

# STUDENT EMERGENCY CARD

Berkeley Unified School District

Please Print in Ink

Student's Last Name			First Name			Middle Name		Health Alert <input type="checkbox"/> Yes	
Birthdate (mm/dd/yy) / /		Grade	Room	Teacher		Parent/Guardian email address			
Home Address				City		ZIP Code		Home Telephone ( )	
Parent/Guardian			Employer and City			Work Telephone ( )		Cellular Telephone ( )	
Parent/Guardian			Employer and City			Work Telephone ( )		Cellular Telephone ( )	
<p>List two local emergency guardians who have agreed to take either temporary care (in case of illness) or extended care (in case of natural disaster) of your child if a parent/guardian cannot be reached. This person would come to the school and pick up your child for you:</p>									
Name			Work Telephone ( )		Home Telephone ( )		Relationship		
Name			Work Telephone ( )		Home Telephone ( )		Relationship		
<p>Health Concerns/Diagnoses: <input type="checkbox"/> asthma <input type="checkbox"/> diabetes <input type="checkbox"/> seizures <input type="checkbox"/> severe allergies  <input type="checkbox"/> other(s) -- please list:  <i>(Requires a Special Care Plan on file for each condition)</i></p>									
<p>Medications to be taken at school (list all, including emergency medications):  <i>(Requires Authorization Form on file for each medication)</i></p>									
Form 76 No.1-8905 Revised 06/07 All previous editions are obsolete								Continued on other side	

Form 76 No.1-8905 Revised 06/07  
All previous editions are obsolete

# STUDENT EMERGENCY CARD

Berkeley Unified School District

Please Print in Ink

Student's Last Name		First Name		Health Plan		Policy no./Record no.	
Does someone other than the parent provide after school care? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please list contact information:							
Name		Address			Telephone ( )		
Physician's Name		Address			Telephone ( )		
Dentist's Name		Address			Telephone ( )		
Emergency phone contact outside of the Bay Area that your child could call after an earthquake in order to regain contact with you through a third party:							
Name				Telephone (outside of Bay Area) ( )			
<p>I the undersigned parent/guardian of the student shown above, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care to be rendered under the general or special supervision and upon the advice of a physician, surgeon or dentist under the provisions of the Medicine Practice Act, or Dentist Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care but is given to provide authority and power for the physician/dentist to render care which in his/her best judgement may be deemed advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. It is the responsibility of the parent/guardian to immediately notify the school in writing of any changes in the information on this card.</p>							
Parent/Guardian Signature						Date	
<b>Office Use Only</b>		Student Release Record: To be completed ONLY when releasing a child to an emergency guardian or medical personnel following a natural disaster.					
Student released to				Time		Student release coordinator's signature	

# Student Registration Form Berkeley Unified School District

Directions: Please print in ink. Press firmly. Do not write in shaded areas. See back for more information.

