



Welby Way Back to School REQUIRED paperwork check off list

All forms listed below are **REQUIRED** to be turned in at BTS Event August 13th and must be **legibly & completely filled out BEFORE** you get your teacher assignment. **You will not get your classroom assignment without this stamped/approved check-off list completed & all forms approved for completion.**

As you come to the BTS Event please do the following:

- Visit the Annual Giving Campaign Table and consider making a tax deductible donation.
- Visit Sharky's and Kona Ice. A percentage of the money raised goes to support the school!
- Take your completed paperwork to the PAPERWORK CHECK table for your student. Note that tables are set up alphabetically and by MAGNET and RESIDENTIAL school.
- Take THIS APPROVED CHECK-OFF list to the line to get your child's teacher assignment. There will be TWO lines for each grade. The LEFT line is for the RESIDENTIAL school, the line on the RIGHT is for the MAGNET.

If your paperwork is not correct/complete you must complete it and go to the END of the line!
Lines will move faster if you bring your paperwork in the following order:

Childs Name _____ (bring one check off list for each student)

- # W1 Student Emergency Information Form
- # W2 Student Residency Questionnaire
- # W3 Responsible Use Policy (RUP) 3 PAGES 3a, 3b and 3c
- # W4 Publicity Authorization and Release
- # W5 Student Library Permission
- # W6 Beyond the Bell (Youth Services after school for 2nd - 5th graders only)
- # W7 Parent/Student Loaned Computing Devices
- # W8 Parent Acknowledgement Devices stay at School
- # W9 Safety First Playground
- PASSport Account Created YES/NO (if no must create one on office laptop)
- POWW Checkoff sheet to indicate forms completed online
- POWW Room Parent Form Printed

Welby Way Back to School Event Timeline

August 13, 2018



11:00AM-4:00PM

Tables open for you to turn in your 2018-2019 opening paperwork.

It is required to complete all paper and online forms first before receiving your child's class assignment at this event. Teacher assignments are not given until 3:00

1:00

Annual Giving Campaign will be at the front of the school.

1:30-2:30

Kindergarten Orientation in the Auditorium.

2:30-3:00

New Traffic & Secured Campus Presentation in Auditorium

2:00 - 4:00

Sharky's & Kona Ice will open for you to purchase.

3:00-4:00

Teacher assignment tables open. Find out who your teacher will be and say hello. Teachers will be available for you to greet them **BRIEFLY**.

3:30-4:00

New Traffic & Secured Campus Presentation in Auditorium (same as 2:30 meeting)

4:00

Pick up some dinner and dessert from the Sharky's and Kona Ice and go enjoy the evening

Get to bed early. We will see you at 8:01 Tuesday morning.

Please note that first day of school Tuesday, August 14th, is a regular Tuesday dismissal at 1:30

BOTH THE MAIN YARD AND THE KINDER YARD ARE CLOSED ON AUGUST 13TH EVEN WITH PARENT SUPERVISION.

WE DO NOT HAVE STAFF SUPERVISION AVAILABLE ON THIS DAY.



**LOS ANGELES UNIFIED SCHOOL DISTRICT
STUDENT EMERGENCY INFORMATION FORM**

Form #W1

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	
STUDENT'S HOME ADDRESS -- NUMBER		STREET		HOME LANGUAGE	
APT #		CITY		ZIP CODE	
MAILING ADDRESS -- NUMBER <small>(IF DIFFERENT FROM ABOVE)</small>		STREET		HOME LANGUAGE	
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	
APT #		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			
TEXT		<input type="checkbox"/> I authorize receiving text messages and understand that I am responsible for all text related charges.			
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	
APT #		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			
TEXT		<input type="checkbox"/> I authorize receiving text messages and understand that I am responsible for all text related charges.			
<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			
MILITARY CONNECTED FAMILY: In efforts to provide resources and support to military connected students and their families, please respond to the following:		Immediate family member in the military (Active Duty, Guard, Reserve, or Veteran): <input type="checkbox"/> YES <input type="checkbox"/> NO		Currently Deployed: <input type="checkbox"/> YES <input type="checkbox"/> NO	
		Relationship to Student: _____		Military Branch: _____	
				Status: <input type="checkbox"/> Active Duty; <input type="checkbox"/> Guard; <input type="checkbox"/> Reserve; <input type="checkbox"/> Veteran; <input type="checkbox"/> Deceased	
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT					
The undersigned, as parent/legal guardian of, _____ a minor,					
<i>(Print name of the student here)</i>					
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 -- <i>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".</i>					
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					
MEDI-CAL / HEALTHY FAMILIES ID Number: _____					
1. PRIVATE HEALTH INSURANCE NAME		GROUP NO.		2. PRIVATE HEALTH INSURANCE NAME	
				(if covered under more than one plan)	
NAME OF DOCTOR / MEDICAL OFFICE		PHONE NUMBER OF DOCTOR / MEDICAL OFFICE			
*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.					
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 <input type="checkbox"/> CAREGIVER (AFFIDAVIT)					DATE _____

