



Hillsides
Education Center

Enrollment Information

Student Name: _____

DOB: _____ Gender _____ Grade: _____

District: _____ Race: _____

Preferred Language: _____

Parent/Guardian: _____

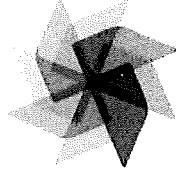
Parent/Guardian: _____

Home Address: _____

Home Number: _____ Cell: _____

Email: _____

Misc: _____

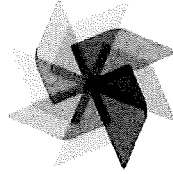


Hillsides

Education Center

Emergency Information

Student Last Name	First	Middle Initial	Home Phone:	
Birthdate	Teacher Name:		Home Language:	
Student Home Address:	Apt#:	City	Zip Code	
Father/Guardian	Last	First	Contact #	Email:
Occupation	Business Phone			
Mother/Guardian	Last	First	Contact #	Email:
Occupation	Business Phone			
DayCare/Afterschool	Last	First	Address	Phone
HEC administration, in case you are unable to reach a parent/guardian during any emergency, you are authorized to contact and if necessary release my student to any of the following::				
Name	Address	Relationship	Phone	
Name	Address	Relationship	Phone	
Name	Address	Relationship	Phone	



Hillsides
Education Center

OFF GROUNDS PERMISSION SLIP

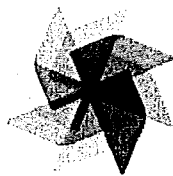
Throughout the year, your child will be participating in various off-ground activities. These activities are an enriching and exciting part of our academic program.

We need your permission to allow your child to participate in these special events. Signing this document also will allow the Hillsides staff to gain medical treatment if your child is injured. Thank you for your cooperation in this matter.

I give permission for _____ to attend off-grounds activities with the Hillsides Education Center Staff. I further give permission for staff to seek medical treatment in the event that my child is injured.

Parent/Guardian

Date



Hillsides

Education Center

STUDENT HEALTH FORM

To: Parents or Guardians

From: Hillsides Nursing Staff

Please read and complete the following form. This will help assure that your child can receive the best quality care from our nursing staff while attending Hillsides Education Center.

Students Name: _____ Birthdate: _____
 Address: _____ Phone: _____
 City/ State: _____ Zip: _____

Allergies:

Please describe reaction and approx, date of last allergic reaction

Penicillin: _____ Other Meds: _____ Does child wear emergency bracelet? _____

Foods: _____ Reactions: _____

Bee Stings: _____ ER visit after sting? _____

Has child ever used Epi-pen for emergency reaction? _____

If so you must provide HEC with Epi-pen for use in case of emergency, will be stored in nurses office

Seizures / Epilepsy /Convulsions: _____ Last seizure: _____

Diabetes: _____ Special diet? _____

Asthma: _____ Does child have rescue inhaler? _____ How often used _____

Heart problems: _____

Operations or recent serious injuries: _____

Any limitations in physical activity: _____

Please provide updated copy of your child's immunizations.

Please list medications taken. Please list all medications even those, which will not be administered during school hours. Turn sheet over if more room is needed. If you need help filling out this section you can bring in prescription or medication containers and we will fill out for you. Thank you for your co-operation

Medication: _____ Dose Prescribed: _____

Times Given: _____ Side effects noted? _____

Reason for medication: _____

How long has child been on med? _____

Medication: _____ Dose Prescribed: _____

Times Given: _____ Side effects noted? _____

Reason for medication: _____

How long has child been on med? _____

Medication: _____ Dose Prescribed: _____

Times Given: _____ Side effects noted? _____

Reason for medication: _____

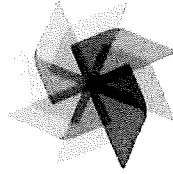
How long has child been on med? _____

Is there anything we should know about your child to help us better care for him/her? _____

Thank You, Hillside Nursing
323 254-2274 ext 250 or ext 257

Hillside has permission to dispense the medication listed above:

Parent Signature Date:



Hillsides
Education Center

Medical Standing Orders

Dear Parent or Guardian of _____,

Please check (✓) boxes below for medications you wish your child to receive during school hours if necessary. You will be notified by a note home when medication has been administered by Hillsides Nursing Staff to your student while at school.

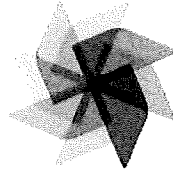
Please note: Medication cannot be given without this form on file.

Thank you.

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Tylenol (Acetamenophen) in age/ size appropriate dosage every 4 hrs. as needed for headaches, cramps, or minor pain or temp. of 100 or above.
<u>Note: parent will be advised of any child with a fever so arrangements can be made for child to return home.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | Advil 200 mg tabs 1-2 every 4 hrs as needed for severe menstrual cramps. |
| <input type="checkbox"/> | <input type="checkbox"/> | Robitussin syrup in age/size appropriate dose every 4 hrs for cough. |
| <input type="checkbox"/> | <input type="checkbox"/> | Dimeatapp elixir in age/size appropriate dose every 4 hrs for congestion. |
| <input type="checkbox"/> | <input type="checkbox"/> | Cough drop or throat lozenge every 2 hrs as needed for minor sore throat, throat pain, or cough |
| <input type="checkbox"/> | <input type="checkbox"/> | Bonine 1 chewable tablet ½ hour before outings for motion sickness. |

Parent/ Guardian Signature

Date



Hillsides

Education Center

Emergency Health, Medical, and Safety Parental Permission and Release Form

In the event my child/student becomes ill or sustains injury while in the care or under the supervision of Hillsides staff, they are given permission to administer first aid for relief. In the event of an emergency Hillsides will contact the student's family and licensed physician staff who can provide appropriate care if determined to be necessary. Hillsides has a nursing staff, who are consulted when students are ill, have had an injury, or medical care may be needed. Nursing staff has documentation forms that are sent home if a student visits or is seen by the nurse for care.

