



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 (IF DIFFERENT FROM ABOVE) | | 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 | | 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 | | |
| <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> | | | | | | | |
| NAME | | RELATIONSHIP | | HOME PHONE | CELL PHONE | WORK PHONE | |
| NAME | | RELATIONSHIP | | HOME PHONE | CELL PHONE | WORK PHONE | |
| NAME | | RELATIONSHIP | | HOME PHONE | CELL PHONE | WORK PHONE | |
| <i>List any other family members attending this school:</i> | | | | | | | |
| LAST NAME | | FIRST NAME | | | HOME ROOM | GRADE | RELATIONSHIP |
| LAST NAME | | FIRST NAME | | | HOME ROOM | GRADE | RELATIONSHIP |
| AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT | | | | | | | |
| The undersigned, as parent/legal guardian of, _____ a minor, <small>(Print name of the student here)</small> | | | | | | | |
| 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. | | | | | | | |
| 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". | | | | | | | |
| 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 | | | | | | | |
| MEDICAL / HEALTHY FAMILIES ID Number: _____ | | | | | | | |
| 1. PRIVATE HEALTH INSURANCE NAME | | | GROUP NO. | | 2. PRIVATE HEALTH INSURANCE NAME (If covered under more than one plan) | | GROUP NO. |
| NAME OF DOCTOR / MEDICAL OFFICE | | | | | PHONE NUMBER OF DOCTOR / MEDICAL OFFICE | | |
| <small>*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.</small> | | | | | | | |
| MY CHILD IS ALLERGIC TO THE FOLLOWING MEDICATIONS: | | | | | | | |
| MY CHILD CURRENTLY TAKES THE FOLLOWING MEDICATIONS: | | | | | | | |
| 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. | | | | | | | |
| X | | SIGNATURE OF: _____ (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN | | | DATE | | |

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 | | VIVE CON EL 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 | | VIVE CON EL 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 | | | | |
| <i>Al director: En caso de no localizarme durante una emergencia, le autorizo a contactar y, de ser necesario, entregarle a mi niño a cualquiera de las siguientes personas:</i> | | | | | | | | | |
| 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 | |
| <i>Incluir cualquier otro miembro de la familia que asista a esta escuela:</i> | | | | | | | | | |
| APELLIDO | | NOMBRE | | | SALÓN PRINCIPAL | GRADO ESCOLAR | PARENTEZCO | | |
| APELLIDO | | NOMBRE | | | SALÓN PRINCIPAL | GRADO ESCOLAR | PARENTEZCO | | |
| AUTORIZACIÓN PARA TRATAMIENTO MÉDICO DE EMERGENCIA | | | | | | | | | |
| El abajo firmante, como padre/tutor legal de: _____ menor de edad, | | | | | | | | | |
| <small>(Escribir el nombre del alumno con letra de molde)</small> | | | | | | | | | |
| por medio del presente autoriza al director o persona designada, habiéndoselo 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 determine 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 maní, 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 LEÍ 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 | | | | | | | | | |

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

Corregido

APELLIDO DEL ESTUDIANTE

NOMBRE

S/N



Los Angeles Unified School District

Responsible & Acceptable Use Policy (RAUP) for District Computer Systems Information for Students and Families

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 Responsible Use Policy, and all District security policies.

Penalties for Improper Use

The use of a District account is a privilege—not a right. 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 Responsible Use Policy of the Los Angeles Unified School District.

Date: _____ School: _____

Student Name: _____ Student Signature: _____

Parent/Legal Guardian Name: _____ Parent/Legal 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.

1. Name of Pupil (please print)

[Empty text box for Pupil Name]

2. Birthdate (please print)

[Empty text box for Birthdate]

3. Name of Parent (please print)

[Empty text box for Parent Name]

- 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

[Empty text box for Signature]

5. Date Signed

[Empty text box for Date Signed]

6. Address (Number, Street, Apartment Number)

[Empty text box for Address]

7. City

[Empty text box for City]

8. State

[Empty text box for State]

9. Zip Code

[Empty text box for Zip Code]

10. Telephone

[Empty text box for Telephone]

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

11. Principal

[Handwritten signature in text box]

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

12. School

Hale Charter Academy

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



Los Angeles Unified School District

HALE CHARTER ACADEMY

23830 Califa Street, Woodland Hills CA 91367

www.HaleCharterAcademy.com

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

Michelle King
Superintendent of Schools

Vivian K. Ekchian
Superintendent ESC North

Christopher Perdigao
Principal

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,

A handwritten signature in blue ink, appearing to read "KSanti", written over a light blue horizontal line.

