



HALE CHARTER ACADEMY

23830 Califa Street, Woodland Hills CA 91367

www.HaleCharterAcademy.com

Phone (818) 313-7400 Fax (818) 346-7517

Los Angeles Unified School District

John E. Deasy, Ph.D.
Superintendent of Schools

Byron Maltez
Superintendent ESC North

Neal Siegel
Principal

Dear Parents and Guardians:

This packet contains important information for the 2014-2015 school year. Please read the entire packet carefully, sign, and return the attached sheets to your child's Mandatory Orientation day.

As we begin another school year, we are looking forward to working closely with you to ensure your child's maximum success at Hale Charter Academy. One of the most important factors of success in school is **good attendance**. This letter explains some of our attendance procedures which, we hope, will be of assistance to you.

1. The tardy bell for the first class rings at **7:57 a.m.** Students should be at school by **7:45 a.m.** to be sure to get to class on time. The Attendance Office opens at 7:30 a.m. Waiting in line in the Attendance Office is not an excuse for tardiness. A student is considered tardy when the student is not in his/her seat/assigned location and ready to work when the tardy bell rings.
2. When your child returns from an absence, he/she must always have a note that includes the child's name, date of birth, dates (s) of the absence, reason for the absence, and a parent's signature. When a child does not bring a valid note, a "non-illness unverified attendance" will be recorded. Teachers are not required to give any make-up work or tests for days so recorded. If the child is absent five (5) consecutive school days or more due to illness, a doctor's note **must** accompany the parent's absence note. Check the Hale Charter Academy website at www.halecharteracademy.com for homework assignments.
3. If your child must leave school for any reason **before** the regular dismissal time, he/she must bring a note signed by a parent/guardian to the Attendance Office **before** school. The parent must come to the Attendance Office with a **photo I.D.** to release the child from school. If someone other than the parent/guardian will be picking up the child, the parent/guardian must write a note to the Attendance Office to inform us of who will be coming. The person picking up the student **must be on the Emergency Card, and must show a photo I.D.** Anyone who leaves campus without checking out through the Attendance Office will be considered **truant**.
4. Parents should be aware that we **cannot** release any information about a child to anyone except those listed on the Emergency Card. If you keep the Attendance Office informed about any changes of name, address, or telephone number within 30 days, we can be of much better service to you.
5. **PARENTS CANNOT USE THE ATTENDANCE OFFICE AS A MESSAGE CENTER OR DELIVERY SERVICE EXCEPT IN REAL EMERGENCIES. Only Phone messages from parents/guardians will be delivered to students. Other messages, PE clothes, books, lunches, etc. are NOT EMERGENCIES.**

HEALTH OFFICE IMMUNIZATION REQUIREMENTS

Students may not be admitted to school unless a written immunization record is presented at the time of enrollment and immunizations are up to date.

TDAP VACCINATION INFORMATION: The law requires students who come to school without proof of the whooping cough (Tdap or pertussis) vaccination to be excluded from classes. The immunization has been mandated by the state of California because of an epidemic of this highly-contagious bacterial disease. Please note that only vaccinations identified as Tdap, Adacel, or Boostrix will be accepted as proper Tetanus, Diphtheria and Pertussis immunizations. DTP, DTap, TD or other similarly spelled inoculations are not acceptable to fulfill this California requirement.

Children may receive shots from a private physician. Parents/guardians seeking a public health location where the shots are available may call the L.A. County Information Line at 2-1-1 or go to <http://publichealth.lacounty.gov/ip/IZclinics/clinics.htm>. For more general information, please go to: <http://pertussis.lausd.net> or www.shotsforschool.org.

TUBERCULOSIS: Written evidence must be provided of a MANTOUX skin test given **and read** before entering California schools. If skin test result is 10mm or more, the written date of chest x-ray and statement that child is free of communicable TB **must** be presented from the physician/health department.

POLIO: Three (3) or more doses of polio vaccine, **one more** dose if the last dose was given before the second birthday.

MEASLES, MUMPS, RUBELLA (MMR): Two (2) doses of vaccine, both on or after the 1st birthday is **mandated effective July 1, 1999.**

HEPATITIS B: Hepatitis B series (3 doses) is **mandated** for 7th grade effective **July, 1999.**

VARICELLA: Two (2) doses of varicella at least three months apart.

HEALTH OFFICE REQUIREMENTS

MEDICINE: Students taking medications during school hours must have a LAUSD medication form on file at school which is signed by a **physician and parent** giving instructions and dose each school year.

Medicine must be in a prescription container and **left in the Health Office** to be taken under the supervision of the school nurse. Students may carry and self-administer **inhaled Asthma medication** with proper prior documentation in the Health Office.

CASTS, CRUTCHES, and ARM SLINGS: There must be documented need for assisted devices. A **doctor's note** stating the student may return to school is required. If an absence was involved, a note from the parent must also be presented on return to school.

SURGERY, STITCHES and HOSPITALIZATION: A **doctor's note** stating the student may **return to school** is required. The note must also indicate any limitations to participate in Physical Education or other strenuous activities. If an absence was involved, a note from a parent must also be presented upon return.

SERIOUS ILLNESS and INJURY: Pneumonia, bronchitis, concussion, pink eye, any contagious disease, or if *absent over 5 school days*, requires a **doctor's note for readmittance.**

PHYSICAL EDUCATION: A **parent's note** will be accepted for **up to three days** exemption from participation in physical education classes for medical reasons. The parent must sign, date and list a daytime phone number on the note. To be excused beyond 3 days, it will be necessary to present a **doctor's note** stating the reasons for exemption and length of time involved. The doctor's phone number must be clear for the nurse to verify the order.