## School

Student's Legal Name - Last		First		Middle		Grade		Gender M <input type="checkbox"/> F <input type="checkbox"/>		Is your student Hispanic/Latino? Yes <input type="checkbox"/> No <input type="checkbox"/> If you mark either yes or no, please complete the following: Student's Race (see codcs on reversc) (1) <input type="checkbox"/> <input type="checkbox"/> (2) <input type="checkbox"/> <input type="checkbox"/>			
Street Address		City		Zip Code		Is this a temporary address? Yes <input type="checkbox"/> No <input type="checkbox"/>		Birthdate (mm/dd/yy)		Work Telephone Number			
Parent/Guardian Name		Home Telephone Number		Occupation		Occupation		Occupation		Work Telephone Number			
Parent/Guardian Name		Home Telephone Number		Occupation		Occupation		Occupation		Work Telephone Number			
Highest Parent/Guardian Education Level <input type="checkbox"/> Not a high school graduate <input type="checkbox"/> High school graduate <input type="checkbox"/> Some college <input type="checkbox"/> College graduate <input type="checkbox"/> Graduate school/post graduate training <input type="checkbox"/> Decline to state		Student's Birthplace (City, State, Country)		Parent /Guardian Email Address		Parent /Guardian Email Address		Parent /Guardian Email Address		Parent /Guardian Email Address			
Date and grade student first entered Berkeley Schools (mm/dd/yy)		Date and grade student first entered Berkeley Schools (mm/dd/yy)		Date and grade student first entered Berkeley Schools (mm/dd/yy)		Date and grade student first entered Berkeley Schools (mm/dd/yy)		Date and grade student first entered Berkeley Schools (mm/dd/yy)		Date and grade student first entered Berkeley Schools (mm/dd/yy)			
For students not born in the United States Date of entry into the U.S.A. _____ (mm/dd/yy) Date first entered the U.S. school system (K-12) _____ (mm/dd/yy) Exchange student/child of visiting scholar? Yes <input type="checkbox"/> No <input type="checkbox"/>		Home Language Survey (Answer all questions. See back.) 1. Which language did your son or daughter learn when he or she first began to talk? _____ 2. What language does your son or daughter most frequently use at home? _____ 3. What language do you use most frequently to speak to your son or daughter? _____ 4. Name the language most often spoken by the adults at home. _____		Home Language Survey (Answer all questions. See back.) 1. Which language did your son or daughter learn when he or she first began to talk? _____ 2. What language does your son or daughter most frequently use at home? _____ 3. What language do you use most frequently to speak to your son or daughter? _____ 4. Name the language most often spoken by the adults at home. _____		Home Language Survey (Answer all questions. See back.) 1. Which language did your son or daughter learn when he or she first began to talk? _____ 2. What language does your son or daughter most frequently use at home? _____ 3. What language do you use most frequently to speak to your son or daughter? _____ 4. Name the language most often spoken by the adults at home. _____		Home Language Survey (Answer all questions. See back.) 1. Which language did your son or daughter learn when he or she first began to talk? _____ 2. What language does your son or daughter most frequently use at home? _____ 3. What language do you use most frequently to speak to your son or daughter? _____ 4. Name the language most often spoken by the adults at home. _____		Home Language Survey (Answer all questions. See back.) 1. Which language did your son or daughter learn when he or she first began to talk? _____ 2. What language does your son or daughter most frequently use at home? _____ 3. What language do you use most frequently to speak to your son or daughter? _____ 4. Name the language most often spoken by the adults at home. _____		Home Language Survey (Answer all questions. See back.) 1. Which language did your son or daughter learn when he or she first began to talk? _____ 2. What language does your son or daughter most frequently use at home? _____ 3. What language do you use most frequently to speak to your son or daughter? _____ 4. Name the language most often spoken by the adults at home. _____	
Please indicate if your child has been in a Special Education program: District _____ Program Name _____ Date of last IEP _____		Is there any disciplinary action pending in another district? Yes <input type="checkbox"/> No <input type="checkbox"/>		Attending which school		Living at home? Yes <input type="checkbox"/> No <input type="checkbox"/>		Health Coverage <input type="checkbox"/> Alliance (non-Medi-Cal) <input type="checkbox"/> Blue Cross <input type="checkbox"/> Health Net <input type="checkbox"/> Healthy Families <input type="checkbox"/> Kaiser (non-Medi-Cal) <input type="checkbox"/> Medi-Cal Alliance <input type="checkbox"/> Medi-Cal Blue Cross <input type="checkbox"/> Other _____ <input type="checkbox"/> None		Records Requested Month _____ Day _____ Year _____			
Brother(s)/Sister(s) Names		Age		Attending which school		Living at home? Yes <input type="checkbox"/> No <input type="checkbox"/>		Health Coverage <input type="checkbox"/> Alliance (non-Medi-Cal) <input type="checkbox"/> Blue Cross <input type="checkbox"/> Health Net <input type="checkbox"/> Healthy Families <input type="checkbox"/> Kaiser (non-Medi-Cal) <input type="checkbox"/> Medi-Cal Alliance <input type="checkbox"/> Medi-Cal Blue Cross <input type="checkbox"/> Other _____ <input type="checkbox"/> None		Records Requested Month _____ Day _____ Year _____			
Last School Attended (Name)		Street Address		Last School Telephone Num.		Living at home? Yes <input type="checkbox"/> No <input type="checkbox"/>		Health Coverage <input type="checkbox"/> Alliance (non-Medi-Cal) <input type="checkbox"/> Blue Cross <input type="checkbox"/> Health Net <input type="checkbox"/> Healthy Families <input type="checkbox"/> Kaiser (non-Medi-Cal) <input type="checkbox"/> Medi-Cal Alliance <input type="checkbox"/> Medi-Cal Blue Cross <input type="checkbox"/> Other _____ <input type="checkbox"/> None		Records Requested Month _____ Day _____ Year _____			
City		State		ZIP Code		I certify that all the information is correct to the best of my knowledge.		Parent/Guardian Signature _____ Date _____		Immunization Completed <input type="checkbox"/> In Process <input type="checkbox"/>			

