



# Manzanita Charter Middle School NEW STUDENT ENROLLMENT

Manzanita Use Only

STUDENT ID:

For your convenience and review, current information may already be printed on this form.  
Please check for accuracy and correct with colored pen if necessary. Thank you.

## 1. Student Data

Student name will appear in all student records as indicated here.

STUDENT LAST NAME FIRST NAME MIDDLE NAME SUFFIX BIRTHDAY GENDER GRADE

## 2. Ethnicity & Race

Federal regulations require us to gather this information.

WHAT IS THE STUDENT'S ETHNICITY? (Please choose one):

☐ Hispanic/Latino ☐ Not Hispanic/Latino

**IMPORTANT:**  
Please answer  
BOTH  
questions.

WHAT IS THE STUDENT'S RACE? (Please check up to five racial categories):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> American Indian/Alaska Native (100) | <input type="checkbox"/> Laotian (206)     | <input type="checkbox"/> Samoan (303)                 |
| <input type="checkbox"/> Chinese (201)                       | <input type="checkbox"/> Cambodian (207)   | <input type="checkbox"/> Tahitian (304)               |
| <input type="checkbox"/> Japanese (202)                      | <input type="checkbox"/> Hmong (208)       | <input type="checkbox"/> Other Pacific Islander (399) |
| <input type="checkbox"/> Korean (203)                        | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> Filipino (400)               |
| <input type="checkbox"/> Vietnamese (204)                    | <input type="checkbox"/> Hawaiian (301)    | <input type="checkbox"/> African American/Black (600) |
| <input type="checkbox"/> Asian Indian (205)                  | <input type="checkbox"/> Guamanian (302)   | <input type="checkbox"/> White (700)                  |

## 3. School Enrollment Information

A. Grade ☐ 6 ☐ 7 ☐ 8

B. Student birthplace: City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

C. Date first enrolled in school:

1. in the U.S. \_\_\_\_\_ 2. in California \_\_\_\_\_ 3. at Manzanita \_\_\_\_\_

D. Previous school attended \_\_\_\_\_

E. Mobility: Grade student entered Manzanita & has been continuously enrolled \_\_\_\_\_ ☐ 6 ☐ 7 ☐ 8

F. Projected graduation year (Manzanita class of) \_\_\_\_\_

## 4. Home Language Survey

To be completed for new students only.

A. What language does the student most frequently use at home? \_\_\_\_\_

B. Which language did the student learn when s/he first began to talk? \_\_\_\_\_

C. What language do you most frequently speak to the student? \_\_\_\_\_

D. Has the student ever been given the CELDT (California English Language Development Test)?

\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ I Don't Know

## 5. Disabilities

A. Student receives Special Education Services \_\_\_\_\_ ☐ Yes ☐ No

B. IEP Code \_\_\_\_\_

C. Student receives Speech Therapy ☐ Yes ☐ No

D. Student is under Chapter 504 ☐ Yes ☐ No

E. Student has received additional services in the past ☐ Yes ☐ No

What types or services and/or codes \_\_\_\_\_

## 6. Parent/Guardian Signature

I certify that the information on this sheet is true and correct to the best of my knowledge.

PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE

X





# Manzanita Charter Middle School HOME INFORMATION

STUDENT NAME

GRADE

## 1. Home Information

Primary Home	STREET ADDRESS	HOME PHONE
	CITY STATE ZIP	<input type="checkbox"/> Do NOT send mail to this address
Second Home	STREET ADDRESS	HOME PHONE
	CITY STATE ZIP	<input type="checkbox"/> Do NOT send mail to this address

## 2. Parent/Guardian General Information

Your answers to the following questions will enable the state of California to compare the success of Manzanita students to students at similar schools. **Parent Education Level** in particular is a determining factor for state support.