STUDENT'S LAST NAME

FIRST NAME

MIDDLE INITIAL

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



STUDENT RESIDENCY QUESTIONNAIRE

The McKinney-Vento Homeless Assistance Act, part of Every Student Succeeds Act (ESSA), entitles all homeless school-aged children access to the same free, appropriate public education that is provided to non-homeless youth. Schools are required to remove barriers to the enrollment, attendance, and success of homeless students in school. To determine eligibility please complete this form. For additional information, please contact the Homeless Education Program at (213) 202-7581.

School: _____ Local District: _____
Student First Name: _____ M.I.: _____ Last Name: _____ D.O.B.: _____ Male Female
Grade: _____ **STUDENT DISTRICT ID NUMBER** _____
Address: _____ Apt #: _____ City: _____ Zip Code: _____
Parent/Guardian Name: _____ Contact Number: _____

Is the student a teen parent? Yes No Is the student an unaccompanied youth? Yes No Is the student a runaway? Yes No

Has the student transferred schools any time after completing the second year of High School? Yes No
If Yes, forward copy of SRQ to academic counselor for AB1806 eligibility.

CHECK THE ONE OPTION THAT BEST DESCRIBES YOUR NIGHT TIME RESIDENCE:

- In a shelter (name of shelter) _____*
- In a motel or hotel (name of motel/hotel) _____*
- In a transitional housing program (name of program)*
- In a car, trailer or campsite, temporarily due to inadequate housing*
- In a trailer/motor home on private property*
- In a garage due to loss of housing*
- Temporarily in another family's house or apartment due to loss of housing, due to financial problems (e.g. loss of job, eviction, or natural disaster)*
- Temporarily with an adult that is not the parent/legal guardian due to loss of housing*
- Other places not designed for, or ordinarily used as a regular sleeping accommodation for human beings (explain): _____*



NONE OF THE ABOVE APPLY – NO FURTHER INFORMATION REQUIRED AT THIS TIME.
***If your housing situation changes, please notify your child's school.**

-----AFFIDAVIT-----

By signing this form, I declare under penalty of the laws in the State of California that the foregoing is true and correct. In addition, I understand that the District reserves the right to verify the above listed residence information.

Signature of Parent/Legal Guardian/Caregiver: _____ Date: _____

UPON RECEIPT, FAX BOTH SIDES TO HOMELESS EDUCATION PROGRAM 213-580-6551
******COMPLETE REVERSE SIDE******



**LOS ANGELES UNIFIED SCHOOL DISTRICT
POLICY BULLETIN**

ATTACHMENT M

Student Name _____ School _____

All school aged siblings must have a separate SRQ and be identified in MISIS to receive services. List all siblings between the ages of birth and 22 years old.

Name	Birthdate	Grade	School

Please check areas of need, if any (homeless school site liaison may be able to facilitate referral to some of these resources):

- | | |
|--|--|
| <input type="checkbox"/> Backpack/School Supplies | <input type="checkbox"/> Hygiene Kits |
| <input type="checkbox"/> Clothing Assistance (Shoes, Clothing, Uniforms) | <input type="checkbox"/> Assistance for a Homeless Teen Parent |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> No Services Requested |
| <input type="checkbox"/> Transportation Assistance | |

*****IF YOU ARE REQUESTING TRANSPORTATION ASSISTANCE, SIGN THE AFFIDAVIT BELOW.**

I need assistance from LAUSD, as I have no alternate means to deliver my child to school. I agree to have my child attend school every day and on time. I also agree to notify the District if our situation changes or we no longer require this assistance. I understand that my child must meet the eligibility criteria for transportation assistance and I must comply with sign-in and supervision requirements.

