

**Brawley Union High School**  
**Registration Forms & Documents**  
**(This packet is ONLY for Incoming Freshmen and New Students to the District.)**



**Please complete all of the following forms and return them to BUHS Walk Around Registration along with the proper documents.**

**Forms to be filled out, signed in ink, & brought in for registration:**

- ❖ Registration Checklist
- ❖ Student Information Sheet & Student/Parent/School Compact
- ❖ Medical/Emergency Information
- ❖ Home Language Survey - Only incoming 9<sup>th</sup> graders or students new to BUHSD need to turn this form in during registration.
- ❖ Technology Acceptable Use – All students must turn in this form.
- ❖ Bus Regulations – All students must turn in this form.
- ❖ Migrant Education – All students must turn in this form.
- ❖ Free & Reduced Lunch - Please sign this form even if your child will not participate. Only ONE Lunch Form per BUHSD household is required. **You can complete the lunch application ONLINE.**

**To complete registration, ALL students must also:**

- ❖ Bring Residency Verification (most current Utility Bill or Rental Contract w/Landlord's info)

**Returning Students must also:**

- ❖ Complete all detention/Saturday School hours.
- ❖ Have all Books/Fines cleared. (We only accept cash when paying for fines.)

**PE Clothes will be available during registration for \$25.**

**Registration Forms 2019-20**



# BRAWLEY UNION HIGH SCHOOL DISTRICT - Student Information

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: (Circle) M or F Birthdate: \_\_\_\_\_  
(Last) (First) (Middle)

Primary Phone #: \_\_\_\_\_ Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Mailing address/PO Box if different \_\_\_\_\_ 8th Grade School/  
(Street) (City) (State) (Zip) Previous School

---

## CONTACT INFORMATION FOR MOTHER/FATHER/FOSTER MOTHER/FOSTER FATHER/GUARDIAN

Father/Mother/Guardian information will be added to the phone/text/email messaging system unless you opt out.

---

**Parent/Guardian Information:** Please print carefully.

**#1 PARENT NAME:** \_\_\_\_\_

Check One:  Mother  Father  Guardian  Foster Mother  Foster Father

Are you currently serving on Active Duty for the United States Armed Forces or Full-Time National Guard Duty?  Yes  No

Cel #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Mailing Address (If different from Home Address Above): \_\_\_\_\_

Email Address: \_\_\_\_\_

(Check here for this contact to opt out of and NOT receive text/phone calls/emails )

**#2 PARENT NAME:** \_\_\_\_\_

Check One:  Mother  Father  Guardian  Foster Mother  Foster Father

Are you currently serving on Active Duty for the United States Armed Forces or Full-Time National Guard Duty?  Yes  No

Cel #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Mailing Address (If different from Home Address Above): \_\_\_\_\_

Email Address: \_\_\_\_\_

Check here for this contact to opt out of and NOT receive text/phone calls/emails

---

**Emergency Contact: Please list up to four people (other than parent/guardian) who can assume temporary care of your child in case you cannot be reached.**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relation to student: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relation to student: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relation to student: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relation to student: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### For Office Use Only:

Doubled Up  Guardianship

Done Date: \_\_\_\_\_ Initial: \_\_\_\_\_

BRAWLEY UNION HIGH SCHOOL DISTRICT  
**Medical/Emergency Information Form**

STUDENT \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_

MOTHER/GUARDIAN \_\_\_\_\_ FATHER/GUARDIAN \_\_\_\_\_

EMERGENCY CONTACT(S) \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_

List any serious medical conditions including allergies that your child has \_\_\_\_\_

Does this student take any kind of medicine regularly? YES \_\_\_ NO \_\_\_  
If "YES" what is the medicine? \_\_\_\_\_ Dosage? \_\_\_\_\_  
Name of the doctor \_\_\_\_\_ City \_\_\_\_\_

**PERMISSION FOR EMERGENCY TREATMENT**

In the event that (Student's Name) \_\_\_\_\_ should become seriously ill or injured and the school officials are unable to contact us (parents or guardians) and the school officials determine that emergency treatment by a licensed doctor is necessary for the preservation of his/her life and/or health; we do hereby give our consent for our child to be taken to a hospital and examined by a doctor. I also authorize the release of medical information by the school district to its billing agency and to my insurance company as necessary to process a claim or request reimbursement for medical services rendered to my child. Any shared information will be limited to service documentation only.