Name of Student

DOB:

Parent/Guardian Signature

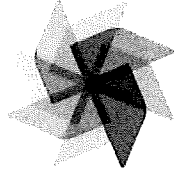
Date:

Medical Contact Information:

Current Doctor: _____

Medical Insurance: _____

Phone Number: _____



Hillsides

Education Center

To: All Parents/Guardians

RE: New Students Registration Information/Annual Information Update

student Name: _____ Grade: _____ Classroom _____ Teacher:

Date: _____

Parents, guardians, and students, we are excited for this opportunity to work with you in helping to achieve school success. HEC strives to create lasting change enabling students to find success beyond the doors of Hillsides. In order to being our process and appropriately serve our students and families, we are required to maintain accurate, updated information on all students who attend the Hillsides Education Center.

It is of the utmost importance that this packet be filled out and returned to the school before your student begins within the school. Specific information is mandatory in order for your child to be eligible to begin and participate within the Hillsides Education Center.

The following forms are to be returned:

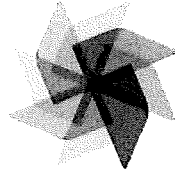
put "X" next to each item placed in folder

1. _____ Registration Information/Packet
2. _____ Immunization Record (TB text must be taken within last 3 years otherwise need a new)
3. _____ Student Health Form
4. _____ Medical Standing Orders, if applicable
5. _____ Emergency Health and Safety Permission and Release
6. _____ Transportation Information
7. _____ Off-Grounds Permission
8. _____ School Lunch/Breakfast Program
9. _____ Child Abuse Information
10. _____ Social Security Number
11. _____ Change in Residence Notice
12. _____ Polices on Sexual Harassment
13. _____ Pro-Act Acknowledgement
14. _____ Dress Code for Students
15. _____ Consent for testing

We also have included a booklet that will provide you with information regarding the Hillsides Education Center program. In addition, attached is a school calendar and notice of our minimum day schedule for the upcoming school year.

We appreciate your interest in our school program and look forward to working with you and your student. If any assistance is needed in completing this form, please feel free contact us directly. We appreciate your cooperation. For additional information, please visit our website at www.hillsideseducationcenter.org

Thank you,
The Hillsides Education Center
323-254-2274



Hillsides
Education Center

Transportation Contract

Student Name: _____

Parents/Guardians and Students:

The Hillsides Education Center provides daily transportation for some of its students. HEC also provides transportation for school related activities. Transporting students is a responsibility taken very seriously at Hillsides. For safety reasons, violations of any of HEC regulations concerning behavioral expectations will result in immediate actions and/or consequences. Failure to comply with these guidelines may lead to a formal meeting with the parent/guardian of the student with school administrators, or the possibility of restriction of the student from transportation in HEC vehicles.

Please review the following list of rules with your student:

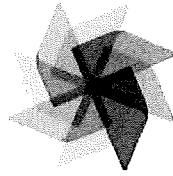
1. Physical contact of any sort (violent or sexual) is forbidden. No hitting, kicking, touching, etc.
2. Students must be seated properly at all times, including use of seat belts, with arms, head, and legs within the vehicle.
3. No yelling, profanity, teasing, or threatening is allowed in the vehicle.
4. No eating or drinking is permitted in school vehicles. All trash and personal items must exit with the student.
5. The golden rule: Follow directions from the driver at the first request.

I have read and will comply with all Hillsides Education Center transportation rules.

Student Signature

Parent/Guardian Signature

Date:



Hillsides

Education Center

Transportation Information

The Hillsides Education Center offers daily door-to-door transportation for students from several of our local school districts. Please review with Hillsides Education Center administration and your district the availability of this service.. Students will be transported by Hillsides staff in Hillsides vehicles. An adult or caregiver must be present at the time of pick-up and drop-off. Students age 15 and above can be exempt from this, but written permission must be provided by the guardian. Morning pick-up is generally between 7:15-7:45am, and drop-off occurs between 2:30-3:15pm. If your student does not need transportation on a given day, please call the school before 6:30am, 323-254-2274, ext. 203 or 204.

Student Name: _____

Pick Up Address: _____

Drop off Address (if different): _____

Phone Number: _____

Alt. Phone Number: _____

Emergency Locations:

Name: _____

Relationship: _____

Address: _____

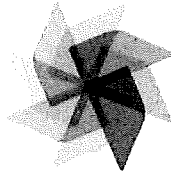
Phone Number: _____

Name: _____

Relationship: _____

Address: _____

Phone Number: _____



Hillsides Education Center

Pick-up and Delivery Guidelines

Parents that are responsible for the transportation of the student to and from HEC must adhere to HEC's operating schedule:

1. Students are not allowed to be dropped off at school before 7:45am.
2. Students must be dropped off at a school entrance with a school employee or parent must walk inside with the student to the appropriate classroom.
3. Parents will pick up students by 2:20pm (12:30pm on minimum days).

For students that are transported by HEC:

1. It is the policy of HEC that a student will not be delivered to anyone that is not the student's parent or guardian or an authorized agent of the parent or guardian. HEC must have the names of authorized agents before they attempt to pick-up/receive a student.
2. HEC will not drop off a student to a home without an adult without prior authorization from a parent or guardian.
3. HEC needs to be notified as soon as possible if a student being transported by HEC will not be attending school.
4. HEC will establish a route schedule and adhere to that schedule. Parents should have students ready at the assigned time in the morning and have an adult home to receive the student in the afternoon.
5. Parent must fill out all transportation forms before the student is permitted to ride in any HEC vehicle.

For students transported by Bus or Private Transport Company:

1. All students will meet their transportation only in designated pick-up/drop-off locations.
2. Staff will accompany all students from drop-off to class or from class to pick-up.

- 3. Incidents occurring on the transportation will be documented and reviewed by the school, the district and the IEP team.

For any student transported in their own vehicle:

- 1. Only students with a valid California Driver’s License may drive themselves to school.
- 2. Parents/Guardians must notify HEC and sign a permission form.
- 3. Student may not park on campus, street parking only.
- 4. Student may not at any time transport any other HEC student to or from any event that is related to school.
- 5. If at any time the student AWOLs and uses the vehicle as part of an AWOL, student will lose all driving privileges.