- A. Does this student have Two Homes? ☐ Yes ☐ No
- B. With whom does the student live? (Check all that apply.) ☐ Mother ☐ Step-Mother ☐ Grandmother ☐ Guardian ☐ Other...  
☐ Father ☐ Step-Father ☐ Grandfather ☐ Foster Parent
- If the above checked person(s) is/are not the LEGAL guardian(s) of the student, please provide the school with a guardian or caregiver affidavit. Is there is a legal custody agreement for this student? \_\_\_\_\_
- C. Where is the student currently living? (Federal regulations require us to gather this information.)
- |   |   |   |                                   |
|---|---|---|-----------------------------------|
| <input type="radio"/> 100-Temporary Shelters      | <input type="radio"/> 200-Permanent Housing                       | <input type="radio"/> 240-Health Institution        | <input type="radio"/> 300-Other   |
| <input type="radio"/> 110-Hotels/Motels           | <input type="radio"/> 210-Foster Family Home or Kinship Placement | <input type="radio"/> 250-Incarceration Institution | <input type="radio"/> 310-Unknown |
| <input type="radio"/> 120-Temporarily Doubled Up  | <input type="radio"/> 220-Licensed Children's Institution         | <input type="radio"/> 260-Development Center        |                                   |
| <input type="radio"/> 130-Temporarily Unsheltered | <input type="radio"/> 230-Residential School/ Dormitory           | <input type="radio"/> 270-State Hospital            |                                   |
- D. Parent/Guardian Education Level: (Please check the response that describes the education level of the most educated parent.)
- |  |   |  |
|--|---|--|
| <input type="radio"/> 10 - Graduate school/post-graduate | <input type="radio"/> 12 - Some college         | <input type="radio"/> 14 - Not a high school graduate  |
| <input type="radio"/> 11 - College graduation            | <input type="radio"/> 13 - High school graduate | <input type="radio"/> 15 - Decline to state or unknown |
- E. Parent/Guardian Primary Language (if other than English): ☐ Spanish ☐ Bilingual Other \_\_\_\_\_
- F. Has your family qualified for Free or Reduced meals at a previous school? ☐ Yes ☐ No
- G. Is one or more parents of your student an Armed Forces member on active duty or serving full-time National Guard duty?

## 3. Parent/Guardian Contact Information

Guardian One	RELATIONSHIP	FIRST NAME	LAST NAME	BEST PHONE
	WORK PHONE			<input type="checkbox"/> Home <input type="checkbox"/> Cell
Guardian Two	CELL PHONE	JOB TITLE		<input type="checkbox"/> Work <input type="checkbox"/> Alternate
	ALTERNATE PHONE			E-MAIL OK? <input type="radio"/> Yes <input type="radio"/> No
Guardian One	E-MAIL			TEXT OK? <input type="radio"/> Yes <input type="radio"/> No
	RELATIONSHIP	FIRST NAME	LAST NAME	BEST PHONE
Guardian Two	WORK PHONE			<input type="checkbox"/> Home <input type="checkbox"/> Cell
	CELL PHONE	JOB TITLE		<input type="checkbox"/> Work <input type="checkbox"/> Alternate
Guardian One	ALTERNATE PHONE			E-MAIL OK? <input type="radio"/> Yes <input type="radio"/> No
	E-MAIL			TEXT OK? <input type="radio"/> Yes <input type="radio"/> No





# Manzanita Charter Middle School HEALTH INFORMATION

REQUIRED for 7th/8th  
GRADE ENROLLMENT

TDAP DATE

STUDENT LAST NAME FIRST NAME MIDDLE NAME SUFFIX BIRTHDAY GENDER GRADE

PARENT/GUARDIAN	NAME	HOME PHONE	WORK PHONE	CELL PHONE

## 1. Health Information (Describe any YES answers. Use additional sheet if necessary.)

- A. Student has allergies to foods or insects ..... ☐ Yes ☐ No
- B. Allergies to medications ..... ☐ Yes ☐ No
- C. Student wears (check all that apply) ..... ☐ Glasses ☐ Contacts ☐ Hearing Aids ☐ Orthodontics
- D. Student has (check all that apply) ..... ☐ Asthma ☐ Diabetes ☐ Heart Murmur ☐ Seizures
- E. Student has other medical conditions .....
- F. Student is taking medications ..... ☐ Yes ☐ No
- G. Student has physical limitations ..... ☐ Yes ☐ No

## 2. Emergency Medical Release

If an emergency requires immediate hospitalization, I prefer my student be directed to (if possible):

☐ Alta Bates ☐ Kaiser Permanente ☐ Oakland Children's ☐ Other...