**ETHNIC CODES**

- 100 American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- 200 Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Thailand, and Vietnam.
  - 201 Chinese
  - 202 Japanese
  - 203 Korean
  - 204 Vietnamese
  - 205 Asian Indian
  - 206 Laotian
  - 207 Cambodian
  - 299 Other Asian
- 300 Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  - 301 Hawaiian
  - 302 Guamanian
  - 303 Samoan
  - 304 Tahitian
  - 399 Other Pacific Islander
- 400 Filipino.** A person having origins in any of the original peoples of the Philippine Islands.
- 600 Black or African American (not Hispanic).** A person having origins in any of the black racial groups of Africa.
- 700 White (not Hispanic).** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**If more than one ethnicity, please indicate on the front of this form in boxes (1) and (2) under "Ethnic Code."**

**REGISTRATION REQUIREMENTS**

Birthdate	Immunizations
Any child entering school must have proof of birthdate by any of the following:	Any child entering school must have proof of month, day, and year for:
1. Birth Certificate	1. <b>Polio</b> - at least three (3) doses if last one given on or after the 4th birthday.
2. Birth Registration	2. <b>Diphtheria, Tetanus, Pertussis</b> - at least four (4) doses if last one given on or after the 4th birthday.
3. Passport	3. <b>Measles, Mumps, Rubella</b> - two (2) doses both given on or after the 1st birthday.
	4. <b>Hepatitis B</b> - three (3) doses.

**STUDENT HOME LANGUAGE SURVEY**

Encuesta Sobre el Idioma del Hogar  
**学生家庭语言调查表**  
 Ban Kiem-tra ve ngon-trong gia dinh

1. Which language did your child or daughter learn when he or she first began to speak?  
 Cuando su hijo(a) empezó a hablar, ¿qué idioma aprendió primero?  
**贵子女最初学说话时先使用哪一种语言?**  
 Khi bat dau tap noi con Ong Ba da hoc ngon-ngu nao truoc tien?
2. What language does your son or daughter most frequently use at home?  
 ¿Que idioma usa principalmente su hijo(a) cuando conversa en casa?  
**贵子女在家中最常用的的是哪一种语言?**  
 O trong gia dinh ngon ngu nao duoc con Ong Ba noi nhieu nhat?
3. What language do you use most frequently to speak to your son or daughter?  
 ¿Que idioma usa Ud. con más frecuencia cuando habla con su hijo(a)?  
**您经常用哪一种语言跟子女交谈?**  
 Ong Ba dung ngon-ngu nao khi noi chuyen voi con?
4. Name the language most often spoken by the adults at home?  
 ¿Qué idioma hablan con más frecuencia los adultos en la casa?  
**您家中的成年人最常用哪一种语言进行交谈?**  
 Ke-kai ngon-ngu duoc nguoi lon tuoi trong gia-dinh thuong noi nhat?

