

**One Form per student Please**

**Annual Student Demographics & Contact Update Information**

**School Year:** \_\_\_\_\_

Student Name: _____	Grade: _____	Student ID: _____
Primary Phone Number: _____	Student's Cell: _____	School Name: _____
Physical Address: _____	Does this student have access to wifi? <input type="checkbox"/> Y <input type="checkbox"/> N	
Student Address: _____	Does this student need a district device? <input type="checkbox"/> Y <input type="checkbox"/> N	

**Please fill in the information below for your student's contacts.**

<b>First Contact</b>	Name: _____	Relationship to Student: <i>(mother, father, daycare, etc)</i>
Is this person a Primary Contact? <input type="checkbox"/> Y <input type="checkbox"/> N		Education Rights Holder for this student? <input type="checkbox"/> Y <input type="checkbox"/> N
		<b>Check the boxes if Yes. Leave blank for No</b>
Email Address: _____	Phone: _____	Receive calls or messages about student
Correspondence Language: _____	Work Phone: _____	General & Emergency Announcements
Can receive text messages? <input type="checkbox"/> Y <input type="checkbox"/> N	Cell Phone: _____	Emergency Announcements Only
Mailing Address: _____	Attendance Calls about this student	
Red Flag: _____	Employer: _____	Copy of ALL mail
Notes: _____	Copy of Report Cards	

<b>Second Contact</b>	Name: _____	Relationship to Student: <i>(mother, father, daycare, etc)</i>
Is this person a Primary Contact? <input type="checkbox"/> Y <input type="checkbox"/> N		Education Rights Holder for this student? <input type="checkbox"/> Y <input type="checkbox"/> N
		<b>Check the boxes if Yes. Leave blank for No</b>
Email Address: _____	Phone: _____	Receive calls or messages about student
Correspondence Language: _____	Work Phone: _____	General & Emergency Announcements
Can receive text messages? <input type="checkbox"/> Y <input type="checkbox"/> N	Cell Phone: _____	Emergency Announcements Only
Mailing Address: _____	Attendance Calls about this student	
Red Flag: _____	Employer: _____	Copy of ALL mail
Notes: _____	Copy of Report Cards	

<b>Third Contact</b>	Name: _____	Relationship to Student: <i>(mother, father, daycare, etc)</i>
Is this person a Primary Contact? <input type="checkbox"/> Y <input type="checkbox"/> N		Education Rights Holder for this student? <input type="checkbox"/> Y <input type="checkbox"/> N
		<b>Check the boxes if Yes. Leave blank for No</b>
Email Address: _____	Phone: _____	Receive calls or messages about student
Correspondence Language: _____	Work Phone: _____	General & Emergency Announcements
Can receive text messages? <input type="checkbox"/> Y <input type="checkbox"/> N	Cell Phone: _____	Emergency Announcements Only
Mailing Address: _____	Attendance Calls about this student	
Red Flag: _____	Employer: _____	Copy of ALL mail
Notes: _____	Copy of Report Cards	

<b>Fourth Contact</b>	Name: _____	Relationship to Student: <i>(mother, father, daycare, etc)</i>
Is this person a Primary Contact? <input type="checkbox"/> Y <input type="checkbox"/> N		Education Rights Holder for this student? <input type="checkbox"/> Y <input type="checkbox"/> N
		<b>Check the boxes if Yes. Leave blank for No</b>
Email Address: _____	Phone: _____	Receive calls or messages about student
Correspondence Language: _____	Work Phone: _____	General & Emergency Announcements
Can receive text messages? <input type="checkbox"/> Y <input type="checkbox"/> N	Cell Phone: _____	Emergency Announcements Only
Mailing Address: _____	Attendance Calls about this student	
Red Flag: _____	Employer: _____	Copy of ALL mail
Notes: _____	Copy of Report Cards	