Parent/Guardian's Signature: _____ Date: _____

ATTENTION SCHOOL SITE HOMELESS LIAISON

The School Site Homeless Liaison shall provide needed referrals for school clothing/uniforms, tutoring, counseling, medical/dental/health, and food pantries. If you need assistance with referrals, please refer to the Homeless Liaison Training Manual. The liaison is responsible for arranging the pick up of resources provided for homeless students by the Homeless Education Program. For additional assistance and resources such as temporary housing, families can be referred to 211 which is accessible 24 hours a day in all languages.

The Homeless Liaison Training Manual and other resources can be found at: <http://homelesseducation.lausd.net>

School Site Homeless Liaison:

Name _____ Title _____ Phone _____ E-mail _____

SCHOOLS PLEASE NOTE:

- ✓ The Student Residency Questionnaire (SRQ) must be kept in a **confidential** file, which is separate from the Permanent Student Record **(DO NOT PLACE THIS FORM IN CUMULATIVE FILE)**.
- ✓ For any choices except none of the above applies, please fax this form (both sides) to the Homeless Education Program at (213) 580-6551.

(For Homeless Education Program Use Only)

1. Student is living within his/her school's residence boundaries? NO YES - If yes, student does not qualify for transportation assistance.
2. Student is eligible for transportation? NO YES _____

Transportation Request Processed by _____ Date _____

If transportation is denied, a denial letter will be sent to the School-Site Homeless Liaison. Parent/guardian can appeal.



Los Angeles Unified School District

Responsible Use Policy (RUP) for District Computer Systems Information for Students and Families

Purpose

The purpose of the District's Responsible Use Policy ("RUP") is to prevent unauthorized access and other unlawful activities by users online, prevent unauthorized disclosure of or access to sensitive information, and to comply with legislation including, but not limited to, the Children's Internet Protection Act (CIPA), Children's Online Privacy Protection Act (COPPA) and Family Educational Rights and Privacy Act (FERPA). Furthermore, the RUP clarifies the educational purpose of District technology. As used in this policy, "user" includes anyone using computers, Internet, email, and all other forms of electronic communication or equipment provided by the District (the "network") regardless of the physical location of the user. The RUP applies even when District-provided equipment (laptops, tablets, etc.) is used off District property. Additionally, the RUP applies when non-District devices access the District network.

The District uses technology protection measures to block or filter access, as much as reasonably possible, to visual and written depictions that are obscene, pornographic, or harmful to minors over the network. The District can and will monitor users' online activities and access, review, copy, and store or delete any communications or files and share them with adults as necessary. Users should have no expectation of privacy regarding their use of District equipment, network, and/or Internet access or files, including email.

The District will take all necessary measures to secure the network against potential cyber security threats. This may include blocking access to District applications, including, but not limited to, email, data management and reporting tools, and other web applications outside the United States and Canada.

Student Responsibility

By initialing and signing this policy, you acknowledge that you understand the following:

I am responsible for practicing positive digital citizenship.

- I will practice positive digital citizenship, including appropriate behavior and contributions on websites, social media, discussion boards, media sharing sites, and all other electronic communications, including new technology.
- I will be honest in all digital communication.
- I understand that what I do and post online must not disrupt school activities or compromise school safety and security.

I am responsible for keeping personal information private.

- I will not share personal information about myself or others including, but not limited to, names, home addresses, telephone numbers, birth dates, or visuals such as pictures, videos, and drawings.
- I will not meet anyone in person that I have met only on the Internet.
- I will be aware of privacy settings on websites that I visit.
- I will abide by all laws, this Responsible Use Policy and all District security policies.

I am responsible for my passwords and my actions on District accounts.

- I will not share any school or District usernames and passwords with anyone.
- I will not access the account information of others.



Los Angeles Unified School District

Responsible Use Policy (RUP) for District Computer Systems Information for Students and Families

I will log out of unattended equipment and accounts in order to maintain privacy and security.

___ I am responsible for my verbal, written, and artistic expression.

I will use school appropriate language in all electronic communications, including email, social media posts, audio recordings, video conferencing, and artistic works.

___ I am responsible for treating others with respect and dignity.

I will not send and/or distribute hateful, discriminatory, or harassing digital communications, or engage in sexting.

I understand that bullying in any form, including cyberbullying, is unacceptable.