Permission granted this day \_\_\_\_\_ for the 2019-2020 School year. Signed \_\_\_\_\_  
Date Parent/Guardian

DISTRITO ESCOLAR DE BRAWLEY UNION HIGH  
**Forma de Información Médica de Emergencia**

ESTUDIANTE \_\_\_\_\_ Fecha de Nacimiento \_\_\_\_\_

DOMICILIO \_\_\_\_\_ Teléfono \_\_\_\_\_

MADRE/TUTOR \_\_\_\_\_ PADRE/TUTOR \_\_\_\_\_

PERSONA(S) EN CASO DE EMERGENCIA \_\_\_\_\_

DOCTOR DE LA FAMILIA \_\_\_\_\_ Teléfono \_\_\_\_\_

\*Escriba cualquier condición médica de cuidado incluyendo alergias que su hijo(a) tiene \_\_\_\_\_

\*\*El estudiante toma algún tipo de medicina regularmente? SI \_\_\_ NO \_\_\_ y "SI" cuál es la medicina? \_\_\_\_\_

Dosis? \_\_\_\_\_ Nombre del Doctor \_\_\_\_\_ Ciudad \_\_\_\_\_

**PERMISO PARA TRATAMIENTO EN CASO DE EMERGENCIA**

En caso de que (Nombre del Estudiante) \_\_\_\_\_ se enferme seriamente o se lastime y el personal de la escuela no se puedan comunicar con nosotros los (padres/tutor) y determinen que es necesario que el estudiante sea tratado de emergencia por un doctor para la preservación de la vida de mi hijo/a o salud; Por lo tanto damos nuestro consentimiento para que nuestro hijo(a) sea trasladado(a) a un hospital y examinado(a) por un médico. Yo autorizo que la escuela Brawley Union High School dé la información médica a su oficina de reembolso y a mi compañía de aseguranza como sea necesario para servicios médicos dados a mi estudiante. Cualquier información compartida será limitada a la documentación del servicio solamente.

Permiso otorgado el día \_\_\_\_\_ para el año escolar 2019-2020. Firma \_\_\_\_\_  
Fecha Padre/Madre/Tutor

## BUHSD Families ~ Please Read

There are many benefits and services for students and families who qualify for the Free/ Reduced Lunch program, including SAT/AP exam waivers. We encourage all parents to check the guidelines below to see if you qualify. **If you make less than or equal to the amounts below, you qualify.** Please contact us if you have any questions.

Please complete the full lunch application even if your child chooses not to eat in the cafeteria, as it helps us verify eligibility. If you have children at BUHS, DVHS, and/or Renaissance, you only have to fill out ONE application for all children in our district. The lunch application was handed out along with this registration packet.

### Free & Reduced-Price Eligibility Scale 2019-2020

| Household size                                 | Free Eligibility Scale for Lunch, Breakfast, and Milk |          |                 |                 |        | Reduced-Price Eligibility Scale for Lunch and Breakfast |          |                 |                 |        |
|--|---|----------|-----------------|-----------------|--------|---|----------|-----------------|-----------------|--------|
|  | Year  | Month    | Twice Per Month | Every Two Weeks | Week   | Year  | Month    | Twice Per Month | Every Two Weeks | Week   |
| <b>1</b>                                       | \$ 16,237   | \$ 1,354 | \$ 677          | \$ 625          | \$ 313 | \$ 23,107   | \$ 1,926 | \$ 963          | \$ 889          | \$ 445 |
| <b>2</b>                                       | 21,983  | 1,832    | 916             | 846             | 423    | 31,284  | 2,607    | 1,304           | 1,204           | 602    |
| <b>3</b>                                       | 27,729  | 2,311    | 1,156           | 1,067           | 534    | 39,461  | 3,289    | 1,645           | 1,518           | 759    |
| <b>4</b>                                       | 33,475  | 2,790    | 1,395           | 1,288           | 644    | 47,638  | 3,970    | 1,985           | 1,833           | 917    |
| <b>5</b>                                       | 39,221  | 3,269    | 1,635           | 1,509           | 755    | 55,815  | 4,652    | 2,326           | 2,147           | 1,074  |
| <b>6</b>                                       | 44,967  | 3,748    | 1,874           | 1,730           | 865    | 63,992  | 5,333    | 2,667           | 2,462           | 1,231  |
| <b>7</b>                                       | 50,713  | 4,227    | 2,114           | 1,951           | 976    | 72,169  | 6,015    | 3,008           | 2,776           | 1,388  |
| <b>8</b>                                       | 56,459  | 4,705    | 2,353           | 2,172           | 1,086  | 80,346  | 6,696    | 3,348           | 3,091           | 1,546  |
| <b>For each additional family member, add:</b> |   |          |                 |                 |        |   |          |                 |                 |        |
|  | \$5,746   | \$479    | \$240           | \$221           | \$111  | \$8,177   | \$682    | \$341           | \$315           | \$158  |