EMERGENCY INFORMATION: A **current** LAUSD Emergency Information Card must be on file at the school so that parents/guardians can be promptly notified in case of **accident or illness.**

TRANSPORTATION: Please do not send your child to school if he/she is ill.

Please have a secondary plan for your child if he or she becomes ill at school.

HEALTH INSURANCE: Please see the school nurse at the beginning of the year for available options at low cost (based on income) if you have **NO** health insurance for your child.

DISTRICT PROCEDURES REGARDING MEDICATION TAKEN

DURING SCHOOL HOURS

1. Prescription medications must be clearly labeled by a U.S. dispensing pharmacy and contain the following information: (consistent with prescription of authorized licensed health care provider)
 - Student's full name
 - Physician's name
 - Dosage, schedule, route and dose form
 - Date of expiration of the medication
2. In addition to a home supply, parent/guardian may request a second labeled bottle from the pharmacy for school use.
3. Non-prescription (over the counter) medications that have been authorized by this request, may be administered at school only if the medication is provided in the original container.
4. *Requests for Medication to be Taken During School Hours* must be renewed annually.
5. Parent/Guardian will notify the school nurse or site administrator and provide a new *Request for Medication to be Taken During School Hours* when there is a change in the student's medication, health status or authorized health care provider.
6. The school administrator, or the administrator's designee, will assume responsibility for placing the medication in a locked cabinet, storage unit or lock refrigerator.
7. The school administrator, the administrator's designee, or school nurse will assume responsibility for returning unused medication to the parent/guardian at the end of the student's school year.
8. If medication must be taken while a student is on a field trip, arrangements must be made through the school nurse.
9. All injectable medications require special arrangements.
 - Injectable medications, such as insulin, used on a regular or as needed basis, must be administered by licensed health care providers and require special arrangements.
 - Injectable medications which are to be given in an emergency basis, require special arrangements and training of school staff by the credentialed school nurse.

HALE CHARTER ACADEMY HEALTH OFFICE: 818-313-7412 or FAX 818-346-7517



LOS ANGELES UNIFIED SCHOOL DISTRICT STUDENT EMERGENCY INFORMATION FORM

Parent Information: Please fill out completely and sign where indicated. In a major emergency, it is school district policy to retain students at school for their safety. This form will be used by the school staff when students are released to go home. Please complete electronically or print clearly and return completed form to school.

STUDENT'S LAST NAME		FIRST NAME		M.I.																															
BIRTH DATE		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		GRADE																															
				HOME LANGUAGE																															
STUDENT'S HOME ADDRESS - NUMBER		STREET		APT #																															
				CITY																															
ZIP CODE																																			
MAILING ADDRESS - NUMBER <small>(IF DIFFERENT FROM ABOVE)</small>		STREET		APT #																															
				CITY																															
ZIP CODE																																			
PARENT'S / LEGAL GUARDIAN'S LAST NAME		FIRST NAME		RELATIONSHIP TO STUDENT																															
				LIVES WITH? <input type="checkbox"/> Yes <input type="checkbox"/> No																															
WORK ADDRESS - NUMBER		STREET		CITY																															
				ZIP CODE																															
CONTACT NUMBERS		Indicate which phone to call for each message type:*		EMAIL ADDRESS:																															
HOME		EMERGENCY <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work																																	
CELL		ATTENDANCE <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work																																	
WORK		GENERAL INFO <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work																																	
PARENT'S / LEGAL GUARDIAN'S LAST NAME		FIRST NAME		RELATIONSHIP TO STUDENT																															
				LIVES WITH? <input type="checkbox"/> Yes <input type="checkbox"/> No																															
WORK ADDRESS - NUMBER		STREET		CITY																															
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HOME		EMERGENCY <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work																																	
CELL		ATTENDANCE <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work																																	
WORK		GENERAL INFO <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work																																	
<p><i>To the principal: In case you are unable to reach me during any emergency, you are authorized to contact and, if necessary, release my child to any of the following:</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">NAME</td> <td style="width: 20%;">RELATIONSHIP</td> <td style="width: 15%;">HOME PHONE</td> <td style="width: 15%;">CELL PHONE</td> <td style="width: 20%;">WORK PHONE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>NAME</td> <td>RELATIONSHIP</td> <td>HOME PHONE</td> <td>CELL PHONE</td> <td>WORK PHONE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>NAME</td> <td>RELATIONSHIP</td> <td>HOME PHONE</td> <td>CELL PHONE</td> <td>WORK PHONE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>						NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE						NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE						NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE					
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<p><i>List any other family members attending this school:</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">LAST NAME</td> <td style="width: 20%;">FIRST NAME</td> <td style="width: 15%;">HOME ROOM</td> <td style="width: 15%;">GRADE</td> <td style="width: 20%;">RELATIONSHIP</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>LAST NAME</td> <td>FIRST NAME</td> <td>HOME ROOM</td> <td>GRADE</td> <td>RELATIONSHIP</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>						LAST NAME	FIRST NAME	HOME ROOM	GRADE	RELATIONSHIP						LAST NAME	FIRST NAME	HOME ROOM	GRADE	RELATIONSHIP															
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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT																																			
<p>The undersigned, as parent/legal guardian of, _____ a minor, <small>(Print name of the student here)</small></p> <p>hereby authorizes the principal or designee, into whose care the student has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to the student upon the advice of any licensed physician and/or dentist. It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the Los Angeles Unified School District ("District") to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization is given in accordance with Section 49407 of the California Education Code, and shall remain effective until revoked in writing and delivered to the District. I understand that the District, its officers and its employees assume no liability of any nature in relation to the transportation of the student. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's parent/guardian.</p> <p>HEALTH ALERTS - List any medical condition which restricts physical activity or requires special attention. Include conditions such as asthma and allergies such as peanut and bee stings. If none, please indicate "none".</p>																																			
<p>DOES THE STUDENT HAVE HEALTH INSURANCE? (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO* If "Yes": <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families</p> <p>MEDI-CAL / HEALTHY FAMILIES ID Number: _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">1. PRIVATE HEALTH INSURANCE NAME</td> <td style="width: 20%;">GROUP NO.</td> <td style="width: 30%;">2. PRIVATE HEALTH INSURANCE NAME <small>(if covered under more than one plan)</small></td> <td style="width: 20%;">GROUP NO.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <p>NAME OF DOCTOR / MEDICAL OFFICE _____ PHONE NUMBER OF DOCTOR / MEDICAL OFFICE _____</p>						1. PRIVATE HEALTH INSURANCE NAME	GROUP NO.	2. PRIVATE HEALTH INSURANCE NAME <small>(if covered under more than one plan)</small>	GROUP NO.																										
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<p>*If the student currently does not have health insurance, information on free or low-cost health care programs is available by calling the District's toll-free HELPLINE 1(866)742-2273.</p> <p>MY CHILD IS ALLERGIC TO THE FOLLOWING MEDICATIONS: _____</p> <p>MY CHILD CURRENTLY TAKES THE FOLLOWING MEDICATIONS: _____</p> <p>I CERTIFY THAT I HAVE READ AND UNDERSTOOD THIS FORM AND DO HEREBY GIVE MY AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, AND THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT.</p> <p>X _____ DATE _____</p> <p>SIGNATURE OF: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN</p>																																			