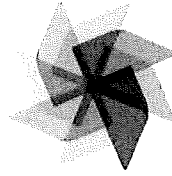
If you have any questions or concerns about the transportation's guidelines, please call (323) 255-0978 ext. 202 for clarification.

- I have read and comply with all Hillsides Education Center attendance guidelines

Student Name ; _____

Signature

Date



Hillsides

Education Center

Policies on Student-to-Student Sexual Harassment

Definition of law:

“Prohibited sexual harassment includes, but is not limited to, unwelcome sexual advances, requests for sexual favors, and other verbal, or physical conduct of a sexual nature...” (Education Code 212.5)

Everybody, adults and, Children, must obey this law. Since it is a federal law everyone in the country must follow it.

The following behaviors are prohibited at HEC:

1. Making sexual comments.
2. Touching another person’s body in a sexual manner.
3. Telling sexual jokes.
4. Making sexual gestures.
5. Telling stories about another’s sexuality.
6. Drawing sexual pictures.
7. Making comments about another person’s body.
8. Any sexual behavior that is interpreted as unwelcome.

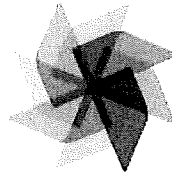
If something happens to you in school:

1. Tell a school staff immediately!!
 - a. Immediate steps will be taken to protect you from that person.
 - b. The incident will be investigated to make sure that it stops.

Student Name ; _____

STUDENT SIGNATURE

DATE



Hillsides

Education Center

Policy and Contract on Anti-bullying

Background:

Assembly Bill 79 (2001) requires all school districts to develop a policy for the prevention of bullying, as well as on conflict resolution. All schools are required to promote among students and staff mutual respect, tolerance, and acceptance.

Definition:

Bullying is a form of aggression in which a stronger or more dominate person or a group or persons hurts or intimidates a weaker person by means of a physical or verbal act that is intentional on the part of the perpetrator but is unwanted and unprovoked on the part of the recipient. Bullying may involve direct physical force or may be carried out in more indirect ways such as manipulating friendships, ostracizing classmates, or spreading rumors. Bullying can be limited to a single incident, however, generally involves repeated harmful actions, such as follows:

- Physical bullying involves punching, shoving, poking, kicking, tripping, hair pulling, biting, or inappropriate touch, such as tickling.
- Verbal bullying involves hurtful name-calling, teasing, or gossiping
- Emotional (psychological) bullying may include, but is not limited to, rejecting, terrorizing, humiliation, manipulating friendships, isolating, ostracizing, using peer pressure, or ranking personal characteristics, such as race, disability, ethnicity, or perceived sexual orientation.
- Sexual bullying involves sexual harassment
- Retaliation after bullying may involve spreading rumors, following the person, or destroying property against the victim.

(Adapted from LAUSD, Bulletin No. N-22, Sept, 2002)

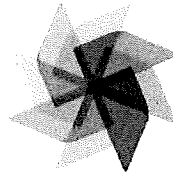
Student Rights and Staff Responsibilities

- A student has the legal right to report an incident(s) of bullying without fear of reprisal or retaliation from the bully or anyone else
- School staff must discuss with their students the anti-bullying policy and strategies to prevent bullying
- Corrective actions will be taken to effectively help both the victim and the bully

Student Name ; _____

Student Signature

Date:



Hillsides Education Center

BULLYING AND SEXUAL HARASSMENT

One of the goals of Hillsides Education Center is to foster a safe and positive school environment for its students. Students have a right to participate in school activities in an atmosphere free from Bullying and Sexual Harassment. Students also have a responsibility to treat everyone in their community with respect and to not engage in harassing behaviors that are unwelcome or offensive to others. Any form of bullying, sexual harassment or sexual violence will not be tolerated in HEC.

Any unwanted or unwelcome attention in school or at school-related activities can be considered bullying. Behavior may be considered harassment if the other person feels uncomfortable or threatened or if the person tells the harasser to stop the behavior and the harassment continues. Bullying and sexual harassment can take many forms. It may be:

- **Physical.** For example:
 - Standing in someone's way or standing too close or impeding their freedom of movement
 - Bumping into someone or brushing against the person on purpose
 - Hitting, kicking, biting or other threatening physical contact
 - Patting, hugging or kissing
 - Grabbing, touching, or pinching

- **Verbal.** For example
 - Threats or insults
 - Comments about person's body
 - Sexual jokes, suggestions, or remarks
 - Sexual stories or rumors
 - Pressure to go out on a date
 - Whistle or rude noise

- **Nonverbal.** For example
 - Staring at someone's body
 - Notes, letter or graffiti
 - Sexual pictures/photographs, drawing, poster or offensive notes
 - Mimicking or pantomiming in a insulting way or of a sexual nature
 - Mimicking or pantomiming in a threatening way.
 - Gesture or looks such as winking or making suggestive body movements

Any student who believes that he or she is the victim of bullying or sexual harassment should report the incident to school authorities as soon as possible. Since sexual harassment is unacceptable and illegal, students engaged in such acts of misconduct will be disciplined and may be referred to the appropriate law enforcement official for further investigation and/ or legal action.

The range of consequences and/or corrective measures which may be used by school officials for students engaged in bullying or sexual harassment includes but is not limited to:

- An apology to the victim (written or verbal)
- Barred from participating or attending extracurricular activities
- Counseling

- Detention
- In-school suspension
- Out-of school suspension
- Parent conference
- Referral to school police liaison officer (Child Services and School District)

On a student's first instance of bullying, he/she will meet with the principal or designee and review the situation, develop a plan to not have the situation repeat, parents/caregivers will be notified, and the student will be informed to cease all bullying behaviors.

On a second instance, the student will be suspended from class for one day and parents/caregivers will need to attend a meeting with the offending student, the principal or designee, and the classroom teacher. At that time a comprehensive plan will be developed to stop the behaviors.

If a third instance arises, the student will be suspended from class for two days, parents/caregivers will need to meet with the principal or designee and alternate educational arrangements will be made for that student.

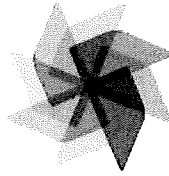
If you have any questions or concerns about the bullying and sexual harassment guidelines, please call (323) 255-0978 ext. 202 for clarification.