Household is synonymous with family and means a group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit sharing housing and all significant income and expenses. This scale does not apply to households that receive Supplemental Nutrition Assistance Program (SNAP) benefits—known as CalFresh in California, Food Distribution Program on Indian Reservations (FDPIR) benefits, or children who are recipients of Temporary Assistance for Needy Families—known as CalWORKs in California. Those children are automatically eligible for free meal benefits.

#### **Food Services at BUHSD**

Breakfast is served every day in the Cafeteria for \$2.10 or \$.30 reduced price. Lunch costs \$3.25 or \$.40 reduced price. **A student qualifying for free or reduced lunch is only eligible to receive one free/reduced breakfast and one free/reduced lunch. If a student goes back for a 2nd or 3rd meal, he/she will be charged \$2.10 for each additional breakfast and \$3.25 for each additional lunch.**

**School Year 2019-2020 Brawley Union High School District Application for Free and Reduced-Price Meals** Complete one application per household.

Please read the instructions on how to apply. Print clearly with a pen. You may also apply online at [www.brawleyunionhs.heartlandapps.com](http://www.brawleyunionhs.heartlandapps.com) This institution is an equal opportunity provider.

**California Education Code Section 49557(a): Applications for free and reduced-price meals may be submitted at any time during a school day. Children participating in the federal National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, special serving lines, separate entrances, separate dining areas, or by any other means.**

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

|   |                      |           |
|---|----------------------|-----------|
| <b>A. STUDENT INCOME:</b> Sometimes students in the household earn income. Enter the <b>TOTAL GROSS</b> income (before deductions) in whole dollars earned by all students listed in STEP 1. Enter the appropriate pay period in the "How Often" box: <b>W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly</b> | 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.

|  |                    |           |   |           |  |           |
|--|--------------------|-----------|---|-----------|--|-----------|
| Print the name of <b>ALL OTHER</b> Household Members<br>(First and Last) | Earnings from Work | How Often | Public Assistance/SSI/<br>Child Support/Alimony | How Often | Pensions/Retirement/<br>All Other Income | How Often |
|  |                    |           |   |           |  |           |
|  | \$                 |           | \$  |           | \$                                       |           |
|  | \$                 |           | \$  |           | \$                                       |           |
|  | \$                 |           | \$  |           | \$                                       |           |
|  | \$                 |           | \$  |           | \$                                       |           |

|  |                      |   |                      |  |
|--|----------------------|---|----------------------|--|
| <b>C. Total Household Members</b><br>(Children and Adults) | <input type="text"/> | <b>D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member</b> | <input type="text"/> | Check the box if<br><b>NO SSN</b> <input type="checkbox"/> |
|--|----------------------|---|----------------------|--|

**STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE**

Certification: I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable state and federal laws.

|   |                |
|---|----------------|
| Signature of adult completing this application: |                |
| 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"/>  | 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 and does not affect your children's eligibility for free or reduced-price meals. |
| <b>Ethnicity (check one):</b>   |
| <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino   |
| <b>Race (check one or more):</b>  |
| <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American  |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White   |

BRAWLEY UNION HIGH SCHOOL DISTRICT  
2019-20

I, \_\_\_\_\_ parent of \_\_\_\_\_,  
grade \_\_\_\_\_ authorize Brawley Union High School District to use the  
Biometric Finger Scanning Identification System in order to provide security  
for my child's Cafeteria Account, eliminate clerical errors and provide my child  
an easy way to identify herself/himself when using the cafeteria. Your  
permission will remain in effect throughout your child's high school career  
while at Brawley Union High School District.

Please return this signed form at registration.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

Yo, \_\_\_\_\_ padre de \_\_\_\_\_, grado \_\_\_\_\_  
autorizo a La Escuela Preparatoria de Brawley que use el Sistema de  
Identificación Biométrica para garantizar la seguridad de la cuenta de la  
cafetería de mi estudiante, eliminar errores administrativos y proporcionar a los  
estudiantes una manera fácil de identificarse a sí mismo cuando se utiliza la  
cafetería. Su autorización estará en efecto mientras su estudiante esté  
matriculado en el Distrito Escolar de Brawley High.