STUDENT'S LAST NAME

FIRST NAME

MIDDLE INITIAL

* Selected telephone number must be a direct dial number (no extensions).



DISTRITO ESCOLAR UNIFICADO DE LOS ÁNGELES

FORMULARIO ESTUDIANTIL DE INFORMACIÓN PARA EMERGENCIAS

Español

Información para Padres: Favor de llenar este formulario por completo y firmar en la sección indicada. En caso de una emergencia grave las normas del distrito escolar requieren mantener a los alumnos en la escuela por su seguridad. El personal escolar usará este formulario cuando los alumnos sean permitidos volver a casa. Favor de llenar electrónicamente o con letra de molde clara y entregar el formulario completo en la escuela.

APELLIDO DEL ALUMNO		NOMBRE		INICIAL	
FECHA DE NACIMIENTO		<input type="checkbox"/> Masc. <input type="checkbox"/> Femen.		GRADO	
IDIOMA QUE SE HABLE EN CASA					
DOMICILIO DEL ALUMNO - Número		CALLE		APT #	
CIUDAD		CÓDIGO POSTAL			
DOMICILIO POSTAL - Número (SI DIFIERE AL DE ARRIBA)		CALLE		APT #	
CIUDAD		CÓDIGO POSTAL			
APELLIDO DEL PADRE/TUTOR LEGAL		NOMBRE		PARENTEZCO AL ALUMNO	
				<input type="checkbox"/> Sí <input type="checkbox"/> No	
DIRECCIÓN DEL TRABAJO		CALLE		CIUDAD	
				CÓDIGO POSTAL	
Números telefónicos de contacto		Indicar a qué número llamar para cada tipo de mensaje:			CORREO ELECTRÓNICO:
HOGAR		EMERGENCIA	<input type="checkbox"/> Hogar	<input type="checkbox"/> Celular	<input type="checkbox"/> Trabajo
CELULAR		ASISTENCIA	<input type="checkbox"/> Hogar	<input type="checkbox"/> Celular	<input type="checkbox"/> Trabajo
TRABAJO		INFORMACIÓN GENERAL	<input type="checkbox"/> Hogar	<input type="checkbox"/> Celular	<input type="checkbox"/> Trabajo
APELLIDO DEL PADRE/TUTOR LEGAL		NOMBRE		PARENTEZCO AL ALUMNO	
				<input type="checkbox"/> Sí <input type="checkbox"/> No	
DOMICILIO - número		CALLE		CIUDAD	
				CÓDIGO POSTAL	
Números Telefónicos de Contacto		Indicar a qué número llamar para cada tipo de mensaje*			CORREO ELECTRÓNICO:
HOGAR		EMERGENCIA	<input type="checkbox"/> Hogar	<input type="checkbox"/> Celular	<input type="checkbox"/> Trabajo
CELULAR		ASISTENCIA	<input type="checkbox"/> Hogar	<input type="checkbox"/> Celular	<input type="checkbox"/> Trabajo
TRABAJO		INFORMACIÓN GENERAL	<input type="checkbox"/> Hogar	<input type="checkbox"/> Celular	<input type="checkbox"/> Trabajo
Al director: En caso de no localizarme durante una emergencia, le autorizo a contactar y, de ser necesario, entregarme a mi niño a cualquiera de las siguientes personas:					
NOMBRE		PARENTEZCO	TEL. DEL HOGAR	TEL. DE CELULAR	TEL. DEL TRABAJO
NOMBRE		PARENTEZCO	TEL. DEL HOGAR	TEL. DE CELULAR	TEL. DEL TRABAJO
NOMBRE		PARENTEZCO	TEL. DEL HOGAR	TEL. DE CELULAR	TEL. DEL TRABAJO
Incluir cualquier otro miembro de la familia que asista a esta escuela:					
APELLIDO		NOMBRE		SALÓN PRINCIPAL	GRADO ESCOLAR
APELLIDO		NOMBRE		SALÓN PRINCIPAL	GRADO ESCOLAR
				PARENTEZCO	PARENTEZCO
				PARENTEZCO	PARENTEZCO
AUTORIZACIÓN PARA TRATAMIENTO MÉDICO DE EMERGENCIA					
El abajo firmante, como padre/tutor legal de: _____ menor de edad,					
<i>(Escribir el nombre del alumno con letra de molde)</i>					
por medio del presente autoriza al director o persona designada, habiéndosele encomendado el cuidado del alumno, a acceder a cualquier análisis con radiografía, anestesia, diagnóstico médico o quirúrgico, tratamiento y/o atención en hospital para el alumno, según lo especifique un médico acreditado y/o dentista. Estoy al tanto de que esta autorización se extiende antes de cualquier diagnóstico, tratamiento o atención en hospital necesaria y otorgo la autoridad y facultad al Distrito Escolar Unificado de Los Angeles ("Distrito") de dar consentimiento a todo y cualquier diagnóstico, tratamiento, o atención en hospital con un médico acreditado o dentista conforme se determina necesario. Esta autorización se extiende de acuerdo con el Artículo 49407 del Código de Educación de California, y seguirá en vigencia hasta que se revoque por escrito y dicha revocación se entregue al Distrito. Entiendo que el Distrito, sus funcionarios y empleados no asumen responsabilidad de cualquier índole en relación con el transporte del alumno. También estoy al tanto de que el costo de transporte de paramédicos, hospitalización, análisis, radiografías, o tratamiento que se proporcione en relación con esta autorización será responsabilidad exclusivamente mía, como padre/tutor del alumno.					