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!



Los Angeles Unified School District

HALE CHARTER ACADEMY

23830 Califa Street, Woodland Hills CA 91367

www.HaleCharterAcademy.com

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

Michelle King
Superintendent of Schools

Vivian K. Ekchian
Superintendent ESC North

Christopher Perdigao
Principal

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,

A handwritten signature in black ink that reads "KSanti".

Kristy Santi
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!



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Superintendent ESC North

Christopher Perdigao
Principal

PARENT-STUDENT-TEACHER COMPACT 2016-17

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 _____ **Date** 8/8/16



Orientation Schedule 2016

8th Grade - Tuesday, August 9th

3 sessions based on the student's last name

A – F 8:30 a.m. – 9:30 a.m.

G – O 10:00 a.m. – 11:00 a.m.

P – Z 11:30 p.m. – 12:30 p.m.

7th Grade - Wednesday, August 10th

3 sessions based on the student's last name

A – F 8:30 a.m. – 9:30 a.m.

G – O 10:00 a.m. – 11:00 a.m.

P – Z 11:30 p.m. – 12:30 p.m.

6th Grade - Thursday, August 11th

3 sessions based on the student's last name

A – F 8:30 a.m. – 9:30 a.m.

G – O 10:00 a.m. – 11:00 a.m.

P – Z 11:30 p.m. – 12:30 p.m.

Make-Up - Friday, August 12th

9:00 a.m. – 10:00 a.m.

During the Orientation, students will:

- receive their class schedule, locker, and textbooks
- take their picture for their official ID card and yearbook
- Parents will submit District-mandated registration forms, join our PTSA, purchase PE clothes, and have the opportunity to tour the campus.

Students unable to attend the scheduled session and make-up day will receive their schedules on the first day of school during Advisory. Students will report to the covered lunch area on the first day of school where their assigned Advisory room will be posted.

Picture Day is: *El Día de la Foto* es:
Hale Charter Academy
Tues. 8/9/ - Fri. 8/12
thru REGISTRATION
 Picture Day ID: DC016572Y0

Order before Picture Day at
mylifetouch.com
Empieza a comprar tus fotos de Picture Day antes de las 8:00 am.

FREE digital image with online purchase when you join MyFamily Rewards™ program.
¡OBTÉN tu imagen digital gratis con tu compra online cuando te unes al programa Premium Rewards™!



PACKAGES / PAQUETES

| | | | | | | |
|--|--|--|---|--|---|------------------------------------|
| A. Deluxe \$39 1 - 8x10 2 - 5x7 4 - 3x5 Variety 8 - 2x3 Portrait CD | B. Premium \$51 2 - 8x10 4 - 5x7 4 - 3x5 12 - 2x3 Variety 16 - 2x3 Portrait CD | C. Value \$33 3 - 5x7 4 - 3x5 8 - 2x3 | D. Ultimate \$57 4 - 5x7 Variety 4 - 3x5 Portrait CD | E. Family \$45 1 - 8x10 Variety 4 - 3x5 Portrait CD | F. Basic \$26 4 - 3x5 8 - 2x3 | G. Entry \$19 4 - 2x3 |
|--|--|--|---|--|---|------------------------------------|

Customize your portrait package at mylifetouch.com

PORTRAIT LOOKS (POSE + BACKGROUND) / ESTILOS DE RETRATO (POSE + FONDO)

NOTE: Background for your yearbook is selected by your school. Note: El fondo para el añobook es seleccionado por tu escuela.

SPECIAL OFFERS / OFERTAS ESPECIALES **SAVE UP TO 25%**
¡OFERTAS HASTA EL 25%!

| | | |
|--|--|---|
| Upgrade Special Especial de actualización Name & Grade On All Portraits Con el nombre y el grado. Todos los retratos | Basic Retouching (Removes blemishes) ¡Elimina manchas de la piel! | Combo Special Especial de conjunto Name & Grade On All Portraits Con el nombre y el grado. Todos los retratos |
| \$11 | \$8 | \$17 |

ENHANCEMENTS MEJORAS

| | | |
|--|--|---|
| Name & Grade On All Portraits Con el nombre y el grado. Todos los retratos | All Portraits Todos los retratos | Wallets (2x3) Carteras de 2x3 |
| \$8 | \$8 | \$5 |

When you order photo sets online, a background is selected for you. When you order photo sets in-store, a background may be pre-selected for you. Backgrounds are subject to change without notice. A yearbook may be pre-selected for you. Portrait choice may vary by school.