___ I am responsible for accessing only educational content when using District technology.

I will not seek out, display, or circulate material that is hate speech, sexually explicit, or violent.

I understand that any exceptions must be approved by a teacher or administrator as part of a school assignment.

I understand that the use of the District network for illegal, political, or commercial purposes is strictly forbidden.

___ I am responsible for respecting and maintaining the security of District electronic resources and networks.

I will not try to get around security settings and filters, including through the use of proxy servers to access websites blocked by the District.

I will not install or use illegal software or files, including copyright protected materials, unauthorized software, or apps on any District computers, tablets, smartphones, or other new technologies.

I know that I am not to use the Internet using a personal data plan at school, including personal mobile hotspots that enable access on District equipment.

I will not use the District network or equipment to obtain unauthorized information, attempt to access information protected by privacy laws, or impersonate other users.

___ I am responsible for taking all reasonable care when handling District equipment.

I understand that vandalism in any form is prohibited.

I will report any known or suspected acts of vandalism to the appropriate authority.

I will respect my and others' use and access to District equipment.

___ I am responsible for respecting the works of others.

I will follow all copyright (<http://copyright.gov/title17/>) guidelines.

I will not copy the work of another person and represent it as my own and I will properly cite all sources.

I will not download illegally obtained music, software, apps, and other works.

Consequences for Irresponsible Use

Misuse of District devices and networks may result in restricted access. Failure to uphold the responsibilities listed above is misuse. Such misuse may also lead to disciplinary and/or legal action against students, including suspension, expulsion, or criminal prosecution by government authorities. The District will attempt to tailor any disciplinary action to the specific issues related to each violation. (For more information, see BUL-6399.0, Social Media Policy for Students.)

Disclaimer

The District makes no guarantees about the quality of the services provided and is not liable for any claims, losses, damages, costs, or other obligations arising from use of the network or District accounts.



Los Angeles Unified School District

Responsible Use Policy (RUP) for District Computer Systems Information for Students and Families

Users are responsible for any charges incurred while using District devices and/or network. The District also denies any liability for the accuracy or quality of the information obtained through user access. Any statement accessible online is understood to be the author's individual point of view and not that of the District, its affiliates, or employees. Students under the age of 18 should only access District network 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 outside of school.

Summary:

All users are responsible for practicing positive digital citizenship. Positive digital citizenship includes appropriate behavior and contributions on websites, social media, discussion boards, media sharing sites and all other electronic communications, including new technology. It is important to be honest in all digital communications without disclosing sensitive personal information. What District community members do and post online must not disrupt school activities or otherwise compromise individual and school community safety and security.

Instructions:

Read and initial each section above and sign below. Be sure to review each section with a parent or guardian and get their signature below. Return to your teacher or other designated school site personnel.

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: _____

Teacher Name: _____

Room Number: _____

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) 2. Birthdate (please print)

Input boxes for Name of Pupil and Birthdate

- 3. Name of Parent (please print)

Input box for Name of Parent

- 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

Input boxes for Signature and Date Signed

- 6. Address (Number, Street, Apartment Number)

Input box for Address

- 7. City 8. State 9. Zip Code

Input boxes for City, State, and Zip Code

- 10. Telephone

Input box for Telephone

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

- 11. Principal

Input box for Principal

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

- 12. School

Input box for School

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

**WELBY WAY CHARTER ELEMENTARY SCHOOL
WELBY WAY GIFTED/HIGH ABILITY MAGNET CENTER**

Form
#W5

August 14, 2018

**STUDENT LIBRARY
PERMISSION**

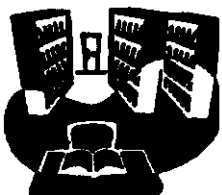
Dear Parents/Guardians,

Using our school library is a privilege that can be enjoyed by your child. However, there are a few important rules that must be followed. Please go over these rules with your child and return the signed tear-off to his/her teacher.

1. A limit of three (3) books may be checked out.
2. A book may be checked out for a period of two (2) weeks. Books are to be returned on or before the due date.
3. Books may be renewed twice. You must bring your book to the library to renew it.
4. If there is an overdue book still outstanding, you will not be able to check out another book until that overdue book is returned.
5. If a book is lost or damaged, you will be responsible for the cost of replacing the book. The replacement fee will be \$20 or higher.
***Please note that a purchased book cannot be accepted due to LAUSD library book processing.
6. When a book is late, you will receive an *overdue* notice in your teacher's mailbox. This is your reminder that your book is due. A second *overdue* notice will be issued if the book is two weeks overdue. A letter will go home after the 2nd notice.