<b>Fifth Contact</b>	Name: _____	Relationship to Student: <i>(mother, father, daycare, etc)</i>
Is this person a Primary Contact? <input type="checkbox"/> Y <input type="checkbox"/> N		Education Rights Holder for this student? <input type="checkbox"/> Y <input type="checkbox"/> N
		<b>Check the boxes if Yes. Leave blank for No</b>
Email Address: _____	Phone: _____	Receive calls or messages about student
Correspondence Language: _____	Work Phone: _____	General & Emergency Announcements
Can receive text messages? <input type="checkbox"/> Y <input type="checkbox"/> N	Cell Phone: _____	Emergency Announcements Only
Mailing Address: _____	Attendance Calls about this student	
Red Flag: _____	Employer: _____	Copy of ALL mail
Notes: _____	Copy of Report Cards	

The above is true and accurate to the best of my knowledge. \_\_\_\_\_  
Signature
Date

**DEL NORTE UNIFIED SCHOOL DISTRICT  
ACKNOWLEDGEMENT OF RECEIPT OF PARENT/GUARDIAN ANNUAL NOTIFICATION**

As required by law, this is to notify you of your rights and responsibilities. Please take time to carefully review the information in the Parent/Guardian Handbook for Success. If you have any questions regarding this information, please feel free to contact your school site administrator or the District Office. The handbook is available on the DNUSD website at [www.dnUSD.org/domain/77](http://www.dnUSD.org/domain/77).

Education Code Section 48982 requires parents or guardians to sign and return this acknowledgement. After you review, please sign and return to your child's school this acknowledgment indicating you have received and reviewed these materials.

\_\_\_\_\_

**Student's Legal Name (please print)** **Age** **Grade**

**School:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

I hereby acknowledge receipt of information from Del Norte Unified School District regarding my rights, responsibilities and protections, which includes; the Uniform Complaint Procedures, the Williams Uniform Complaint Procedures, the Notification of Rights under the Protection of Pupil Rights Amendment (PPRA) and the Notification of Rights under the Family Educational and Privacy Act (FERPA) for Elementary and Secondary schools.

\_\_\_\_\_

**Parent/Guardian (or student age 18 or over) Signature**

\_\_\_\_\_

**Date**

**PHOTO, VIDEO, AND RECORDINGS**

Del Norte Unified School District (DNUSD) reproduces the student's image or voice, in activities related to this student's educational program through photographs, videos, and audio recording. If you choose not to have your child's image or voice reproduced through photographs, videos, or audio recordings, mark the box below.

- N - May not release Photo or Video of Student
- Y - May release Photo or Video of Student
- YB - Yearbook Photo ONLY. No Other release

\_\_\_\_\_

**Parent/Guardian (or student age 18 or over) Signature**

\_\_\_\_\_

**Date**

**RELEASE OF STUDENT DIRECTORY INFORMATION**

If you do not want directory information released, please check the box where indicated below. Note that this will prohibit the district from providing the student's name and other information to the news media, interested schools, parent-teacher organizations, interested employers and similar parties.

- 1. Yes, you can release Directory Information to all
- 2. No, do not release Directory Information to anyone
- 3. Yes, you can release Directory Information to the Military only
- 4. Yes, you can release Directory Information to all, except the Military

\_\_\_\_\_

**Parent/Guardian (or student age 18 or over) Signature**

\_\_\_\_\_

**Date**

**MILITARY CONNECTED FAMILY**

In efforts to provide resources and support to military connected students and their families, please respond to the following:

- We have an immediate family member in the Active Duty Military, Guard, Reserve, or Veteran

**Status:**

- Active Duty       Guard       Reserve       Veteran       Deceased
- Currently Deployed:  Yes       No

\_\_\_\_\_

**Parent/Guardian (or student age 18 or over) Signature**

\_\_\_\_\_

**Date**

The Superintendent or designee shall ensure that all district computers with internet access have a technology protection measure that protects against access to visual depictions that are obscene, child pornography, or harmful to minors and that the operation of such measures is enforced.