Order at **mylifetouch.com**
 No need to return this form for online orders—see you at Picture Day!
 Picture Day ID: DC016572Y0

Teacher Last Name _____ **Student Grade** _____

Daytime Phone Number _____ **Teacher Email Address** _____

Parent Email Address _____ **Parent Phone Number** _____

Send Email Address _____ **Send Phone Number** _____

City _____ **State** _____ **Zip** _____

| PACKAGE | Price | Total |
|-------------------------------|-------|-------|
| A. Deluxe | \$39 | |
| B. Premium | \$51 | |
| C. Value | \$33 | |
| D. Ultimate | \$57 | |
| E. Family | \$45 | |
| F. Basic | \$26 | |
| G. Entry | \$19 | |
| H. Upgrade Special Offer | \$11 | N/A |
| I. Combo Special Offer | \$17 | N/A |
| J. (8) 2x3 Wallets | \$15 | |
| K. (2) 5x7 | \$11 | |
| L. (1) 8x10 | \$15 | |
| M. (4) 3x5 | \$15 | |
| N. CD High and Low Resolution | \$15 | |
| O. (4) Variety 3x5 | \$15 | N/A |
| P. (8) Variety 2x3 | \$15 | N/A |

ENHANCEMENTS

| | |
|-------------------------------|---------|
| Premium Retouching | \$12 |
| Basic Retouching | \$6 |
| Name & Grade On All Portraits | \$8 |
| Name & Grade On Wallets | \$5 |
| SUBTOTAL | \$71 |
| Add 9% sales tax: | \$6.39 |
| TOTAL | \$77.39 |

1100 Charter Academy

Questions? Please call: 1-866-955-8342
dclifetouch@lifetouch.com

2016-17 PTSA wants to

Thank you for supporting our school!

We suggest a contribution of \$300 per student to help fund essential programs that only exist at Hale Charter Academy, but any amount will be greatly appreciated.

With your \$300 Donation

- Support school budget
 - Field Trips/ Buses
 - Enrichment Activities
 - Teacher grants
 - Parent Workshops & Meetings
 - Open House
 - Student club support
 - Fun School Events for Students
 - PTSA Scholarships
 - 2016-2017 Hale PTSA Scholarships
- Plus your child will receive the following:*
- ✓ Hale Charter Academy hat, beanie, earbuds and tumbler
 - ✓ Huskies drawstring backpack
 - ✓ 2016-2017 Hale PTSA Membership
- (you have the option of opting out of PTSA)

With your \$75 Donation

- Hale Husky hat
 - Huskies drawstring backpack
 - 2016- 2017 PTSA Membership
- (you have the option of opting out of PTSA)

With your \$25 Donation

- Huskies drawstring backpack
 - 2016 Hale -2017 PTSA Membership
- (you have the option of opting out of PTSA)

You can pay by credit card today via our secure PayPal account
or

By check made out to **Hale PTSA** (reference "Pledge Drive")

PTSA Membership/Pledge Drive

2016-2017

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 \$300 per student to cover anticipated needs, but any amount will be greatly appreciated.

| DATE | DESCRIPTION | AMOUNT |
|-----------|--|------------------------|
| 2016-2017 | <ul style="list-style-type: none"> • Support school budget • Field Trips/Buses • Enrichment activities • Teacher grants • Open House • Student club support • STEAM and VAPA support • PTSA Scholarships | TOTAL \$ <u>300.00</u> |

Name _____

Address _____

City _____ Zip Code _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Email _____

| Payment | Cash | Check | Credit Card |
|---|-----------------|--------------------------------------|---|
| Amount \$300.00 Other Amount \$ _____ | Amount \$ _____ | Amount \$ _____ Check # _____ | _____ Pay with credit card using Pay Pal at www.paypal.com or 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

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.