----- Tear-off -----

My child has my permission to be issued school library privileges. I understand that I am responsible for all books checked out to my child. We agree to pay for the cost of any books that are lost or damaged.



Print Parent Name

Parent Signature

Print Student Name

Student Signature

Room-Number



Los Angeles Unified School District

Beyond the Bell Branch

Expanded Learning and Enrichment Programs

Connecting children and youth to their local school and community.

ATTACHMENT B

PARENT/GUARDIAN AGREEMENT FOR PARTICIPATION IN THE YOUTH SERVICES AFTER-SCHOOL PROGRAM

The Beyond the Bell – Youth Services After-School Program of organized games, enrichment activities, and homework assistance is provided for those students capable of independent supervision to, from, and at the playground site. It is a permissive recreation program available to students in grade 2 through 8. Children may come and go as they choose and by their own volition. The Beyond the Bell Youth Services After-School Program is not a child care program. Students do not sign-in or out. It is a privilege, not a right, to participate in the program. Children are expected to conduct themselves appropriately and may lose the opportunity to participate if their behavior is disruptive. The elementary program is for students in elementary grades (grades 2 through 5/6) and the middle school program is for students in middle school grades (grades 6 through 8). Students must attend the school where the program is located or live in the residential area.

Parents and guardians are reminded that they must arrange ahead of time for how their child will be reunited with them at the conclusion of the program. Any child not picked-up or allowed to walk home on their own prior to the conclusion of the program will be considered “unattended” and supervising personnel will begin “late child” procedures. If attempts to reunite the child with an authorized adult fail, supervising personnel will contact the Local Law Enforcement Agency for assistance and to take custody of the child. Failure to consistently arrange for appropriate supervision of your child by the conclusion of the program will result in the student losing the privilege of participating in the program. Parents and Guardians are urged to keep emergency cards up to date with alternative contacts authorized to pick-up their child.

The Beyond the Bell Youth Services After-School Program is CLOSED on all non-instructional days (weekends, holidays, pupil free days, etc.). Playground services are only available during scheduled hours.

In order for a student to be approved to participate an agreement form is required (effective July 2010). Once completed and authorized by the Youth Services staff person on duty, the student may participate.

The persons responsible for the day-to-day operation of the Beyond the Bell Youth Services After-School Program can be reached by calling: *Local District 1 & 2 – (818) 587-4300; Local Districts 3, 7, & 8 – (310) 515-3010; Local Districts 4, 5, & 6 - (213) 745-5920.*



Form #W6

Los Angeles Unified School District

Beyond the Bell Branch

Expanded Learning and Enrichment Programs

Connecting children and youth to their local school and community.

ATTACHMENT B

PARENT/GUARDIAN AGREEMENT FOR PARTICIPATION IN THE YOUTH SERVICES AFTER-SCHOOL PROGRAM

As the parent/guardian of _____, I agree to the following rules and guidelines for my child to be eligible to participate in the Beyond the Bell – Youth Services After-School Program at _____ School (initial each box below):

- My child is in grades 2 through 8 at the school indicated above.
- My child has been instructed by me to go directly from his/her classroom at school dismissal time to the designated supervised area for the Beyond the Bell – Youth Services After-School Program.
- My child has been instructed by me that they must remain in the area supervised by the Beyond the Bell – Youth Services Playground Supervisor (“coach”) while participating in the program.
- My child will be directed by me daily when s/he should leave the Beyond the Bell – Youth Services After-School Program for the day.
- My child will be directed by me daily on where they are to go immediately after leaving the Beyond the Bell – Youth Services After-School Program (i.e. home, designated location, etc.).
- My child has been informed and instructed by me that once they leave the Beyond the Bell – Youth Services After-School Program they may not return for the remainder of the day.
- I understand that participation in the Beyond the Bell – Youth Services After-School Program is a privilege and failure by my son/daughter to abide by all rules may result in the loss of this privilege.
- I have provided more than one contact number and the names of additional adults that are authorized to pick-up my child in case of emergency or to be reached if my child becomes “unattended” and “late child” procedures take effect. Designated adult must show a photo identification before a student is released to him/her.