Any failure to follow the rules listed below is a violation of the school's Technology Acceptable Use Policy:

1. Students are to use on campus internet access for strictly academic purposes. Examples of internet sites that may not be visited outside of academic use at Del Norte Unified School District (DNUSD) or Del Norte County Office of Education (DNCOE) include but are not limited to the following:
  - a. Recreational use of sites such as Twitter, Facebook, YouTube, Pandora, etc.
  - b. Gaming or gambling sites
  - c. Pornographic or otherwise sexually explicit sites
  - d. Sites promoting "how to" documents encouraging violence or illegal acts
  - e. Sites that promote racism or hate speech
2. Students may not use technological tools with malicious intent, for example to bully or harass others.
3. All students must respect the privacy of others. Any attempt to access passwords, private files, phone, or email messages is considered theft.
4. Students may not in any way vandalize equipment or software that belongs to DNUSD/DNCOE or any other organization to which DNUSD/DNCOE has access. Examples of unacceptable behavior include but are not limited to the following:
  - a. Damaging, hacking or destroying networks, computer hardware or software.
  - b. Physical abuse to equipment
  - c. The creation or intentional use of malicious programs
5. Students may never share their DNUSD/DNCOE email password with anyone else. Stolen or lost passwords can create significant problems for the student and for the school.
6. Students may not transmit, retrieve or store communications of any obscene, discriminatory, offensive or harassing nature or containing derogatory, disrespectful or inflammatory language.
7. Students may not use DNUSD/DNCOE technological systems for any purpose that is illegal and/or violates school rules.
8. Students may not knowingly post information that could cause damage or the danger of disruption to DNUSD/DNCOE or any other organization or person.
9. Students may not misuse DNUSD/DNCOE or personal distribution lists or discussion groups for sending irrelevant messages.
10. Students may not use DNUSD/DNCOE technological systems or devices for private gain or any commercial purpose.
11. Students must always adhere to the license agreements for installing/copying software that is purchased by the school.
12. Students may not use personal technological devices during the school day, unless they are being used for an academic purpose with the express permission of a faculty member in a designated area. These items include but are not limited to portable audio and video players, laptops, e-Readers, tablet computers and cell phones. Students in grades 9-12 are allowed these devices after the end of 7<sup>th</sup> period, but they must refrain from their use in academic areas.

Continued on back

13. Students are expected to review their DNUUSD or DNCOE email daily. Faculty and administrators use email to communicate with students and for official notices.

Consequences of violating these policies will be in keeping with the school's disciplinary system. For violations, access to technology may be revoked for a period of time in addition to probation, suspension, or expulsion from school.

Please fill out the information below and return this form to your child's school. The above information is available in the Parent/Guardian handbook for future information.

\_\_\_\_\_  
Student's Legal Name (please print) \_\_\_\_\_  
Age \_\_\_\_\_  
Grade:

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature \_\_\_\_\_  
Date

I have read, and agree to the Acceptable Use Agreement for my child named above.

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian (or student age 18 or over) Signature \_\_\_\_\_  
Date

**DEL NORTE UNIFIED SCHOOL DISTRICT  
ONLINE SERVICE AGREEMENT AND APPLICATION FOR ONLINE ACCESS  
AND GOOGLE APPS FOR EDUCATION PERMISSION**

My child and I have read the Student Online Use Rules document and the Google Apps for Education information, and understand them. We agree to adhere to the principles and procedures detailed within. We understand and accept the conditions stated above, and agree to hold blameless, and release from any liability, the DNUUSD/DNCOE, the sponsoring school, and employees.

I understand that my child is expected to use good judgement and follow the attached Student Online Use Rules in making electronic contact with others.

Should my child breach the Student Online Use Rules, I understand that my child may lose all online access privileges, and will be subject to district/school discipline policies.

\_\_\_\_\_  
Student's Legal Name (please print) \_\_\_\_\_  
Age \_\_\_\_\_  
Grade

\_\_\_\_\_  
Student's Signature \_\_\_\_\_  
Date

I give my permission for my child to use Google Apps at school.