ALERTA DE SALUD - Incluir cualquier condición médica del alumno que limite actividad física o requiera atención especial. Incluir condiciones tales como asma y alergias (por ejemplo: a la crema de mani, o picaduras de abeja). Si el alumno no presenta ninguna condición indicar "ninguna".					
INDICAR SI EL ALUMNO TIENE SEGURO MÉDICO (Marcar uno) <input type="checkbox"/> Sí <input type="checkbox"/> No Si respondió "Sí" Indique: <input type="checkbox"/> Seguro médico Particular <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families					
# de miembro MEDI-CAL / HEALTHY FAMILIES: _____					
1. SEGURO MÉDICO PARTICULAR		GRUPO #		1. SEGURO MÉDICO PARTICULAR	
				GRUPO #	
NOMBRE DEL DOCTOR/ CLÍNICA			NOMBRE DEL DOCTOR/ CLÍNICA		
*Si el alumno actualmente no tiene seguro médico, para información sobre programas gratuitos o a precios módicos, llame sin costo alguno a la LINEA DE ASISTENCIA del Distrito al: 1(866)742-2273.					
MI HIJO ES ALÉRGICO A LOS SIGUIENTES MEDICAMENTOS: _____					
MI HIJO ACTUALMENTE TOMA LOS SIGUIENTES MEDICAMENTOS: _____					
HAGO CONSTAR QUE LEY Y ENTIENDO ESTE FORMULARIO Y OTORGÓ MI AUTORIZACIÓN PARA TRATAMIENTO MÉDICO DE EMERGENCIA, Y QUE TODA LA INFORMACIÓN QUE PROPORCIONÉ EN ESTE FORMULARIO ES VERDICA Y CORRECTA.					
X				FECHA	
FIRMA DE: _____ (MARCAR UNO) <input type="checkbox"/> PADRE <input type="checkbox"/> TUTOR LEGAL					

APELLIDO DEL ESTUDIANTE

NOMBRE

S.N.

* El número telefónico seleccionado debe ser línea de marcado directo (no extensiones)
 marzo 2010



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Byron Maitez
Superintendent ESC North

Neal Siegel
Principal

PARENT-STUDENT-TEACHER COMPACT 2014-2015

As a **Parent/Guardian**, I realize that my child's education is very important and that participating in my child's education will help his/her achievement and attitude. Therefore, I agree to carry out the following responsibilities:

- I will see that my child attends school regularly and on-time.
- I will provide a home environment that encourages my child to learn.
- I will insist that homework assignments be completed.
- I will communicate regularly with my child's teacher.
- I will support the school in developing positive behaviors.
- I will talk with my child about his/her school activities every day.
- I will encourage my child to read at home and monitor his/her TV viewing.
- I will volunteer at my child's school.
- I will show respect and support for my child, the teacher, and the school.

Parent's Signature _____ **Date** _____

As a **student**, I realize that my education is important. I know I am the one responsible for my own success. Therefore, I agree to carry out the following responsibilities:

- I will come to school on time each day unless I am ill.
- I will follow the rules of the school.
- I will turn in completed homework on-time.
- I will give my parents all letters sent home by the school.
- I will respect myself, my peers, and all adults.
- I will be responsible for my own behavior.

Student's Signature _____ **Date** _____

As **Principal**, I understand the importance of the school/home experience for every student. Therefore, I commit to ensuring that my staff will do the following:

- Teachers will teach the grade appropriate skills and strategies needed for students to achieve the grade level standards.
- Teachers will strive to meet the individual needs of every child.
- Teachers will evaluate work in a timely manner.
- Teachers will have high expectations for all students at all times.
- Teachers will regularly communicate with parents regarding student progress.
- Teachers will do their best to provide a safe, healthy, and positive learning environment.

Principal's Signature Neal Siegel **Date** 6/11/14



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TEXTBOOK AGREEMENT LETTER

Dear Parents,

In the public school system, all students are provided textbooks in order to enhance their learning. It is the responsibility of each student and parent to care for these textbooks. When books are lost or abused, parents must reimburse the school for the cost of the textbook. The average replacement cost of a new textbook is \$70.00 for each book. Outstanding textbook (or library) fines will result in exclusion from Culmination activities in the 8th grade.