Telephone numbers and name(s) of authorized adults who may pick-up my child if my child is not picked-up prior to closing time (list full name, relationship to child and telephone number). List as many possible – i.e. main number, work, cellular, neighbors, grandparents, etc. Use back page of sheet if necessary.

Please Print

(1) Name: _____ Relationship to Child: _____

Phone #: _____ Phone #: _____ Phone #: _____

(2) Name: _____ Relationship to Child: _____

Phone #: _____ Phone #: _____ Phone #: _____

(3) Name: _____ Relationship to Child: _____

Phone #: _____ Phone #: _____ Phone #: _____

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Address

MEMBERS OF THE BOARD

**MÓNICA GARCÍA, PRESIDENT
KELLY GONEZ
DR. GEORGE J. MCKENNA III
NICK MELVOIN
SCOTT M. SCHMERELSON
DR. RICHARD A. VLADOVIC**



**LOS ANGELES UNIFIED SCHOOL DISTRICT
ADMINISTRATIVE OFFICES**

333 South Beaudry Avenue, 24th Floor
Los Angeles, California 90017
Telephone: (213) 241-7000 | Fax: (213) 241-8442

AUSTIN BEUTNER
Superintendent

Form
#W7

**PARENT and STUDENT NOTIFICATION
Rules Concerning Use of Loaned Computing Devices (i.e., Tablets, Laptops) and Related Accessories
Assigned to Students**

Student Last Name (PRINT) Student First Name (PRINT) Grade Student ID Number Date

Parent/Guardian Last Name (PRINT) Parent/Guardian First Name (PRINT)

I am being issued a Los Angeles Unified School District (LAUSD) computing Device and related accessories. I agree to keep it safe and well maintained. I will follow the guidelines for care of the Device as explained below.

SECURITY

1. I will know where my assigned Device is at all times.
2. I will never leave my assigned Device unattended.
3. I will secure my assigned Device when I am participating in PE by putting it in my locker or other secure location, unless instructed to bring the Device to PE class by the teacher.
4. I will never loan my assigned Device to anyone.
5. I realize that security devices have been installed on the assigned Device that permit tracking and that usage will be monitored.
6. I will, at all times, keep myself safe and will use the Device only in areas where I can keep myself and the Device safe.

(Student and Parent initial here) _____

CARE

7. I understand that the Device assigned may include a protective case that is to remain on the Device at all times. This case may not be removed or replaced.
8. I will protect the screen from scratches.
9. I will keep food and beverages away from my assigned Device since they may cause damage to it.
10. I will not mark, draw, write or place unapproved stickers on the Device or case.
11. I will not disassemble or attempt any repairs on any part of my assigned Device (this will void the Device's warranty).
12. If damage occurs, including, but not limited to, scratches, cracks or dents, I will report the damage to the school administration within 24 hours or as soon as possible thereafter.
13. In the case of theft or vandalism, I will file a police report and notify school administration within 24 hours or as soon as possible thereafter.

(Student and Parent initial here) _____

USAGE

14. I will follow the LAUSD Responsible & Acceptable Use Policy (RAUP) for use of LAUSD computers and network systems.
15. I will not reformat the Device, tamper with its security settings, or change its operating system (e.g., iOS for Apple Devices).
16. I will adhere to all applicable copyright and software license agreements that forbid downloading of media and software that has not been legally acquired.
17. I will not engage in any harassment or acts of intimidation (cyber-bullying) in an attempt to harm other people using my assigned Device or any other electronic device.

(Student and Parent initial here) _____

RESPONSIBILITY

18. I understand that my assigned Device is subject to inspection by any staff member, teacher or administrator at the school, at any time and without notice. I further understand that the Device remains the property of LAUSD.
19. I agree to return the Device, related accessories and Device case in good working condition (with the exception of normal wear and tear) immediately upon request by LAUSD.
20. I will return the assigned Device to my school administrator (or designee) at the end of each school year. If I withdraw, am expelled, or terminate enrollment at my school for any reason, I will return the assigned Device and accessories on the date of termination to the school's administrator.
21. I have completed the Digital Citizenship lessons.

(Student and Parent initial here) _____

**PARENT ACKNOWLEDGEMENT
(Devices Stay at School)
Responsibility for Loaned Computing Devices Assigned to Students**

This informs you of your legal responsibility with regard to the Device and its related accessories, which may include case, keyboard cable and battery charger ("Loaned Equipment") described below, that the Los Angeles Unified School District ("LAUSD") is loaning to your child.