- I have read and comply with all Hillsides Education Center attendance guidelines

Student Name ; _____

Signature

Date



Hillsides

Education Center

Media Release Form

The Hillsides Education Center has several exciting academic and enrichment activities, events, and trips throughout the school year. During these many activities photographs may be taken to document the school, program, and year for the students. HEC maintains a current website and sends out informational materials. This form asks permission to use your student's image in HEC produced materials. You have the right to grant permission, or deny permission. Any photograph taken will be screened through Hillsides development to ensure permission has been granted before publishing a photograph.

_____ I grant permission for Hillsides and the Hillsides Education Center to use images and photographs of my son/daughter for materials regarding Hillsides and its programs.

_____ I do not wish for my son/daughter's photograph to be used in Hillsides materials

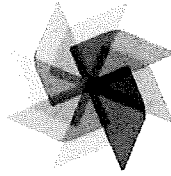
Student Name ; _____

Parent Signature

Date

Student

DOB



Hillsides
Education Center

**CHANGE IN RESIDENCE
NOTICE TO PARENTS**

_____ school district/county office education/ SELPA (special education local plan area) has contracted for your child _____ to be educated in our non public school.

Your local school district is responsible for the education of your child and has entered into a contract with our nonpublic school to provide the needed services. This contract for education services is solely between the local school district and our nonpublic school, and does not obligate any other school district or public agency to continue to provide these services in case of a move.

Failure to notify the nonpublic school of the changes in your residence may result in your being responsible for payment for the educational services provided.

I have read this notice and understand that failure to notify the nonpublic school of a change of address may result me having the responsibility for the non public school cost.

Parent/Guardian Signature

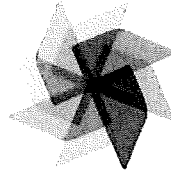
Date

Parent/Guardian Signature

Date

Nonpublic School Representative

Date



Hillsides

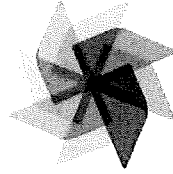
Education Center

Social Security Number

School districts require that the Hillsides Education Center provide them with the social security numbers of all students enrolled at this school. Please provide the information below:

Name of Student: _____

Social Security Number: _____



Hillsides
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Private and Confidential Communication

Student communication shall adhere to Education Code 56366.12: A nonpublic, nonsectarian school shall ensure private and confidential communication between a pupil of a nonpublic, nonsectarian school and members of the pupil's individualized education program team, at the pupil's discretion.

Upon enrollment at Hillsides Education Center students and parents/guardians will be notified of this Code and sign a copy of the following form indicating that they have received the information.

Protected communications of this document do not extend to any topic not specifically covered within the text of the IEP. Likewise any communication that indicates immediate harm to another person (student, faculty, community member, etc.) or any communication that indicates immediate harm to self is not protected.

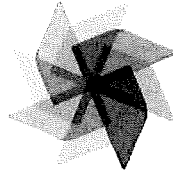
EC 56366.12

I have read and received a copy of this notification and reviewed it with a member of the Hillsides Education Center

Student Name ; _____

Student Signature

Date:



Hillsides

Education Center

ATTENDANCE POLICY

Students are required to attend school daily. Attendance is critical to academic achievement and behavioral growth. Students are excused from school for illness, medical appointments and family crises.

Parents/Guardians are responsible for proper notification of when and why your child is absent. You must notify us before the start of school (8:00 a.m.). If your child receives transportation services, you must also notify your school district or notify Hillsides if we provide your child's transportation.

- To notify the teacher that your child will be absence, please call:
(323) 254-2274 ext. 1202
- To notify Hillsides transportation, please call:
(323) 254-2274 ext. 1202 no later than 6:30 am

If your child misses two or more days of school it is critical that we request make-up assignments so child doesn't fall behind.

The school monitors student attendance very closely and report excess unexcused absences to your school district. Please be aware that after three consecutive absences without a notification from the parent/guardian or written excuse from the child's doctor, we will notify the School District. We will request a meeting with you and the school for chronic attendance problems.

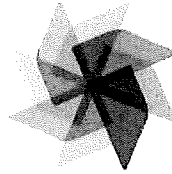
If you have any questions or concerns about the attendance guidelines, please call (323) 255-0978 ext. 1202 for clarification.

- I have read and comply with all Hillsides Education Center attendance guidelines

Student Name ; _____

Signature

Date



Hillsides

Education Center

CHILD ABUSE INFORMATION

School staff are legally mandated to report suspected child abuse and neglect to the Department of Children's Services.

The Department of Children's Services list the following physical indicators of possible child abuse.

- Bruises or welts on the body or the face
- Burns
- Fractures
- Lacerations and abrasions
- Human bites marks
- Childs states he/she has been sexually assaulted

If the staff have a "reasonable suspicion" that a physical injury was "inflicted by other than accidental means" on a child, they must call the Child Abuse Hot Line or the police.

Indicators of neglect:

- Constantly dirty, unwashed, hungry, or inappropriately dressed.
- Unsupervised for extended periods of time or engaged in dangerous activities.
- Has unattended physical problem or lacks routine medical care.

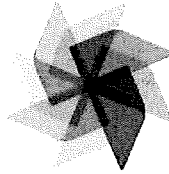
If you have any questions about the Child Abuse Reporting Law, please call us, or the Child Abuse Hotline.

I _____ understand that if the Hillsides Education Center has a reasonable suspicion that my child is in a situation of abuse or neglect, than an official report will be made to the Department of Children's Services.