Favor de entregar esta forma firmada durante registración.

\_\_\_\_\_  
Firma de Padre

\_\_\_\_\_  
Fecha

# HOME LANGUAGE SURVEY

(Freshmen & New students only)

The California Education Code requires all schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested. Please answer the following questions and have your son/daughter return this form with his/her registration packet. Thank you for your help.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
*Last First Middle*

1. Which language did your son/ daughter learn when he/she first began to talk? \_\_\_\_\_
2. What language does your son/daughter most frequently use at home? \_\_\_\_\_
3. What language do you use to speak to your son/daughter? \_\_\_\_\_
4. Name the language(s) in the order most often spoken by the adults at home: a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

**Correspondence Language:** In what language would you like to receive your phone messages & written mail?  
Please circle one: English or Spanish

**Name of Previous School:** \_\_\_\_\_

If school is outside of Imperial County, please provide Address, Phone Number, & Contact Person for student records.

\_\_\_\_\_

**Mark school student will attend:** \_\_\_\_\_ BUHS \_\_\_\_\_ DVHS \_\_\_\_\_ Renaissance

**What is your child's ethnicity?**

Is the student Hispanic or Latino?  Yes  No

**What is your child's race? (Select at least one – you may select up to five)**

American Indian or Alaskan Native  White  African American or Black

Pacific Islander: \_\_\_\_\_ (Which race?)  Asian: \_\_\_\_\_ (Which race?)

**Mark highest parent education:**

\_\_\_\_\_ Not a High School graduate \_\_\_\_\_ High School graduate \_\_\_\_\_ Some College

\_\_\_\_\_ College graduate (Bachelor's degree) \_\_\_\_\_ Post graduate school (Master's / Doctorate degree)

\_\_\_\_\_ Decline to state / unknown

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_



**TECHNOLOGY ACCEPTABLE USE POLICY E 5027(a)  
STUDENT/PARENT/GUARDIAN AGREEMENT FORM**

Brawley Union High School District recognizes that technology provides ways to access the most current and extensive sources of information. Technology also enables students to practice proactive skills and to develop reasoning and problem solving abilities. In addition, electronic resources foster workplace skills that may be transferable to new technologies. Every effort shall be made to provide equal access to technology throughout the district's schools and classes.

The purpose of this Use Agreement is to ensure that the student and parents/guardians understand that use of computer technology is conditioned on the rules stated in the Agreement, and that failure to adhere to these rules can and will result in discipline, civil or criminal penalties. It is also intended to communicate the fact that students have no expectation of privacy in such use, and that use is intended to further educational purposes only. Lastly, it is intended to inform parents/guardians that despite the educational purpose of computer technology and the monitoring of such use, it may not be possible for the district to guarantee that students will not be exposed to some inappropriate material.

In exchange for the privilege of using district computer technology, including access to online services and software, we agree to the following: I agree that I will NOT:

1. Damage, degrade, or disrupt district computer equipment or system performance;
2. Steal data, equipment or intellectual property;
3. Read other users' mail or files, or in any way to interfere with other users' ability to send or receive electronic mail;
4. Use profanity in any electronic mail transmission or post anonymous messages;
5. Divulge any personal information, such as my home address or telephone number online;
6. Use district access to computer technology for any purpose other than education, such as commercial, political and/or personal;
7. Use the system to encourage the use of drugs, alcohol, or tobacco, or promote any unethical practices or activity prohibited by law or district policy;
8. Use the system to transmit or access material that is threatening, sexually explicit or derogatory towards others based on race, national origin, sexual orientation, age, disability, religion, or political beliefs;
9. Use the system to transmit any copyrighted material without the author's permission or download copyrighted material for any other purpose than my own use.

I understand that I have no expectation of privacy in my use of district computer technology, and that district staff may monitor or examine all system activities to ensure proper use of the system. I understand that my failure to abide by any of these rules will subject me to disciplinary action and legal action as appropriate and that all the rules of conduct described in the Board Policies of the Brawley Union High School District will apply when I am on the network.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As the parent/guardian of this student, I have read this contract and understand that it is designed for educational purposes. I understand that it is impossible for Brawley Union High School District to restrict access to all controversial materials, and I will not hold the misuse of the information system to the district system operator. I understand that my son/daughter's right to use district computer technology is subject to the rules and policies stated above. I also understand that it may not be possible for the district to guarantee that students not gain access to some inappropriate material.