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian (or student age 18 or over) Signature \_\_\_\_\_  
Date



**DEL NORTE UNIFIED SCHOOL DISTRICT  
DEL NORTE COUNTY OFFICE OF EDUCATION**

Jeff Harris, District and County Superintendent  
301 W. Washington Boulevard, Crescent City, CA 95531  
Office: (707) 464-0200 Fax: (707) 464-0238



Board Members: Don McArthur Area 1    Angela Greenough Area 2    Frank Magarino Area 3    Charlaine Mazzei Area 4    Jamie Forkner Area 5

**ELECTRONIC NOTIFICATION OPT-IN FORM**

Dear Parent/Guardian:

Effective January 1, 2013, the law allows parents to choose to receive the Annual Notice to Parents/Guardians in an electronic format. Our Annual Notice is now placed on our district Web site at [www.dnused.org](http://www.dnused.org) We will also e-mail it to any parent/guardian wishing to receive it via email.

If you have access to the web or an e-mail account, please consider the electronic notification option, which will decrease the burdensome costs of printing and distributing the Annual Notice to every parent/guardian at the start of each new school year. This simple act of electing to receive the Annual Notice by viewing our Web site or receiving it via email will save tax dollars and trees. If you ever change your mind and wish to receive the Annual Notice via regular postal mail, you may easily do so by contacting the District Office at (707) 464-6141.

If you agree to receive the Annual Notice in an electronic format, please sign and date below and then return this form with your 2022-23 Annual Notice Parental Acknowledgment form. This change will take effect for the 2022-23 Annual Notice and you will continue to receive the Annual Notice electronically each subsequent school year, unless you notify the District Office. If you would like further information about this change, please contact the District Office at (707) 464-6141.

I choose to receive future Annual Notices in an electronic format.

- I will visit the District's Web site at [www.dnused.org](http://www.dnused.org) and will review the Annual Notice to Parents/Guardians. I will also print the Parental Acknowledgement, sign and date the Acknowledgement, and will return it to my child's school.
- I will visit the District's Web site at [www.dnused.org](http://www.dnused.org) and will review the Annual Notice to Parents/Guardians but I would like a pre-printed copy of the Parental Acknowledgement form to sign and return.
- I would like the Annual Notice to be e-mailed to me. My email address is: \_\_\_\_\_  
I will review the Annual Notice to Parents/Guardians once it is emailed to me. I will also print the Parental Acknowledgement, sign and date the Acknowledgement, and will return it to my child's school.
- I choose to continue to receive the Annual Notices and Parent/Guardian Handbook and the Parental Acknowledgement form in paper copy.

Please mark your choice above and return this form to your child's school by Friday, September 2, 2022.

**Please apply this to my child:**

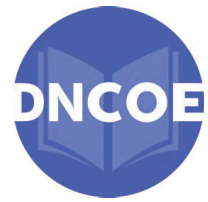
Name of Student \_\_\_\_\_ School \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_





DEL NORTE UNIFIED SCHOOL DISTRICT  
 DEL NORTE COUNTY OFFICE OF EDUCATION  
 Jeff Harris, District and County Superintendent  
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 Crescent City, CA 95531  
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### Housing Questionnaire

Student Last Name	First	Middle

**Name of School:**

The information provided below will help the LEA determine what services you and/or your child may be eligible to receive. This could include additional educational services through Title I, Part A and/or the federal McKinney-Vento Assistance Act. The information provided on this form will be kept confidential and only shared with appropriate school district and site staff.

Presently, are you and/or your family living in any of the following situations? *Check all that apply.*

- Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or Federal Emergency Management Agency (FEMA) trailer
- Sharing housing with other(s) due to loss of housing, economic hardship, natural disaster, lack of adequate housing, or similar reason
- Living in a car, park, campground, abandoned building, or other inadequate accommodations (i.e. lack of water, electricity, or heat)
- Temporarily living in a motel or hotel due to loss of housing, economic hardship, natural disaster, or similar reason
- Living in a single-home residence that is permanent
- I am a student under the age of 18 and living apart from parent(s) or guardian

*The undersigned parent/guardian certifies that the information provided above is correct and accurate.*

Print Parent/Guardian Name	Signature	Date

Phone Number	Street Address	City	State	Zip

Your child or children may have the right to:

- Immediate enrollment in the school they last attended (school of origin) or the local school where you are currently staying, even if you do not have all the documents normally required at the time of enrollment.
- Continue to attend their school of origin, if requested by you and it is in the best interest.
- Receive transportation to and from their school of origin, the same special programs and services, if needed, as provided to all other children, including free meals and Title I.
- Receive the full protections and services provided under all federal and state laws, as it relates to homeless children, youth, and their families.