LAUSD may hold liable a parent or guardian of any minor who willfully cuts, defaces, or otherwise injures any property of LAUSD, or fails to return any property of LAUSD upon demand of LAUSD, for all damages caused by the minor. (See, District Bulletin BUL-5509.1, Restitution Procedures for the Loss or Damage of School Property, dated July 21, 2014 California Education Code §48904.) LAUSD property includes the Loaned Equipment, which may have a value of up to \$700 for tablets and \$1,300 for laptops.

- I agree to the **Security, Care, Usage and Responsibility** conditions listed in the "Rules Concerning Use of Loaned Devices (i.e., Tablets or Laptops) Assigned to Students" ("Rules"), on the previous page. My child's failure to abide by the Rules, thereby resulting in damage to or loss of the Device, may be considered a willful act for which I am liable, subject to the following due process procedures set forth in Bulletin BUL-5509:
 - LAUSD shall inform parent or guardian immediately in writing after any alleged loss which gives rise to an obligation under Section 48904 of the Education Code.
 - The parent or guardian may present information on behalf of the student, during a conference at the school, as to the reasons why a fee should not be imposed.
 - The principal/designee shall, after reviewing any information presented during this meeting, decide whether or not to withhold the marks, diploma, or transcripts and/or impose the fee for damages. The parent/guardian and student shall be notified in writing of the decision. The decision of the principal is final, and there is no appeal beyond the school level.
 - Upon receiving notification of the school's decision, the parent or guardian may, if necessary, pay the outstanding obligation, or the student may complete a voluntary work assignment determined by the school.
- The Loaned Equipment is, and will remain, the property of the Los Angeles Unified School District with the sole intended use for the student to whom it has been assigned.
- I further agree to abide by LAUSD's Responsible & Acceptable Use Policy for use of computer equipment and LAUSD's compute network (see attached).

THE SCHOOL WILL NOT BE SENDING ANY DEVICES HOME AT THIS TIME.

The school has made the decision for devices to remain on campus and will be used throughout the instructional school day. I understand that should the Device be needed to complete assignments outside of school, the school will provide hardcopy materials to my child to take home and/or may provide access to Devices on campus outside of regular classroom hours.

Print Student Name (Last, First): _____

Student Signature: _____ Date: _____

Print Parent (Guardian) Name: _____

Parent (Guardian) Signature: _____ Date: _____

Original: School



Form
#W9

Los Angeles Unified School District

Welby Way Charter and Gifted/High Ability Magnet Center Elementary School
A National Blue Ribbon School and A California Distinguished School

23456 Welby Way
West Hills, CA 91307

Telephone: (818) 348-1975 Fax: (818) 704-8726

Safety First: Our After School Playground

1. The gate located next to the school office will be locked from 8:01 a.m. until 2:25 p.m. daily.
2. All gates, except the front gate, will be locked by 2:45 p.m. sharp each day with the exception of Tuesday when the gate will be locked at 1:45 p.m., for the safety of our students.
3. The gate located on Lederer will be unlocked each day at 2:25 p.m. for kindergarten dismissal only and relocked by 2:50 p.m.
4. 2nd -5th grade students remaining on the school grounds after 2:30 p.m. must be under the direct supervision of our Beyond the Bell Coach. K and 1st grade student, per District's policy, may not remain on the yard after 2:30 p.m. even with older siblings.
5. Students and parents may not enter or exit the school from the staff parking lots at any time due to safety issues.
6. All school rules apply after school.
 - a. Be Safe, Be Respectful, Be Responsible
 - b. Stay only in the designated areas.
 - c. Students may not be in the hallways or classrooms unsupervised.
7. **The Kindergarten yard is closed after school. The playground is not open for use, including kindergarten students.**
8. The school yard is opened at 7:30 a.m. and the Kindergarten yard is opened at 7:40 a.m.
9. Parents may **not** park in the staff parking lots.
10. Please remember that going into someone else's backpack is not acceptable. The school is not responsible for items that are lost on the playground afterschool.
11. Be respectful of the Youth Services Coach and each other.
12. Follow all Beyond the Bell rules.
13. Utilize the restrooms appropriately.
14. After school privileges may be suspended if rules are not followed.

Parent Signature

Student Name