I accept full responsibility for supervision if and when my child's use of electronic services is not in a school setting and I understand that all the rules of conduct described in the Board Policies of the Brawley Union High School District will apply when my child is on the network.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Exhibit  
version: May 13, 2009

**BRAWLEY UNION HIGH SCHOOL DISTRICT**  
Brawley, California

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Brawley Union High School District**  
**Google Apps for Education Parent Permission Form**

Google Apps for Education is available as a tool for our students and staff. It is a web service and may be used from any computer with internet access. This education version of Google Apps provides a self-contained environment for students and staff to collaborate and share information and to publish some resources publicly.

The features and options available will be based on grade level, student awareness, requirements for coursework and formal permission from parents/guardians.

Student accounts may include a variety of Google Apps such as (but not limited to) email, shared documents, websites and blogs. Document sharing and email, when activated, can only be shared within the district domain.

**A student must return this form with a parent or guardian's signature to have an account for Google Apps for Education on the brawleyhigh.org domain.**

**Student Responsibility**

Along with opportunity comes responsibility. Student use of Google Apps follows the expectations and disciplinary action outlined in the District's Acceptable Use Policy and Student Handbook which can be reviewed on the District website. Although the Apps can be accessed outside of school, any use of the account on the brawleyhigh.org domain is bound by the same rules and guidelines as use of a BUHSD student account on the BUHSD network. It must always be used for educational purposes just as if the student were in school.

**School Responsibility**

Google Apps student accounts created by the school district will be managed based on parent permission and requirements for use in classes. Internet safety education will be included as part of introducing new web based tools. In school, teacher supervision and school content filters are used to prevent access to inappropriate content and to ensure that student use of digital tools follows the District Acceptable Use Policy referenced above. Student accounts can be accessed by domain administrators at anytime.

**Parent/Guardian Responsibility**

Parents assume responsibility for the supervision of Internet use outside of school. Parents are encouraged to discuss family rules and expectations for using Internet-based tools, including Google Apps for Education. Parents are encouraged to report any evidence of cyberbullying or other inappropriate use to the school.

---

**Please mark the option below that you agree to then sign and date the form.**

Parent Permission for Google Apps for Education account: I agree to allow my student to have a Google Apps for Education account that can be used on any computer connected to the internet. I understand the account is for educational purposes and use must meet the expectations outlined above. Any misuse of the account will be handled exactly as if it were done in school on a district account.

No Google Apps Access Option: I do not want my student to use the Google Apps for Education resources in any form.

---

**Printed Parent/Guardian Name**

---

**Parent/Guardian Signature**

---

**Date**

**Photo Release Permission Slip**

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources such as video/YouTube). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

\_\_\_\_ Yes, I give consent for BUHSD to photograph my child for school purposes and/or at school events.

\_\_\_\_ No, I do not authorize BUHSD to photograph for my child for any event.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





**Imperial County Office of Education**  
**Migrant Education Program – Region VI**

**Questionnaire**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Telephone: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

The Migrant Education Program is designed to provide supplementary educational services to migrant children.

| <b>QUESTIONNAIRE</b>  | <b>YES</b> | <b>NO</b> |
|---|------------|-----------|
| Have you or any adult living in your household traveled to another place within the past three years to work in agriculture, food processing, or transportation of produce? |            |           |
| Did any or all of your children travel with you or any adult in your household when you performed the above mentioned work?   |            |           |
| Have any of your children ever been in the Migrant Program?   |            |           |

**Cuestionario**

Nombre del Alumno: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_  
Dirección: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Teléfono: \_\_\_\_\_  
Escuela: \_\_\_\_\_ Grado: \_\_\_\_\_ Nombre del Padre: \_\_\_\_\_

El programa de educación migrante está diseñado para proporcionar servicios educacionales suplementarios a niños migrantes.

| <b>CUESTIONARIO</b>  | <b>SI</b> | <b>NO</b> |
|--|-----------|-----------|
| ¿Durante los últimos tres años, ha viajado usted o algún miembro adulto de su familia a otro lugar para trabajar en la agricultura, en el procesamiento de alimentos, o en la transportación de productos agrícolas? |           |           |
| ¿Viajaron sus hijos con usted o con algún miembro adulto de su familia cuando usted o ellos desempeñaron los trabajos mencionados arriba?  |           |           |
| ¿Anteriormente, han participado sus hijos en el Programa Migrante?   |           |           |