Name of Child

Parent/Guardian Signature

Date



Hillsides

Education Center

Consent for Testing

The Hillsides Education Center is a special education day school that meets the individual academic and social-emotional needs of our students. In order to best meet the individual needs of students, at times we may want to assess our students academic levels. This can act as a way to determine educational planning based off of state standards, or to measure and assess student academic growth over time. The following is a list of academic assessments that we may potentially use:

- KTEA
- Brigance
- WRAT

_____ I give HEC permission to assess my child for academic planning

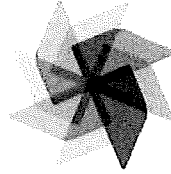
_____ I give HEC permission to assess my child, but would like to be called prior to discuss the intended test and purposes

_____ I do not give HEC permission to assess my child

Student Name ; _____

Parent/Guardian Signature

Date



Hillsides Education Center

HEC Dress Code and Uniform Policy

HEC has a dress code policy so that we can ensure safety and focus on learning. Below are some guidelines around appropriate dress for the school environment and appreciate everyone's support in helping our students meet the demands of the school day. In addition to the outlined dress code, additional options, such as students advancing in our GROWTH program, which creates access to more color options, based on the color of the student step. In addition, students can wear Hillsides or HEC clothing and T-Shirts at any time.

Shirts:

T-Shirts (long sleeved or short sleeved), hoodies, sweaters, and/or sweatshirts must be solid color, white, red, or black with no logos, designs or patterns except for HEC/school logos. Dress shirts, collared shirts, or polos are acceptable in any color or pattern as long as they are worn appropriately.

Pants:

Slacks, jeans, and shorts can be worn to school as pants. No sagging allowed, and pants should be worn appropriately. Pants should not be torn or fitted. Skinny jeans, leggings, jeggings, tights, and yoga pants, may not be worn as pants. Skin tight clothing should not be worn by students and staff will use judgment, as interpreted by administration to determine if pants are appropriate to wear in school. Slacks may be worn as well and are encouraged, in any color. If students are wearing inappropriate pants, they will be asked to wear sweat pants.

Shorts/skirts:

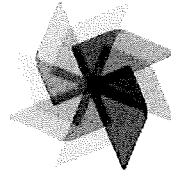
White, black, brown or tan/beige shorts. No sagging allowed, no short-shorts allowed, no mini-skirts allowed. Leggings or tights may be worn under shorts or skirts. All skirts and shorts must be no more than four inches above the knee.

Student Name ; _____

Student's Signature

Parent/Guardian

Date



Hillsides Education Center

School Calendar, Minimum Days, and Daily Information

Calendar:

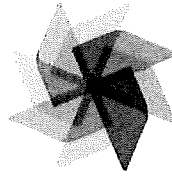
The Hillsides Education Center follows a 180 day school calendar. The academic calendar for this school year is attached to this intake packet. HEC most closely follows Pasadena Unified academic calendar. In the event of emergency or school closure, HEC generally follows Pasadena. If there is question on a given day, please contact the school directly, 323-254-2274, ext. 202

Regular School Days

School runs from 8am to 2:20pm for high school students and 8am to 2:00pm for elementary (K-8) students. Students participate in 6 academic classes daily. A snack is served during the morning (approximately 10am, depending on group), and lunch is mid-day in shifts. Lunch is free for the students of HEC. HEC does need a returned lunch form, regardless

Minimum Days

The Hillsides Education Center has 1 minimum day a month. Minimum days allows for ongoing training for the staff of HEC. Generally the minimum day is the 3rd Wednesday of the month. If there is an exception, HEC notifies families. The minimum day schedule runs from 8am to 12:30pm. Transportation should be arranged accordingly. Snack and lunch are provided on minimum days.



Hillsides

Education Center

Medication Policy for Off-Grounds Students

Hillsides Nurses will administer medications to students at HEC, as prescribed, providing the following criteria are met:

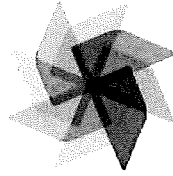
1. Medication must be in the original pharmacy container with a prescription label
2. Written form provided by school must be filled out by the parent/guardian which states how medication is to be given, with directions matching the prescription label

Whenever a medication change occurs, a new prescription and labeled bottle must be brought to the nurse's office.

Medication Cannot be accepted if:

1. In a bag or envelope
2. Hand-marked by parent or guardian

*Please do not give your student his/her medication to bring to school. Medication should be brought to the office by the parent/guardian, or handed to the driver.



Hillsides
Education Center

HILLSIDES SCHOOL WELLNESS POLICY

Purpose and Goals

Hillsides recognizes that good nutrition and physical activity are essential for students to maximize their full academic potential, reach their physical and mental potentials, and achieve lifelong health and well-being. A responsible approach to nutrition and physical activity promotes healthy weight maintenance and reduces the risk of many chronic diseases, including asthma, hypertension, heart disease, and Type 2 diabetes.

Hillsides' has a responsibility to culture a school environment that helps students learn and maintain lifelong healthy eating and lifestyles habits. Many factors play a role in achieving a healthy school environment, including foods and beverages available to students while at school, nutrition education, opportunities for physical activity, and other school-based activities designed to promote student wellness.

Hillsides has established a Wellness Committee designed to optimize the health and well being of students, and fulfill the requirements of The Child Nutrition and WIC Reauthorization Act of 2004.

Nutrition Standards for All Foods Available during the Day

The school meal program will operate in accordance with the National School Lunch and Breakfast Program standards. Hillsides offers varied and nutritious food choices that are consistent with the federal government's current Dietary Guidelines for Americans and meet all legal requirements set forth by the government. School meals will be prepared in appealing ways that retain nutritive quality and foster lifelong healthful eating habits. Meals are served in age appropriate quantities, in pleasant surrounding with adequate seating and supervision while providing time to eat, relax, and socialize.

Hillsides contracted food service company (Chartwells) has established and implemented a food safety program for the preparation and service of school meals based on the Hazard Analysis and Critical Control Point principles (HACCP) in accordance with the Reauthorization Act of 2004.

Nutrition Education Goals

Student will have the opportunity to participate in a variety of classroom nutrition education learning experiences that include the following.

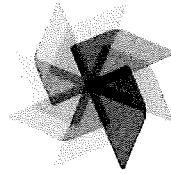
Nutrition knowledge: benefits of eating healthy, nutrients, deficiencies, safe food preparation, and healthy weight management.

Nutrition related skills: planning a healthy meal, using food labels, evaluating food labels.

Assessment of personal eating habits: goals for self-improvement, planning.

In accordance with Federal Law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

If you feel you have been treated unfairly, you may file a complaint of discrimination by writing, USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington D.C 202-250-9410 or call toll free (866) 632-9992 (Voice). Individual who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Services at (800) 877-8339; or (800) 845-6135 (Spanish). USDA is an equal opportunity provider and employer.