Please list all children currently living with you.

Name	Gender	Birthdate	Grade	School

If you have any questions about these rights, please contact your LEA's Homeless Liaison:

Jennifer Velasco

707-464-0731

[jvelasco@dnusd.org](mailto:jvelasco@dnusd.org)





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Bess Maxwell



Del Norte Community



Mary Peacock



Smith River



Sunset High



Joe Hamilton



Margaret Keating



Mountain School



Pine Grove



Redwood Elementary



Crescent Elk



Del Norte High School

Dear Parent or Guardian:

We are pleased to inform you that Del Norte County Unified School District (DNCUSD) will be participating in the Community Eligibility Provision (CEP) option available to schools as part of the National School Lunch and School Breakfast Program for the school year 2022-2023.

The **GREAT NEWS** is that **ALL** students enrolled in our K-8 Schools, Del Norte High, Sunset High and Del Norte Community are eligible to receive a healthy breakfast and lunch at **NO CHARGE** to your household each day of the 2022-2023 school year. We will need your help to ensure adequate funding is available to support educational programs that directly benefit your child.

**Please complete and sign the Educational Benefit Form**, which is needed for administrative reporting purposes. This survey allows our school to benefit from various State and Federal supplemental programs that are tied to the Local Control Funding Formula (LCFF) like Title I, Title II, E-Rate, etc.

This form is critical in determining the amount of funding the school receives from a variety of supplemental programs. The Educational Benefit Form will be available from your student's school site with the Back to School materials. The Form is also available online and can be accessed on the district and Nutrition Services web sites. All information on the Form submitted is confidential and it is unlawful for the District to share without your permission. Without your assistance, our schools cannot maximize utilization of available State and Federal Funds and our ability to provide **FREE MEALS TO ALL STUDENTS MAY BE JEOPARDIZED.** We ask that you please complete and return the Educational Benefit Form as soon as possible after receiving it and/or go online at [delnortenuitration.org](http://delnortenuitration.org) to complete the online version.

Please call Nutrition Services with any concerns or questions at 464-0246.

Thank you,

Julie Clark  
Director, Nutrition Services

## Del Norte Schools Educational Benefit Form 2022-2023

**SECTION A:** Please enter the names of **all children** in the home.  
**This application qualifies ALL Del Norte County students.**

STUDENT/CHILD INFORMATION			FOODSTAMP/ CALWORKS/ FDPIR		FOSTER CHILDREN	
Last Name	First Name	Grade/School	Circle	If yes, write case #	Circle	If yes, include personal use income
			Yes / No		Yes / No	
			Yes / No		Yes / No	
			Yes / No		Yes / No	
			Yes / No		Yes / No	
			Yes / No		Yes / No	

**IF YOU ENTERED A CASE NUMBER OR CIRCLED YES FOR FOSTER CHILD, PLEASE SKIP TO SIGNATURE LINE IN SECTION C. THANK YOU!**

**SECTION B:** All adults in home must be listed. If there is no income, please write \$0.

**NOTE:** If you enter 0 or leave ANY fields blank, you are certifying (promising) that there is no income to report

FULL NAME	GROSS MONTHLY EARNINGS	PENSION, SSI, RETIREMENT	WELFARE BENEFITS, CHILD SUPPORT	ANY OTHER MONTHLY INCOME	TOTAL MONTHLY INCOME

**SECTION C:** By signing below, I certify that all information is true and correct.

Signature:	Date:	Phone:
Printed Name:		
<b>Total Family Size =</b> (Please include all adults and children)		