In the event that my child, a minor, becomes sick or injured, I authorize a Manzanita Middle Charter School representative to consent to X-ray examination, anesthetic, medical or surgical diagnosis or treatment or other emergency care which is deemed medically necessary and is to be rendered by or under the supervision of a member of the medical staff of any licensed hospital or medical facility in California or any other state. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, and is given to allow authorization for a physician or medical practitioner to render care as described above. It is understood that reasonable effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that emergency treatment will NOT be withheld if the undersigned cannot be reached. Please also notify, if possible, my child's personal physician and/or dentist. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California and will be applied to emergency care only.

INITIALS:

DOCTOR PHONE

DENTIST PHONE

MEDICAL INSURANCE PROVIDER PLAN # and/or MEMBER #

DENTAL INSURANCE PROVIDER PLAN # and/or MEMBER #

## 3. To Be Filled Out if Taken to Hospital or Doctor

HOSPITAL/DOCTOR TAKEN TO TAKEN BY

TIME TAKEN DATE RELEASED BY

## 4. To Be Sent with Patient - To Be Filled Out if Taken to Hospital or Doctor

STUDENT LAST NAME FIRST NAME MIDDLE NAME SUFFIX BIRTHDAY GENDER GRADE

PARENT/GUARDIAN	NAME	HOME PHONE	WORK PHONE	CELL PHONE

MEDICAL CONDITIONS	CURRENT PROBLEM	HOSPITAL
ALLERGIES TO MEDICINES	MEDICATIONS GIVEN	DATE/TIME
DETAILS: B/P	PULSE	RESPIRATION





# Manzanita Charter Middle School EMERGENCY & FIELD TRIP INFORMATION

STUDENT LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	BIRTHDAY	GENDER	GRADE
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## 1. Emergency Procedures

In the event of a fire emergency, earthquake or other disaster at Manzanita Charter the following procedures will be followed:

1. All students will be housed at the school or if the school is unsafe will be taken to the side of the school and kept there until they are picked up by their parent/guardian or person listed on this form.
2. Injured students may be released to the proper medical authority.
3. When picking up your student:
  - A. Park cars so emergency vehicles can get through.
  - B. The student must be signed out with the teacher in charge of the area.
  - C. If possible spend some extra time to help teachers take care of the students.

INITIALS:

## 2. My Child May Be Released To: (in emergencies and for pickup at school at any time)

RELATIONSHIP	NAME	PHONE(S)
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RELATIONSHIP	NAME	PHONE(S)
--------------	------	----------

RELATIONSHIP	NAME	PHONE(S)
--------------	------	----------

RELATIONSHIP	NAME	PHONE(S)
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## 3. Field Trip Permission

Field trips may include evening or overnight times. Transportation may include walking, public transportation, or staff or parent volunteer vehicles. All students are required to wear a seatbelt in private vehicles. I hereby give permission for the above named student to attend ALL field trips planned by Manzanita Middle Charter School during the school year.

☐ Do not allow my student to ride in a seat with an airbag.

INITIALS:

## 4. Important: Emergency Contacts Outside the Bay Area

During a wide scale emergency, such as an earthquake, local phone lines can become tied up. It is important for families to establish an out of state (or at least out of area) contact to be called by both the family and the school. Please let this contact know we have their information.

RELATIONSHIP	NAME	CITY	STATE	PHONE
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RELATIONSHIP	NAME	CITY	STATE	PHONE
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RELATIONSHIP	NAME	CITY	STATE	PHONE
--------------	------	------	-------	-------

RELATIONSHIP	NAME	CITY	STATE	PHONE
--------------	------	------	-------	-------

## 5. Parent/Guardian Signature

I have read this form. The information is true and correct to the best of my knowledge. I understand it is my responsibility to notify the school of any changes. I understand that my initials above indicate my permission.

PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE

X

X





# Manzanita Charter Middle School

## REQUEST FOR SPECIAL MEALS AND/OR ACCOMMODATIONS

STUDENT LAST NAME FIRST NAME MIDDLE NAME SUFFIX BIRTHDAY GENDER GRADE

SCHOOL/AGENCY SITE SITE TELEPHONE NUMBER  
**Manzanita Charter Middle School Manzanita Charter Middle School 510-222-3500**

### 1. Request for Special Meals and/or Accommodations

CHECK ONE:

- ☐ Participant has a disability or a medical condition and *requires* a special meal or accommodation. (Refer to definitions on bottom of this form.) Schools and agencies participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment. **A licensed physician must sign this form.**
- ☐ Participant does not have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests. **A licensed physician, physician's assistant, or registered nurse must sign this form.**
- ☐ Participant does not have a disability or a medical condition that requires a special meal or accommodation and is not requesting special meals or accommodations.

### 2. Disability Information

- A. Disability or medical condition requiring a special meal or accommodation: (i.e., juvenile diabetes, allergy to peanuts, etc.)
- B. If participant has a disability, provide a brief description of participant's major life activity affected by the disability (i.e., "Allergy to peanuts causes a life-threatening reaction.")

### 3. Accommodation Information

- A. Diet, prescription and/or accommodation: (Describe a specific diet or accommodation that has been prescribed by a physician, or describe diet modification requested for a non-disabling condition, i.e., "All foods must be either in liquid or pureed form.")
- B. Indicate texture: ☐ Regular ☐ Chopped ☐ Ground ☐ Pureed (If the participant does not need any modification, check "Regular")
- C. Foods to be omitted and substitutions: (Please suggest specific foods to be omitted and suggested substitutions. You may attach a sheet with additional information.)
- D. Adaptive Equipment: (Describe specific equipment required to assist the participant with dining, i.e., a sippy cup, a large-handled spoon, or wheelchair accessible furniture.)

### 4. Parent/Guardian/Medical Authority Signature

PARENT/GUARDIAN NAME	PARENT/GUARDIAN SIGNATURE*	TELEPHONE NUMBER	DATE
	X		
MEDICAL AUTHORITY NAME	MEDICAL AUTHORITY SIGNATURE*	TELEPHONE NUMBER	DATE
	X		

\* Physician's signature is required for participants with a disability. For participants without a disability, a licensed physician, physician's assistant, or registered nurse must sign the form.

#### DEFINITIONS:

- "A Person with a Disability" is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.
  - "Physical or mental impairment" means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.
  - "Major life activities" are functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.
  - "Has a record of such impairment" is defined as having a history of, or have been classified (or misclassified) as having a mental or physical impairment that substantially limits one or more major life activities.
- (Citations from Section 504 of the Rehabilitation Act of 1973)





**Manzanita Charter Middle School**  
**GENERAL RELEASE**

STUDENT LAST NAME FIRST NAME MIDDLE NAME SUFFIX BIRTHDAY GENDER GRADE

### 1. General Release Information

#### GENERAL RELEASE For Community Access Cablevision, Photographs, Videotaping, Interview Comments, and Posting on the Internet

Occasionally, Manzanita Charter School would like to use the name, photographs, video recordings, and/or interview comments of students for educational and promotional purposes. Sometimes this includes requests from the news media to record and photograph students while covering school events for news purposes only. Any posting of student-related material on the Internet is done by legitimate news media personnel or Manzanita Charter School personnel.

In order to use such material, parental consent is necessary for students under 18 years of age.

### 2. Permissions

Please indicate below if you give permission for your child's name, image, or comments to be used:

For Manzanita Charter School publications: ☐ Yes ☐ No

For Manzanita Charter School website: ☐ Yes ☐ No

For Manzanita Charter School social media: ☐ Yes ☐ No

By the news media, including:

Newspapers: ☐ Yes ☐ No

Radio: ☐ Yes ☐ No

Television: ☐ Yes ☐ No

Websites: ☐ Yes ☐ No

### 3. Parent/Guardian Signature

I understand that Manzanita Charter School has no control over further distribution of a photo or image once it appears in a school publication or web site. By signing below, I hereby release the Manzanita Charter School from any damages or injuries claimed by the student or parent related to production or distribution of the photo or image.

PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE

X

X





## Manzanita Charter Middle School

# LIABILITY WAIVER, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

STUDENT LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX BIRTHDAY

GENDER

GRADE

*This form must be completed by the parent or guardian of the student before he or she is allowed to participate in any Manzanita school sporting events, after school sports teams, Academy classes, or academic classes utilizing special tools.*

### 1. Waiver

I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Manzanita Charter Middle School officers, employees, and agents from liability from any and all claims resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in any class projects, sporting or Academy activities.

### 2. Assumption of Risks

I am aware that participating in the activities offered by or associated with Manzanita Charter Middle School including but not limited to Softball, Football, Basketball, Soccer, Volleyball, Hockey, Tennis, Running, Bowling, Golf, Swimming, Skateboarding, Archery, Martial Arts, Yoga, Pilates, Dance, Woodshop, Cooking, Hiking and classes using special tools exposes my student to many inherent risks, dangers and hazards. I know, understand, and appreciate these risks. I hereby assert that my student's participation is voluntary and that I knowingly assume all such risks.

### 3. Indemnification and Hold Harmless

I also agree to INDEMNIFY AND HOLD Manzanita Charter Middle School officers, employees, and agents HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my student's involvement in school activities, and to reimburse them for any such expenses incurred.

### 4. Severability

I further expressly agree that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

### 5. Acknowledgment of Understanding

I have read this waiver of liability, assumption of risk, and indemnity agreement and fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to confirm complete and unconditional release of all liability to the greatest extent allowed by law.

### 6. Signature

PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE

X

PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE

X





## Manzanita Charter Middle School ANTI-BULLYING PLEDGE

STUDENT LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	BIRTHDAY	GENDER	GRADE
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All parents, guardians and students are **required** to take the anti-bullying pledge. As part of the Manzanita Charter School philosophy, we believe that given encouragement and guidance, everyone has a positive role to contribute. As a community made up of parents, students, and staff, we share a collective responsibility in assuring that no one is left out or behind because of others' action or lack of action.

We believe that everyone should enjoy our school equally and feel safe, secure and accepted regardless of color, race, ethnic identity, nationality, gender, gender identity or expression, sexual orientation, (real or perceived) special needs, popularity, economic status, athletic ability, intelligence, or religion.

Bullying causes pain and stress to the victims and is never justified or excusable as "kids being kids", "just teasing", "that's just how we play" or **any other rationalization**. The victim is never responsible for being a target of bullying.

### 1. Student Anti-Bullying Pledge

By signing this pledge, we the **students** of Manzanita agree to:

1. Keep myself aware of school rules and bullying policy.
2. Value my fellow students and classmates and treat everyone at Manzy (students, visitors, staff, and parents) with respect at all times.
3. Discuss this pledge with my parents the first week of school.
4. Be honest with my parents about my feelings and experiences at school.
5. Alert Manzy staff if any bullying has occurred and report all incidences of bullying to Manzy staff. I also understand that I can report incidences of bullying and other problems using the Student Concern Form on the school website.
6. Participate fully in helping to stamp out bullying at school.

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

### 2. Parent/Guardian Anti-Bullying Pledge

By signing this pledge, we the **parents and guardians** of Manzanita students agree to:

1. Keep my child(ren) and ourselves informed and aware of school rules and bullying policies.
2. Work with the school to encourage positive behavior, value differences, and promote sensitivity in others.
3. Discuss this pledge with my child(ren) the first week of school.
4. Discuss with my child their feelings about school, friendships, and relationships.
5. Inform Manzy staff of changes in my child's behavior or circumstances at home that may affect behavior at school.
6. Alert Manzy staff if any bullying has occurred and report all incidents of bullying to Manzy staff.
7. Participate fully in helping to stamp out bullying at school.

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# Manzanita Charter Middle School ACCEPTABLE USE AGREEMENT

STUDENT LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	BIRTHDAY	GENDER	GRADE
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Computers, school network and Internet access is a privilege available to students at Manzanita Charter School. Our goal in providing this service is to promote educational excellence by facilitating resource sharing, innovation, and communication. These guidelines are provided so that students are aware of the responsibilities required to use this technology. Computer use at school may be revoked if a student does not adhere to the guidelines below.

