentFamilyHandbook</a>
<b>Initial</b>	<b>Student Acceptable Use of Technology Agreement and Consent</b>
	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.
<b>Initial</b>	<b>Voluntary Student Accident Insurance Information</b>
	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 <a href="http://www.ousd.org/riskmanagement">www.ousd.org/riskmanagement</a> or contact the Office of Risk Management at (510) 879-1612.
<b>Initial</b>	<b>Oakland Promise Card/Oakland Public Library Card</b>
	I have reviewed the information provided in the packet on the Oakland Promise Card. With this card, my child will be able to check out library materials from OUSD and Oakland Public Libraries, as well as access online resources from anywhere, including the classroom. There will be no overdue fines charged on any late materials borrowed from the Oakland Public Libraries with this card. I understand and agree that OUSD will provide my child’s directory information and student ID number to OPL for this card, which is kept confidential in accordance with federal and state laws and will not be shared with any other agencies.

2. Does your child have a current IEP?    YES     NO

3. California College Guidance Initiative (“CCGI”) – Parents of Middle and High School students only

<b>California College Guidance Initiative (Middle and High School only)</b>	
<input type="checkbox"/> I <b>consent</b> 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	

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

<b>California Healthy Kids Survey (5<sup>th</sup> grade only)</b>	
<input type="checkbox"/> I <b>consent</b> to my 5 <sup>th</sup> grade students’ participation in the anonymous 2018 California Healthy Kids Survey.	
Student’s Name	
Parent/Guardian’s Signature	

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

<b>Decline Release of Directory Information</b>	
<input type="checkbox"/> I <b>do not</b> want the District to release “directory information” to qualified individuals or groups, such as official parent-teacher organizations, college recruiters, other government entities, data sharing partners, or employers.	
Student’s Name	
Parent/Guardian’s Signature	

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

<b>Military Exemption (students 16 years old and above only)</b>	
<input type="checkbox"/> I <b>do not</b> 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	

As part of the new accountability requirements under the Every Student Succeeds Act (ESSA) and OUSD’s work toward continuous improvement for all students, school districts are required to identify students annually with a parent on active duty in the Armed Services or full time National Guard duty. In order to enable us to identify these OUSD students, please respond to the following:

Is student’s parent/guardian currently on Active Duty with the Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard) or Full-Time National Guard? Yes \_\_\_ No \_\_\_

If Yes, when did the most recent Active Duty start (can be approximate)? \_\_\_\_\_(MM/DD/YYYY)

If the above family member has ended their Active Duty or Full-Time National Guard service within the last year, when did this service end? \_\_\_\_\_(MM/DD/YYYY)

**Name of Student** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Parent / Guardian’s Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent / Guardian’s Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student’s Signature** (if over 18) \_\_\_\_\_ **Date** \_\_\_\_\_