In order to better care for textbooks, we are requiring that all textbooks be covered. You may use a paper bag (from the supermarket), a stretchable cover or any other paper covers. You may not use the sticky book covers, for these will damage the covers of our textbooks.

We encourage all parents to discuss responsibility and care of books with their children. Your cooperation is greatly appreciated.

Thank you for your support,

Kristy Santi
Assistant Principal

I have reviewed, read and discussed the textbook responsibility with my child. We have discussed the responsibility of students and parents to care for these textbooks and will reimburse the school for the cost of the textbook if it is lost or abused.

Student's Name (Please print) _____ Date _____

Student's Signature _____ Grade _____

Parent's Signature _____ Advisory Teacher _____

Please sign and return this form to your student's Mandatory Orientation day!



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LOCKER AGREEMENT LETTER

Dear Parents,

Your child will be assigned a locker at the beginning of this school year. Please take a few moments and review the following guidelines.

- All lockers are property of the Los Angeles Unified School District. A school Administrator or designee may inspect the contents of a locker, when there is good reason to do so.
- Lockers are not to be shared for any reason. Students sharing lockers are subject to loss of locker privileges.
- Valuable, non-school related items are not to be stored in lockers. Please remember that books and all personal items are the responsibility of the student. The school is not responsible for lost or stolen items.

Should you have any questions please contact the Dean of Students Office.

Thank you for your support,

Kevin Chong
Assistant Principal

I have read and understand the need for the action outlined in the above letter. I fully understand that school lockers are not safe to keep valuable items.

Student's Name (Please print) _____ Date _____

Student's Signature _____ Grade _____

Parent's Signature _____ Advisory Teacher _____

Please sign and return this form to your student's Mandatory Orientation day!



Los Angeles Unified School District
Acceptable Use Policy (AUP) for District Computer Systems
Information for Students and Families

- 4. Using any District computer to pursue "hacking," internal or external to the District, or attempting to access information protected by privacy laws; or
5. Accessing, transmitting or downloading large files, including "chain letters" or any type of "pyramid schemes".
Engaging in uses that jeopardize access or lead to unauthorized access into others' accounts or other computer networks, such as:
1. Using another's account password(s) or identifier(s);
2. Interfering with other users' ability to access their account(s); or
3. Disclosing your own or anyone's password to others or allowing them to use your or another's account(s).
Using the network or Internet for Commercial purposes:
1. Using the Internet for personal financial gain;
2. Using the Internet for personal advertising, promotion, or financial gain; or
3. Conducting for-profit business activities and/or engaging in non-government related fundraising or public relations activities such as solicitation for religious purposes, lobbying for personal political purposes.

Student Internet Safety

- 1. Students under the age of eighteen should only access LAUSDnet accounts outside of school if a parent or legal guardian supervises their usage at all times. The student's parent or guardian is responsible for monitoring the minor's use;
2. Students shall not reveal on the Internet personal information about themselves or other persons. For example, students should not reveal their name, home address, telephone number, or display photographs of themselves or others;
3. Students shall not meet in person anyone they have met only on the Internet; and
4. Students must abide by all laws, this Acceptable Use Policy and all District security policies.

Penalties for Improper Use

The use of a District account is a privilege, not a right, and misuse will result in the restriction or cancellation of the account. Misuse may also lead to disciplinary and/or legal action for both students and employees, including suspension, expulsion, dismissal from District employment, or criminal prosecution by government authorities. The District will attempt to tailor any disciplinary action to the specific issues related to each violation.

Disclaimer

The District makes no guarantees about the quality of the services provided and is not responsible for any claims, losses, damages, costs, or other obligations arising from use of the network or accounts. Any additional charges a user accrues due to the use of the District's network are to be borne by the user. The District also denies any responsibility for the accuracy or quality of the information obtained through user access. Any statement, accessible on the computer network or the Internet, is understood to be the author's individual point of view and not that of the District, its affiliates, or employees.

I have read, understand, and agree to abide by the provisions of the Acceptable Use Policy of the Los Angeles Unified School District.

Date: _____ School: _____
Student Name: _____ Student Signature: _____
Parent/Legal _____ Parent/Legal _____
Guardian Name: _____ Guardian Signature: _____

Please return this form to the school where it will be kept on file. It is required for all students that will be using a computer network and/or Internet access.



Los Angeles Unified School District
Parent/Guardian Publicity Authorization and Release

Dear Parent/Guardian:

The Los Angeles Unified School District requests your permission to reproduce through printed, audio, visual, or electronic means activities in which your pupil has participated in his/her education program. Your authorization will enable us to use specially prepared materials to (1) train teachers and/or (2) increase public awareness and promote continuation and improvement of education programs through the use of mass media, displays, brochures, websites, etc.

1. Name of Pupil (please print) [] 2. Birthdate (please print) []
3. Name of Parent (please print) []

- a. I, as a parent of guardian, of the above named pupil fully authorize and grant the Los Angeles Unified School District and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the above named pupil on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as "Recordings"), for the purposes stated or related to the above.
- b. I understand and agree that use of such Recordings will be without any compensation to the pupil or the pupil's parent or guardian.
- c. I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.
- d. I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above.
- e. I hereby release and hold harmless the Los Angeles Unified School District and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the pupil and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above.

My signature shows that I have read and understand the release and I agree to accept its provisions.

4. Signature of Parent/Guardian [] 5. Date Signed []
6. Address (Number, Street, Apartment Number) []
7. City [] 8. State [] 9. Zip Code []
10. Telephone []

Granting of permission is voluntary. Please return completed form to school.

11. Principal [*Theresa [Signature]*]
12. School []

Approved as to form by the
Office of the General Counsel.