Hillsides Education Center

SCHOOL WELLNESS POLICY **Physical Activity Goals**

Hillsides students are given opportunities for physical activity during the school day through P.E. classes, walking programs, and integration of physical activity into the academic curriculum. Students are also given the opportunity for physical activities after school by participation in school sponsored Athletic Teams and in the Day Rehab program. Time allotted for physical activities are consistent with the Reauthorization Act of 2004 regulations meeting the required 60 minutes per day. Hillsides' provides a positive physical and social environment that encourages safe and enjoyable activity for all students.

Goals for Other School-Based Activities Designed to Promote Student Wellness

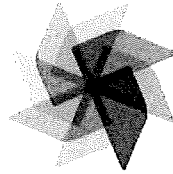
Hillsides staff are encouraged to include and support healthy food offerings at school parties and other functions to support a healthy environment. Staff are encouraged to support the nutrition education efforts by considering nutritional quality when selecting any snack for such events.

Goals for Measurement and Evaluation

Hillsides Director of Education/Assistant Director will ensure compliance with the Wellness Policy in the school.

Director of Operations along with Chartwells Food Service will ensure compliance with the Wellness Policy in the food service department.

The Wellness Committee reviews and oversees the policy and implementation. Periodic reviews include comments and input from teachers, childcare workers, and children



Hillsides

Education Center

Dear Parent or Guardian,

Attached to this intake packet you will find a school lunch form. Hillsides is an equal opportunity provider. It is important that you take time and fill out the attached application form. At times, people are concerned with the amount personal information collected on the school lunch form, including social security number and income. Please be assured that all personal information collected is confidential and will not be shared:

- Free and reduced price meal applications are confidential. Your information will only be used to determine your child's eligibility for the school meal programs. We cannot share your information without your written permission
- Students who receive free and reduced meals are not identified. No other students, staff, or teachers need to know who is receiving free and reduced meals.

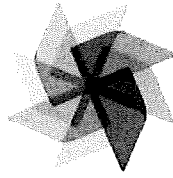
There are two important reasons to fill out this form:

- If your child qualifies for free or reduced lunches, he or she qualifies for free or reduced price breakfasts at school as well. We want to help your child eat healthy meals at school.
- Your child may receive other school benefits. The number of applications that are returned and approved can affect how much funding our school gets to help students meet academic benchmarks, including materials like books and computers.

Please take a few minutes to fill out this form. If you have any questions, please contact the school directly.

Regards,

Lupe Gonzalez
Director, HEC



Hillsides Education Center

SCHOOL LUNCH / BREAKFAST APPLICATION

Hillsides Education Center serves nutritious meals every school day and participates in the National School Lunch Program which provides federal cash reimbursement to assist in meeting the cost of meals provided to your children. Hillsides is an equal opportunity provider.

With supporting application, special cash assistant may be claimed by the school for meals served to children from families whose incomes is within the levels shown on the attached scale.

To assist us in claiming free or reduced price meals reimbursement, please fill out the attached application as soon as possible, sign it and return it to the school . Please answer all questions on the form(item 1 and 2 Section A; or Section B 1,2,3,4,; Section C and Section D is optional) Families whose income exceeds the level shown on the attached scale need no submit an application.

VERIFICATION: Federal regulations require that school must verify the income reported Information given may be checked by the school at any time during the school year.

REPORTING CHANGES: If your situation changes (i.e. household income goes up or down, job termination, increases of household members), an application must be filed

FOSTER CHILDREN: If you have foster children living with you, please contact the school and they will help you answer the questions on the application

NONDISCRIMINATION: In accordance with Federal Law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. If you feel you have been treated unfairly, you may file a complaint of discrimination by writing, USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington D.C 202-250-9410 or call toll free (866) 632-9992 (Voice). Individual who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Services at (800) 877-8339; or (800) 845-6135 (Spanish). USDA is an equal opportunity provider and employer.

CONFIDENTIALITY: The information you give to the school will not be giving to anyone who is not part of the school's meal program. The information you give will be used by the school only to claim special cash assistance for free or reduce price meals.

HOW TO APPLY FOR FREE AND REDUCED-PRICE MEALS

Please use these instructions to help you complete the Application for Free and Reduced-Price Meals. You only need to submit **one** application if your child attends more than one school in Hillside Educational Center. The Application must be complete to certify your children for free or reduced-price meals. Each step of the instructions is the same as the steps on your Application. If there are more household members than the number of children on the application, complete one application with all the required information. If at any time you are not sure what to do next, please contact Yolanda Villalpando

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION.

STEP 1: STUDENT INFORMATION

When completing STEP 1, please include **ALL STUDENTS** in your household who are:

- Students attending Hillside Educational Center
- Children age 18 or under AND are supported with the household's income (do NOT have to be related to you to be a part of your household)
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway

A) Student's name. Print the student's first, middle initial, and last name. Use one line per student.	B) School name and grade level. Print the name of the school the student will attend and his/her grade level.	C) Date
D) Do you have any foster children? If any foster children live in your household, check the "Foster Child" box next to the student's name. Foster children who live with you may count as members of your household and should be listed on your Application. If you are ONLY applying for foster children, complete STEP 1, and then continue to STEP 4.	E) Are any children homeless, migrant, or runaway? If any child in STEP 1 meets these descriptions, check the "Homeless, Migrant, or Runaway" box next to the student's name and continue to STEP 4.	