## **BERKELEY HIGH ACCEPTABLE USE POLICY FOR ELECTRONIC RESOURCES & THE INTERNET**

The Berkeley High technology department is pleased to be able to offer our students and staff access to computer technology, access to the Internet, and certain online services including Berkeley High Google Apps and the Berkeley High Moodle site. Berkeley High recognizes the potential of computers, personal electronic devices, and the internet to enhance student learning and increase communication amongst the Berkeley High Community. To this end, Berkeley High encourages the responsible use of computers; computer networks, including the Internet; and other personal electronic devices on campus or connected to the Berkeley High wireless network. As used in this Agreement, "personal electronic devices" may include but are not limited to, cellular telephones, personal digital assistants ("PDAs"), digital cameras, video recorders, electronic recording devices, and portable laptop computers, or any other device with wireless capabilities.

The school's information technology resources, including email and Internet access, are provided for educational purposes. Adherence to the following policy is necessary for continued access to the school's technological resources. Users will be provided access to the Internet in accordance with the District Internet filtering and blocking measures. Every effort is made to log and monitor all web traffic for inappropriate or offensive content. The measures discussed below are in place to avoid access to inappropriate material. As necessary, the Berkeley High technology staff will make determinations on whether specific uses of the network or personal electronic devices are consistent with our acceptable use policy. ***Violations of these rules may result in disciplinary action, including the loss of a user's privileges to use the school's information technology resources.***

### **Acceptable use and General Rules of Usage**

#### **Users must respect and protect the privacy of others by:**

1. Using only assigned accounts. Users shall only use accounts assigned to them and shall not attempt to log-in to accounts or systems for which they do not have authorized access.
2. Not intentionally seeking information on, obtain copies of, or modify files, other data, or passwords belonging to other users, or misrepresent other users on the network.
3. Refrain from distributing private information about others or themselves. This includes student addresses and other identifying information.

#### **Users must respect and protect the integrity, availability, and security of electronic resources by:**

1. Observing all district Internet filters and posted network security practices. Creating proxies or other methods of circumventing district filters are prohibited.
2. Use of the District's systems, network or technology resources for any unlawful purpose is prohibited.
3. Use of the network or personal electronic devices to intentionally access or process pornographic or adult sites with explicit sexual content or other inappropriate or derogatory material, is prohibited. Inappropriate texting or messaging is prohibited even on personal devices. Online gambling and gaming if not serving an explicit educational purpose are prohibited.
4. Reporting security risks, violations of this AUP, and computer or computer or network malfunctions to a Berkeley High staff member.
5. Not destroying or damaging data, networks, or other resources that do not belong to them, without clear permission of the owner. Malicious use of the District's systems or technology resources to develop or use programs that harass other users or infiltrate a computer or computing system and/or damage the software components of a computer or computing system is prohibited.
6. Conserving, protecting, and sharing these resources with other users. No use of the District's systems or technology resources shall serve to disrupt the use of the network by others. Hardware and/or software shall not be destroyed or abused in any way. Modifications to system configurations should not be made. Plugging in any wireless access points or other devices into the network is prohibited unless approved and authorized by Technology Services is prohibited. Use of the network or personal electronic devices to intentionally access or process files dangerous to the integrity of the local area

network is prohibited.

**Users must respect and protect the intellectual property of others by:**

1. Obeying Copyright Laws: Downloading, copying, otherwise duplicating, and/or distributing copyrighted materials without the specific written permission of the copyright owner is prohibited, except when duplication and/or distribution of materials for educational purposes is permitted when such duplication and/or distribution would fall within the Fair Use Doctrine of the United States Copyright Law.
2. Citing sources when using others' work (not plagiarizing).

**Users must respect and practice the principles of community by:**

1. Reporting threatening or discomfoting materials to a teacher or administrator.
2. Not intentionally accessing, transmitting, copying, or creating material that violates the school's code of conduct (such as messages/content that are pornographic, threatening, rude, discriminatory, or meant to harass).
3. Not intentionally accessing, transmitting, copying, or creating material that is illegal (such as obscenity, stolen materials, or illegal copies of copyrighted works).
4. Not using the resources to further other acts that are criminal or violate the school's code of conduct.
5. Avoiding spam, chain letters, or other mass unsolicited mailings.
6. Refraining from buying, selling, advertising, or otherwise conducting business, unless approved as a school project.