This form shall not be amended without
written approval of both the Office of the
General Counsel and the Office of
Communications/Public Information

ARRIVAL AND DEPARTURE

For the safety of our students:

1. The school parking lot is not available for pick-up and drop offs.
2. Students are to wait at a pre-arranged location away from the congested traffic area in front of the school.
3. Students will respect the private property of our neighbors.
4. Double parking is a serious safety hazard and is against the motor vehicle code.
5. Students will use crosswalks to cross the streets.

CAMPUS STANDARDS FOR STUDENTS

1. Hale Charter Academy is a closed campus for your protection. You are not permitted to leave campus without an authorized pass.
2. Gum and/or gum chewing is not allowed on campus.
3. Do not bring nuisance items to school – cell phones, electronic games, radios, cameras, cassette recorders, marking pens, etc. It is advisable to leave large sums of money and certain articles such as valuable jewelry and apparel at home.
4. Use lockers assigned to you. Do not share your locker or combination with others. Violators may lose their locker privileges.
5. You are financially responsible for damage to textbooks, desks, lockers, and other school or personal property.
6. Running, roughhousing, or fighting on campus are safety hazards and are prohibited.
7. Profanity or vulgarity is not allowed.
8. All students out of the classroom during the period must have a pass assigned by their teacher.
9. Skating, skateboarding, riding scooters, and bicycling are not allowed.
10. Deliveries to students, i.e. flowers, balloons, gifts, etc., will not be accepted.

CLASSROOM STANDARDS

You will be expected to follow the classroom rules and procedures of your teachers.

NUTRITION/LUNCH STANDARDS

1. KEEP HALE CLEAN. Students are responsible for keeping the lunch area clean by picking up their own trash.
2. Cooperate and show respect to all staff members.
3. Eating is permitted in the Cafeteria area only. Do not bring food or drink to the classroom area or P.E. field.
4. Books are not allowed on the P.E. field.
5. Sitting on tables or railings is not permitted.
6. Personal sports equipment brought to school is your own responsibility.
7. Contact sports (i.e. tackle football) are a safety hazard and will not be permitted.
8. Proper identification will be required to check out sports equipment.
9. Do not run in the hallways.

ANTI-BULLYING POLICY

Hale Charter Academy is committed to providing a safe learning environment for students and staff. Bullying or negative behavior that infringes on the safety or well-being of others will not be tolerated. Anti-bullying educational activities are basic components of our instructional program. We promote mutual respect, tolerance, and acceptance of all people.

HALE STUDENTS WILL:

1. Demonstrate courtesy and respect for each other, all staff, and property at all times.
2. Demonstrate respect for others by not causing or threatening to cause injury of another person.
3. Show pride in their campus by refraining from littering, throwing food, or defacing school property.
4. Be on time, ready to work with proper materials, and stay on track in the classroom.
5. Not bring illegal, unauthorized, or dangerous items on campus.
6. Conduct themselves in an orderly manner in the hallways at all times

ELECTRONIC DEVICE POLICY

We do not advocate the use of cell phones on campus. If you have one, it may not be seen, heard, or used during the school day. Other electronic devices may not be brought on campus at any time. These include, but are not limited to, MP3 player, PDA, Game Boy, iPod, or Blackberry. If a staff member hears or sees a cell phone or other electronic device, it will be confiscated until a parent/guardian redeems it.

TEXTBOOKS

Your textbooks are provided for your use during the year. In order to keep wear on books to a minimum, they are to be covered. You will be expected to pay for any damage to, or loss of your textbooks.

TURF PRIDE

School pride is reflected in the way our classrooms and campus are kept. Let's show that pride by making a special effort to:

- Throw trash in trash containers.
- Remind other students not to litter.
- Use walkways that are provided. Don't take shortcuts that weren't meant to be.
- Give our plants and grass a chance.
- Treat furniture and materials in the classroom with respect.

HEALTH OFFICE

IMMUNIZATION REQUIREMENTS:

STUDENTS MAY NOT BE ADMITTED TO SCHOOL UNLESS A WRITTEN IMMUNIZATION RECORD IS PRESENTED AT THE TIME OF ENROLLMENT AND IMMUNIZATIONS ARE UP TO DATE.

**TDAP Vaccination must be provided prior to entering the 7th Grade. See our nurse for further questions.*

MEDICINE: Students taking medications during school hours must have an LAUSD Medication Form on file at school that is signed by a physician and parent giving instructions and dose each school year. Medicine must be in a prescription container and left in the Health Office to be taken under the supervision of the school nurse. Asthma inhalers (with a doctor's order) must be kept in the Health Office. With parents' written permission, students may carry their inhaler or eye drop dispenser.

CASTS, CRUTCHES, BRACES, and ARM SLINGS: A doctor's note stating the condition of the child is required when he/she returns to school. If an absence was involved, a note from the parent must also be presented on return to school.

SURGERY, STITCHES and HOSPITALIZATION: A doctor's note stating the student may return to school is required. If physical education participation is involved, a doctor's direction regarding any limitations must be provided. If an absence was involved, a note from a parent must also be presented on return to school.

SERIOUS ILLNESS and INJURY: Pneumonia, bronchitis, concussion, pink eye, any contagious disease, or if absent over 5 days, requires a doctor's note for re-admittance.

PHYSICAL EDUCATION: A parent's note will be accepted for up to three days exemption from participation in physical education classes for medical reasons. The parent must sign, date and list a daytime phone number on the note. Excuses for one day or less can go directly to the teacher. Excuses over one day must go through the school nurse. To be excused for 5 days or longer, it will be necessary to present a doctor's note stating the reasons for exemption and length of time involved. The doctor's phone number must be clear in order for the nurse to verify the order.