STEP 2: ASSISTANCE PROGRAMS: CALFRESH, CALWORKS, OR FDPIR

Your children are eligible for free meals if **ANY** household member (child or adult) currently participates in one of the following assistance programs:

- CalFresh
- California Work Opportunity and Responsibility to Kids (CalWorks)
- The Food Distribution Program on Indian Reservations (FDPIR)

A) If no one in your household participates in any of the above listed programs: <ul style="list-style-type: none"> • Leave STEP 2 blank • Go to STEP 3 	B) If anyone in your household participates in one of the above listed programs: <ul style="list-style-type: none"> • Check the applicable assistance program box • Enter a case number for CalFresh, CalWORKS, or FDPIR. • Go to STEP 4. Do not complete STEP 3.
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STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Review the charts below titled "**Sources of Income for Children**" and "**Sources of Income for Adults**," to determine if your household member is eligible for free or reduced-price meals.
- Report all amounts in **GROSS INCOME ONLY**. Report all income in whole dollars, do not include cents.
 - Gross income is the total income received before taxes
 - Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amount.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will be counted as zero income. If you are reporting income, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your income will be verified.
- Enter the appropriate pay period in the "How Often" column: W=Weekly, 2W=Bi-Weekly, 2M=Twice a Month, M=Monthly, Y=Yearly

Sources of Income for Children		Sources of Income for	
A child's income is money received from outside your household that is paid DIRECTLY to your child. Many households do not have any child income to report.		Earnings from Work	Public Assistance/!
			Alimony/Child Supp
Sources of Child Income	Example(s)	Salary, wages, cash bonuses Net income from self-employment (farm or business) U.S. Military: <ul style="list-style-type: none"> ▪ Basic pay and cash bonuses ▪ Allowances for off-base housing, food and clothing ▪ Do NOT include combat pay, Family Substance 	Unemployment benefit:
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages.		Workers' compensation
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust.		Supplemental Security I
Income from person outside the household	A friend or extended family member regularly gives a child spending money.		Cash assistance from sta local government
Social Security - Disability Payments - Survivor's Benefits	A child is blind or disabled and receives Social Security benefits. A parent is disabled, retired, or deceased, and the child receives their Social Security benefits.		Alimony payments Child support payments

3.A REPORT INCOME EARNED BY STUDENTS FROM STEP 1

A) Report all income earned or received by STUDENTS. Report the combined gross income for ALL STUDENTS listed in STEP 1 in your Student Income." Enter the appropriate pay period in the box marked "How Often." Only include a foster child's income if you are applying same application.

3.B REPORT INCOME FOR ALL OTHER HOUSEHOLD MEMBERS (Adults and Children)

When filling out this section, please include ALL OTHER household members who are living with you and share income and expenses, even if not receive income of their own.

Do NOT include:

- o Students already listed in STEP 1.
- o People who are not supported by your household's income AND do not contribute income to your household.
- o Payments received from a foster care agency or court for the care of foster children.

<p>A) Names of ALL OTHER household members. Print the names of each household member (First and Last). Use one line per name. Do not include any student listed in STEP 1.</p>	<p>B) Earnings from Work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at a job. If you are a self-employed business or farm owner, you will report your net income. Enter "How Often" this member earned or received income.</p> <p>What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.</p>	<p>C) Public Assistance income in the "Public Assistance" field on the Application. public assistance b income is received court-ordered paym be reported as "other income." "How Often" this member</p>
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D) Pensions/Retirement/All Other Income. Report all income that applies in the "Pensions/Retirement/All Other Income" field on the application. Enter "How Often" this member earned or received income.	E) Total Household Size. Enter the total number of household members in the "Total Household Members (Children and Adults)" field. This number MUST be equal to the number of household members listed in STEP 1 and STEP 3 . If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list ALL household members, as the size of your household affects your eligibility for free and reduced-price meals.	F) Enter the last four An adult household member's Social Security number is eligible to apply for an SSN. If no adult household member is eligible, leave this field blank and check the box if NO SSN.
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STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that the information has been truthfully and completely reported. Before completing this section, please make sure you have read the information and non-eligibility criteria.

A) Sign and print your name. Print the name of the adult household member signing the application.	B) Provide your contact information. Write your current address in the fields provided if this information is available. If you do not have a permanent address, this does not make your children ineligible for free or reduced-price meals. Sharing a phone number, e-mail address, or both is optional, but helps us to reach you quickly if we need to contact you.
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OPTIONAL: CHILDREN'S RACIAL AND ETHNIC IDENTITIES

We ask you to share information about your children's race and ethnicity. Please check the appropriate boxes. This field is optional and does not affect eligibility for free or reduced-price meals.

INFORMATION STATEMENT

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the child on the application. The social security number is not required when you apply on behalf of a foster child or you list a CalFresh, California Work Opportunity and Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child, or when you are the only household member signing the application and does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals and to ensure the administration and enforcement of the lunch and breakfast programs.

NON-DISCRIMINATION STATEMENT

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, or prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language) should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027), found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office, or write a letter addressed to USDA and provide in the letter all requested information. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442
- (3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

Hillside Education Center
2017-2018 SCHOOL YEAR

	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	
Aug								9	10	11	S	14	15	16	17	18	21	22	23	24	25	28	29	30	31	14
Sept					1	4	5	6	7	8		11	12	13	14	15	18	19	20	21	22	25	26	27	28	20
Oct.	2	3	4	5	6	9	10	11	12	13	*	16	17	18	19	20	23	24	25	26	27	30	31		21	
Nov		1	2	3	6	7	8	9	10	11	13	14	15	16	17	19	20	21	22	23	24	27	28	29	30	16
Dec.					1	4	5	6	7	8	11	12	13	14	15	18	19	20	21	22	*	25	26	27	28	16
Jan.	1	2	3	4	5	8	9	10	11	12	15	16	17	18	19	22	23	24	25	26	26	29	30	31	17	
Feb.				1	2	5	6	7	8	9	12	13	14	15	16	19	20	21	22	23	23	26	27	28		18
Mar.				1	2	5	6	7	8	9	12	13	14	15	16	19	20	21	22	23	23	26	27	28	29	20
Apr.	2	3	4	5	6	9	10	11	12	13	16	17	18	19	20	23	24	25	26	26	27	30			16	
May/ June		1	2	3	4	7	8	9	10	11	14	15	16	17	18	19	20	21	22	23	24	25	28	29	30	22