## 1. Acceptable Use

My use of computers, the Internet, and the school network must be in support of education and research within the educational goals and objectives of Manzanita Charter School. Transmission of any material in violation of any US, state, or school regulations are prohibited. This includes copyrighted material, threatening to obscene material, or material restricted by school policy or staff. *The school network includes the use of school computers and computer peripherals, as well as the use of school network services such as the Internet, school e-mail/web service accounts, and network file folders. Students should have no expectation of computer privacy, as the school may monitor computer, e-mail and Internet use.*

## 2. Personal Responsibility

As a member of my school community, I will accept responsibility for proper use of school technology and for reporting any misuse of technology. My use of school technology will meet the guidelines below:

- I will respect the privacy and dignity of students and teachers at all times. I will not use, copy or delete another user's files, folders or passwords.
- I will keep my own passwords private and I will not share passwords with a friend.
- I will be polite and use appropriate language. I will avoid swearing, vulgarities, suggestive, obscene, belligerent, and threatening language. I understand that offensive messages that originate outside the school, but disrupt the school's educational process, may be subject to school consequences.
- I will avoid language and uses that may be offensive to other users. I will not make, distribute, or redistribute jokes, stories, or other material that is based upon slurs or stereotypes related to race, gender, gender identity, ethnicity, nationality, religion, sexual orientation or gender identity or expression.
- I will respect school equipment, including vandalism and computer viruses.
- I will only use software that is pre-approved by Manzanita.

## 3. Internet Safety

The Internet provides opportunities to access new resources, but it also provides unique risks to students. Manzanita provides filtered access to the Internet on nearly all school computers, but to ensure my safety on the Internet, I will follow the guidelines below:

- I will not give out on the Internet personal information such as my full name, phone number or address.
- I will not give out on the Internet personal information about someone else such as his or her name, phone number or address.
- I will not correspond or meet with someone through the Internet without the pre-approval of a teacher.
- I will only access or download sites appropriate for school classes or activities.
- I will immediately report any technology use that makes me uncomfortable or violates school policies.

## 4. E-Mail/Communication Safety

E-mail and other online communication services provide opportunities for students, but they require careful use. I will follow the guidelines below when using a school computer/account:

- I will only use an e-mail account at school with the prior permission of a teacher and will get permission from a teacher each time I use e-mail at school. Instant messaging and chat rooms are prohibited.
- I will adhere to all of the aforementioned guidelines in the acceptable Use Policy when using a school provided e-mail account or other school provided computer service at school or another location.
- Manzanita Charter School may filter or monitor school provided student e-mail accounts or other school provided computer services regardless of whether the account is accessed from school or another location.

## 5. Signatures

I/we understand and agree to the provisions and conditions of this contract.

STUDENT NAME	STUDENT SIGNATURE	DATE
	X	
PARENT/GUARDIAN NAME	PARENT/GUARDIAN SIGNATURE	DATE
	X	





**Manzanita Charter Middle School**  
**CUMULATIVE RECORD REQUEST**

STUDENT NAME (Last, First, Middle)

BIRTHDAY

GRADE

This student is now enrolled in Manzanita Charter Middle School. Please send complete information about this student by forwarding the cumulative record folder, or a copy thereof, including a complete transcript of the work done at your school and pupil's health record.

FORMER SCHOOL:

REQUEST DATE: \_\_\_\_\_ ☐ FAXED ☐ MAILED ☐ HAND-DELIVERED

I hereby authorize release of school records for the pupil listed above.

X

Parent/Guardian Signature

Date

STUDENT NAME (Last, First, Middle)

BIRTHDAY

GRADE

This student is now enrolled in Manzanita Charter School. Please send complete information about this student by forwarding the cumulative record folder, or a copy thereof, including a complete transcript of the work done at your school and pupil's health record.

Cumulative Record request from:

**Manzanita Charter Middle School**  
**461 33rd St.**  
**Richmond, CA 94804**

I hereby authorize release of school records for the pupil listed above.

X

Parent/Guardian Signature

Date

Note: Sign on BOTH signature lines