EMERGENCY INFORMATION: A current LAUSD Emergency Information Card must be on file at the school so that parents/guardians can be promptly notified in case of accident or illness involving their child.

TRANSPORTATION: Please do not send your child to school if he/she is ill. Please have a secondary plan for your child if he/she becomes ill at school.

HEALTH INSURANCE: Please see the school nurse at the beginning of the year for available low cost options (based on income) if you have NO health insurance for your child.

CONSEQUENCES FOR VIOLATIONS

The following is a partial listing of discipline proceedings which may be enforced for rule violations. The list does not necessarily indicate all of the consequences or the order the proceedings must take.

1. Confiscation of items not permitted at school.
2. Confiscated items are to be redeemed by a parent or guardian (mandatory).
3. Notification of parent of the violations (mandatory).
4. Physical education uniform to be substituted for inappropriate apparel.
5. Student Conference.
6. Parent Conference.
7. Detention.
8. Campus beautification assignment.
9. Change of Program.
10. Behavior Contract.
11. Parent contacted to bring suitable wearing apparel.
12. Suspension.
13. Opportunity transfer.
14. Expulsion.

Disciplinary actions against a student who commits any offense against academic honesty and integrity may include any of the above and/or the following:

- A "Fail" or "0" on the examination or assignment with no opportunity for make-up.
- A "U" in work habits and cooperation at the next reporting period.
- A mark of "Fail" in the course



CULMINATION

Class of 2015:

No Fails!

If a student earned a Fail in a class on the final Fall semester report card, they must earn a C on the final Spring report card. No exceptions.

Class of 2016 & 2017:

You must earn a total of 21 points.

8 points must be earned in Spring of 8th grade.

7 th Grade				8 th Grade			
Fall Courses	Points: C or +	Spring Courses	Points: C or +	Fall Courses	Points: C or +	Spring Courses	Points: C or +
English 7	1	English 7	1	English 8	2	English 8	2
Math 7	1	Math 7	1	Math 8	2	Math 8	2
Wld. History	1	Wld. History	1	U.S. History	2	U.S. History	2
Science	1	Health	1	Science	2	Science	2
PE	1	PE	1	PE	2	PE	2
Total	5	Total	5	Total	10	Total	10

All Students:

Respect our campus and each other.

No more than 2 "U"s TOTAL in Cooperation on the combined Fall and Spring final report card.

No more than 2 "U"s TOTAL in Work Habits on the combined Fall and Spring final report card.

Appeals will be available for students who have earned more than 2 "U"s in the Fall semester and show remarkable improvement.



LAUSD Graduation Requirement Transitions



By adopting A-G as the standard and requiring students pass their A-G courses with a "C," LAUSD is raising the bar for all students.

Raising the Bar - "D" to "C"

By 2017, LAUSD will raise the passing grade to a "C" or better in A-G courses required for graduation.

Currently LAUSD Graduation Requirements, including the number of credits and letter grade needed to earn graduation credit.

By 2014 and 2015, LAUSD will start aligning the graduation requirements with the A-G requirements.

By 2016, LAUSD will reestablish the credits required for graduation while continuing to align with the A-G requirements, increase rigor and readjust other courses.

Class of 2013	
	Credits & Letter Grade Needed
Social Studies <small>*10 credits are CA requirements</small>	30-D
English	40-D
Math <small>*Through Geometry</small>	20-D
Science	20-D
World Languages	Not Required
Visual & Performing Arts	10-D
Advanced College Prep Core Electives (Physics, Geography, Stats, 2nd yr Spanish)	Not Required
Electives	70-D
Applied Technology	10-D
PE	20-D
Health	5-D
Life Skills	5-D
TOTAL CREDITS	230

Class of 2014 & 2015	
A-G Req.	Credits & Letter Grade Needed
A. Social Studies <small>*10 credits are CA requirements</small>	30-D
B. English	40-D
C. Math <small>*Through Geometry</small>	20-D
D. Science	20-D
E. World Languages	Not Required
F. Visual & Performing Arts	10-D
G. Advanced College Prep Core Electives (Physics, Geography, Stats, 2nd yr Spanish)	Not Required
Electives	75-D
Applied Technology	10-D
PE	20-D
Health	5-D
Life Skills	Not Required
TOTAL CREDITS	230

Class of 2016	
A-G Req.	Credits & Letter Grade Needed
A. Social Studies <small>*10 credits are CA requirements</small>	30-D
B. English	40-D
C. Math <small>*Through Algebra 2</small>	30-D
D. Science	20-D
E. World Languages	20-D
F. Visual & Performing Arts	10-D
G. Advanced College Prep Core Electives (Physics, Geography, Stats, 2nd yr Spanish)	10-D
Electives	25-D
Applied Technology	Not Required
PE	20-D
Health	5-D
Life Skills	Not Required
TOTAL CREDITS	210

Class of 2017	
A-G Req.	Credits & Letter Grade Needed
A. Social Studies <small>*10 credits are CA requirements</small>	30-C
B. English	40-C
C. Math <small>*Through Algebra 2</small>	30-C
D. Science	20-C
E. World Languages	20-C
F. Visual & Performing Arts	10-C
G. Advanced College Prep Core Electives (Physics, Geography, Stats, 2nd yr Spanish)	10-C
Electives	25-D
Applied Technology	Not Required
PE	20-D
Health	5-D
Life Skills	Not Required
TOTAL CREDITS	210

Graduation Requirements for El Camino Real Charter High School (as posted on ECRCHS.net)
Please contact the school at (818) 595-7500 to inquire about current requirements.