TOTAL DAYS OF INSTRUCTION 180
TOTAL DAYS FOR STAFF: 186

- | | | | |
|---|-------------------|--|-----------------|
| Teachers Return/Training (Pupil Free Day) | 08/9/17-08/11/17 | Martin L. King Jr. Day (Holiday) | 1/15/18 |
| FIRST SEMESTER CLASSES BEGIN | 08/14/17 | Lincoln's Birthday | 2/12/18 |
| Labor Day (Holiday) | 09/04/17 | Presidents Day | 2/19/18 |
| First Quarter Ends (Pupil Free Day) | 10/13/17 | Third Quarter Ends (Pupil Free Day) | 3/16/18 |
| Veterans' Day | 11/10/17 | Cesar Chavez (Holiday) | 3/30/18 |
| Thanksgiving Recess | 11/20/17-11/24/17 | Dates of Spring Recess | 4/02/18-4/06/18 |
| LAST DAY OF FIRST SEMESTER | 12/22/2017 | Memorial Day (Holiday) | 5/28/18 |
| Dates of Winter Recess | 12/25/17-1/05/18 | LAST DAY OF SECOND SEMESTER/Graduation | 5/31/18 |
| FIRST DAY SECOND SEMESTER | 1/08/18 | Staff Training (Pupil Free Day) | 6/01/16 |

**HILLSIDES EDUCATION CENTER
2017/18 SCHOOL CALENDAR
EXTENDED SCHOOL YEAR**

	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F	Inst. Days
June	4	5	6	7	8	11	12	13	14	15	18	19	20	21	22	25	26	27	28	29	20
July																					
August																					
	Total Days of Instruction																				20

DATES OF EXTENDED SCHOOL YEAR:

ESY is 5 days a week from 8am to 1pm

Summer School (ESY) Begins: June 4th (Monday)

Last Day of Summer School: June 29th (Friday)

**ESY is subject to change. ESY is a minimum of 20 days, maximum of 24 days, pending district calendars and approval. We are currently scheduled for 20 days (June 4th - June 29th), but may increase to 24 days (July 7th) if more than 50% of our student populations districts utilize a 24 day calendar. HEC will send appropriate notice home if this change occurs.*

Minimum Day Schedule: 8am-12:30pm (For staff training, professional development, and community events)

- 08/23/2017—Wednesday Back to School day/night
- 09/27/2017--Wednesday—Wile day
- 10/25/2017--Wednesday --Parent teacher conference 2-7pm
- 11/29/2017--Wednesday
- 12/22/2017—Friday, End of 1st Semester
- 01/24/2018--Wednesday
- 02/21/2018—Wednesday-Parent teacher conferences 2-7pm
- 03/21/2018—Wednesday
- 04/25/2018—Wednesday (Academic Fair!)
- 05/31/2018--Thursday Last day of School

Parent Advisory Meeting Schedule: Quarterly: 8:30-10am

Community Events: (Back to school day, Academic fair, Graduation. Other events can be added during the year).

- 10/13/2017-- All staff in-service Substance Abuse Training
- 10/18/2017-- Open House/ 35th year of HEC celebration 11:30-1:30
- 10/25/2017-- Parent Teacher Conferences 2-7pm
- 02/21/2018-- Parent Teacher Conferences 2-7pm
- 04/24/2018-- Academic Fair (11-12:30)
- TBD- -Las Candelas Celebration, BBQ and End of the School year Party
- 05/30/2018-- 8th grade Graduation
- 05/31/2018-- Graduation Day. Congratulations Seniors!

Las Candelas Assemblies: A hosting of enrichment assemblies, ranging from the Magic of Math to Live Performances.

GROWTH Assemblies: A once a quarter, brief assembly to honor our students with perfect attendance, GROWTH step achievements, and our High Flyers. .

2017-2018 Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (If more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."	Child's First Name	MI	Child's Last Name	Grade	Student?		Check all that apply		
					Yes	No	Foster Child	Migrant, Runaway	Homeless
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF or FDIPIR?

If NO > Go to STEP 3. If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: _____ Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL Income received by all Household Members listed in STEP 1 here.

Child Income: \$ _____

How often?
 Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Member (First and Last)	Earnings from Work	How often?			Public Assistance/ Child Support/Alimony	Child Income	How often?			Pensions/Retirement/ All Other Income	Check if no SSN
		Weekly	Bi-Weekly	2x Month			Monthly	Weekly	Bi-Weekly		
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Household Members (Children and Adults)											

STEP 4 Contact Information and adult signature Mail Completed Form To: Hillsides, Yolanda Villalobos, 940 Ave 64, Pasadena, CA 91105

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.*

Street Address (if available) _____ Apt # _____ State _____ ZIP _____ Daytime Phone and Email (optional) _____

Printed name of adult signing the form _____ Signature of adult _____ Today's date _____

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

- Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
 Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410
 fax: (202) 690-7442; or
 email: program.intake@usda.gov.
 This institution is an equal opportunity provider.

Do not fill out For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income How often? Weekly Bi-weekly 2x Month Monthly

Household Size Categorical Eligibility Eligibility: Free Reduced Denied

Determining Official's Signature Date Confirming Official's Signature Date Verifying Official's Signature Date



Hillsides
Education Center

NOTIFICATION OF OUTCOMES MEASURES

Student Name:

Hillsides Education Center is a special education day school that works with the individual academic and social-emotional needs of our students. As an agency, Hillsides is committed to collecting data on the services provided, analyzing the needs of our students, in order to provide quality care. Students that are receiving therapeutic support at HEC will be administered one or two outcomes measures on a quarterly basis. Data collected will not be included in your child's educational record and utilized for the purposes of quality improvement. The two outcome measures that will be administered by a therapist are:

- **RASAI CRAFFT** is behavioral health screening tool for use with children under the age of 21 and is recommended by the American Academy of Pediatrics' Committee on Substance Abuse for use with adolescents. It consists of a series of 6 questions developed to screen adolescents for high risk alcohol and other drug use disorders simultaneously. Students that are 12 and over will be given this screening tool on a quarterly basis.
- **CAFAS** is a brief assessment completed by the therapists to assess the students' day-to-day functioning and for tracking changes in functioning over time. It is widely used to inform decisions about type and intensity of treatment, level of care, placement and need for referral. Students from age 5-19 will be assessed by their therapist on a quarterly basis.

____ I give HEC permission to administer outcomes measures on a quarterly basis

____ I do not give HEC permission to implement outcome measures

Parent/Guardian Signature

Date