**Users may, if in accord with the policy above:**

1. Design and post content to web pages including posting to online learning websites like the Berkeley High Moodle Site.
2. Communicate electronically via tools such as email, chat, text, or videoconferencing (students require a teacher's permission).

**Supervision and Monitoring**

School and network administrators monitor the use of information technology resources to help ensure that uses are secure and in conformity with this policy. Administrators reserve the right to examine, use, and disclose any data found on the school's information networks in order to further the health, safety, discipline, or security of any student or other person, or to protect property. They may also use this information in disciplinary actions, and will furnish evidence of crime to law enforcement.

**Student's signature:**

I understand and will follow the rules of this contract. I understand that breaking the rules of this will mean that I will lose my Internet access privileges, could face school disciplinary action, and may be reported to the police. I also agree to immediately report to computer staff anyone who violates this agreement.

Student's Full Name (Please print)

\_\_\_\_\_

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

**Parent/Guardian signature:**

As a parent or guardian of the above student, I have read this contract. I understand that it its impossible for the school or Berkeley Unified School District to restrict access to all controversial materials, and I will not hold the school or District responsible for materials found on the network. I also agree to immediately report any misuse of the network to the student's teacher. I agree that the information provided on this form is correct. I give my permission for my child to have access to the Internet at school.

Parent or Guardian's Full Name (Please print)

\_\_\_\_\_

Parent or guardian's signature \_\_\_\_\_ Date: \_\_\_\_\_

# Berkeley High School Program Request Form

OFFICE USE ONLY	
Zone	
Program	
Grad Year	

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: 9 \_\_\_\_\_ Class of: 20 \_\_\_\_\_

Phone Number: (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

Name of Previous School: \_\_\_\_\_ Have you ever attended Berkeley High School?  YES  NO

## DIRECTIONS

Berkeley High School is comprised of five small learning communities, all of which inspire and cultivate the gifts, talents and passions of their students. Collectively, they are broad in range and deep in mission offering something for everyone.

Choose from the five learning communities – three small schools (AHA, CAS, AMPS) and two larger programs (BIHS or AC), students rank their preferences after considering each option relative to their interests and needs. Please refer to the Choices Catalog for more details on each learning community.

### Step 1

Students who do not wish to be in small schools may rank larger program choices only. Students, who would like to be in a small school, must rank the larger programs as choices.

RANK LEARNING COMMUNITY CHOICES IN ORDER OF PREFERENCE FROM 1 (FIRST CHOICE) THROUGH 5 (LAST CHOICE).

SMALL SCHOOLS	PROGRAMS
<p>Students will apply to small schools by order of preference. Choice will be granted for students by lottery, within district assignment guidelines that reflect demographics of the district as well as achievement levels and special needs.</p> <p>____ <b>AHA</b> – <i>Arts and Humanities Academy</i>. Focuses on Visual and Performing Arts.</p> <p>____ <b>CAS</b> – <i>Communication Arts and Sciences</i>. Develops media literacy in the pursuit of social justice.</p> <p>____ <b>AMPS</b> – <i>Academy of Medicine and Public Service</i>. Develops community leaders with a focus on professional careers in law, education and health.</p>	<p>All Students are <i>required</i> to rank these two programs:</p> <p>____ <b>AC</b> – <i>Academic Choice</i>: Focuses on humanities curriculum.</p> <p>____ <b>BIHS</b> – <i>Berkeley International High School</i>. Focuses on international studies with emphasis on global relationships.</p>

### Step 2

Do you currently have a brother or sister that will be attending BHS at the same time that you are?  YES  NO

Sibling Name \_\_\_\_\_ Grade \_\_\_\_\_ Program \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_