Courses

- English (40 credits)
- Social Studies (30 credits)
- Math (20 credits: minimum of Algebra I and Geometry)
- Science (20 credits)
- Physical Education (20 credits)
- Health (5 credits)
- Visual and Performing Arts (10 credits from a one year VPA class)
- Applied Technology (10 credits: includes one semester of computers)
- Electives (75 credits)

Service Learning Project

All students must complete a Service Learning Project during their senior year.

California High School Exit Exam (CAHSEE)

All students must pass both sections (English and math) of the CAHSEE.

eScrip Registration Form

Helping Hale Charter Academy earn money has never been easier. There is no monetary commitment on your end, simply fill out this form and that's it! A percentage of the money **you're already spending** on groceries at Vons and/or Pavilions and Ralphs' will be given to Hale each month.

The chart below illustrates just how powerful eScrip can be in raising money for our school. Again, there is nothing additional for you to do.

Number of Supporters	Average Amount Spent Monthly	Total Contribution per Year
50	\$400	\$12,000
100	\$400	\$24,000
200	\$400	\$48,000
500	\$400	\$120,000

- Based on 5% average merchant donation.
- Does not reflect 15% administration fee.
- These numbers are for illustrative purposes only.

Please fill out this form to participate in the eScrip program. We will sign you up! Any questions, please contact Aime at anfriedman@socal.rr.com.

First Name: _____

Last Name: _____

Email Address: _____

Zip code: _____

Phone Number: _____

Vons/Pavilions Card # _____








Ralphs' Card # _____

Please turn this form in today at Orientation or in the Main Office PTSA mailbox.

Everyday Ways to Help Hale!

There are several cost-free and painless ways to earn money for Hale while doing your regular everyday shopping. You don't even have to spend an additional penny. Please encourage friends, family, neighbors, and co-workers to participate in the programs listed below.

Please deposit box tops, labels, and codes in special box located in main office.

	<p>RALPHS CLUB CARD Sign up by visiting ralphs.com or your local Ralphs. Every time you use your Ralphs Club Card Hale Charter Academy receives a donation.</p>
 TARGET	<p>TARGET REDcard Link your Target REDcard to Target's "Take Charge of Education", and Target will donate up to 1% of your purchases to Hale Charter Academy. You can enroll online at www.target.com. In addition, you will receive 5% off of all Target purchases made with the REDcard.</p>
	<p>BOX TOPS Collect Box Tops 4 Education labels off participating products and send them with your child to school. There is a box in the main office where labels can be deposited. Visit www.boxtops4education.com for more ways to contribute and for a list of products.</p>
	<p>AMECI Pizza Every AMECI Pizza box is stamped with a school house symbol and says "Ameci Cares about our School". Cut out each stamp and send them with your child to school. There is a box in the main office where these stamps can be deposited.</p>
 LabelsForEducation.com	<p>LABELS FOR EDUCATION There are thousands of products that contain Labels for Education. Clip those labels and send them in to school. Visit their website for a list of products: www.labelsforeducation.com/EarnPoints/Participating-Products. There is a box in the Main Office where these labels can be deposited.</p>
	<p>MY COKE REWARDS Special codes can be found under caps, inside tear-off on 12-pks and on multi-pack wraps of all Coke products. Sign up at mycoke.com to enter codes and to designate Hale Charter Academy as the beneficiary. Or, send them into school and deposit in the Main Office.</p>
	<p>TYSON PROJECT A+ Clip Tyson Project A+ labels from Tyson packages and send them to school. Each label is worth .24! Look for a list of products at ProjectAPlus.tyson.com.</p>



ACCOUNT TYPE:
PLEDGE MEMBERSHIP

23830 Califa St., Woodland Hills, CA 91367
 Telephone (818)313-7400 Fax (818)-346-7517

NO.	DUE DATE
MEM2014-15	ASAP

Hale Charter Academy families are committed to educational excellence. Your tax deductible contribution to the Parent Teacher Student Association (PTSA) Pledge Drive will help fund essential programs that only exist at Hale Charter Academy because of your generosity and support.

We suggest a contribution of at least \$300 per student to cover anticipated needs, but any amount will be gladly received. With ongoing drastic budget cuts, your donations are more vital than ever before. EVERY GIFT IS SIGNIFICANT!

DATE	DESCRIPTION	AMOUNT
2014-2015	<ul style="list-style-type: none"> • Support school budget • Lower class sizes • Enrichment activities • Teacher grants • Open House • Student club support • Classroom computers • PTSA Scholarships 	
		TOTAL \$ <u>300.00</u>

The Hale Charter Academy PTSA Tax ID number is 95-6204529. For donations of \$50 and more, you will receive an acknowledgment letter upon receipt of your payment which shall serve as evidence of your donation for tax purposes.

✂ -----
 Return with payment. Thank you! PLEDGE MEMBERSHIP

Name _____
 Address _____
 City _____ Zip Code _____
 Email _____
 Child's Name _____ Advisory# _____ Grade _____
 Child's Name _____ Advisory# _____ Grade _____
 Child's Name _____ Advisory# _____ Grade _____

PAYMENT	CHECK	CREDIT CARD
AMOUNT \$ <u>300.00</u> OTHER \$ _____ AMOUNT	CHECK # _____	_____ Pay with Credit Card during Orientation _____ Pay with Credit Card using PayPal at www.paypal.com. Send payments to haleptsa@gmail.com

Hale PTSA Membership

Joining the PTSA gives you a voice in your child's education and entitles you to participate and vote at PTSA meetings. \$10 of your pledge donation will be assigned to your PTSA membership. If you do not wish to join the PTSA, please check the box below.

_____ additional memberships I do not wish to join the PTSA