



Verification of Receipt of Online Parent Handbook and Parent Handbook Signatures

Please read the online handbook, fill out and sign the **following 7 pages**. Turn them into the school office within the first week of the start of school.



Live Oak School District

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*Pat Sanchez
Superintendent*

Checklist

Student Name	
Grade	
In this signature packet - all required by all families	
	Student Emergency Card <i>(at least 2 emergency contacts other than parents are REQUIRED)</i>
	Parent Authorizations - Photo / Video consent & ParentSquare agreement
	Student Services Questionnaire
	Consent for Counseling & Protected Health Information Consent Form
	Health History - Student Annual Update
	Student & Parent Laptop Agreement - for use of Chromebooks at school
In the handbook - pages based on 2024-2025 Online Handbook (www.losd.ca)	
	California Healthy Kids Survey - Page 28
	Annual Notice to Parents 2024-2025 - Page 85
	Title I Compact - Page 42
	School Attendance - Page 5
	FERPA - Page 48
	Homework Policy - Page 33

I acknowledge that the parent/caregiver handbook is available on the district website, and I am responsible for reading it. If I need a copy, I can request a copy of the handbook from my child's school.

Parent/Guardian Name

Parent/Guardian Signature

Date



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Student Emergency Card

Please write clearly. In an emergency, we must be able to read this.

Student Last Name	Student First Name
Grade Level: Gender Identity: M F X	<i>Student Preferred Name:</i>
DOB	
Home Address	Mailing Address (if different from home address)
City/Zip Code	Mailing City
Student Cellular Number	Mailing State
Language spoken at home	Zip Code

With whom does the student live? Both parents Mother Father Guardian

Parent/Guardian information (1)	Parent/Guardian Information (2)
Full Name	Full Name
Relationship	Relationship
Email address	Email address
Home Address	Home Address
Cell Phone	Cell Phone
Employer	Employer
Work Phone	Work Phone



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Only the people listed below have my permission to authorize medical or surgical services for my child or to pick up my child in the event of illness or emergency. Please provide at least 2 people other than parents/caregivers.

Emergency Contacts (1) REQUIRED	Emergency Contacts (2) REQUIRED
Name	Name
Relationship	Relationship
Daytime phone/cell	Daytime phone/cell
Address	Address
City	City
Emergency Contacts (3)	Emergency Contacts (4)
Full Name	Full Name
Relationship	Relationship
Daytime phone/cell	Daytime phone/cell
Address	Address
City	City

Health/Emergency Information: Does your child have any medical conditions? Yes <input type="checkbox"/> No <input type="checkbox"/>		
ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> Diabetes <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Heart Condition <input type="checkbox"/> Depression <input type="checkbox"/> Seizure Disorder <input type="checkbox"/>		
Other:	Description:	
Does your student take daily medication at home? YES <input type="checkbox"/> NO <input type="checkbox"/> Medication:		
Does your student take daily medication at school? YES <input type="checkbox"/> NO <input type="checkbox"/> Medication:		
Physician:	Physician Phone number:	
Is your family covered by health insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>		
FOR OFFICE USE ONLY - DO NOT SIGN: Disaster Release Authorization:		
In the event of a disaster or major emergency, such as an earthquake, LOSD is authorized to release my child to an adult emergency contact listed in the order above.		
To be completed during an actual emergency: Student released to		

Emergency Contact name	Emergency Contact signature	Date/Time

Staff Signature		



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Parent Authorizations

Student Name			Grade		
Consent and Release for use of photo, video, or voice		YES	YES <i>Only internally (announcements, Parent Square & yearbook only)</i>	NO	
		<p>I hereby grant Live Oak School District permission to use photo, video, or voice in any of the following:</p> <ul style="list-style-type: none"> • Web-based publications, Social Media, Print Advertisements, Organization eblast, etc. <p><i>(this does not include ParentSquare as that is a secure platform not open to non-LOSD members)</i></p> <p>I hereby affirm that such release to Live Oak School District does not constitute any form of compensation, including royalties arising from the photographs, to my benefit. I understand and agree that photographs in Live Oak School District's possession shall become the releasee's property. However, the use and publication of the photographs shall conform to my rights as a subject of said photographs. I hereby waive my right to inspect or approve the photographs by which my likeness appears. I hereby hold harmless, release, and forever discharge Live Oak School District from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ParentSquare - District Communication Platform

The district will be using ParentSquare as the SECURE district communication platform. Only the two guardians on the student's record can access it.

ParentSquare removes communication barriers to make it easy for families to work with your school.

- Text, email, app, or voice messaging
- Automatic two-way translation in 100+ languages
- Contact verification and correction tools
- Built-in sign-ups, forms, appointments, attendance, directory and more

It will allow parents to communicate, during business hours, with the staff/teacher at their school.

Parent/Guardian Name

Parent/Guardian Signature

Date



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Student Services Questionnaire

Information provided on this form is confidential and is required to help the Live Oak School District identify students who qualify under the McKinney-Vento Act. Thank you for taking the time to fill out this form.

Student Name		Date of Birth	
Name of School		Grade	
Family Full Address		Phone Number	
		Email address	

<p>What is the McKinney-Vento Act?</p> <p>The McKinney-Vento Act provides homeless students with the following rights: Immediate enrollment in the school they last attended (school of origin) or the local school where they are currently staying, receiving transportation to and from the school of origin, assistance with obtaining any required documentation, and participation in a free meal program and Title I.</p> <p style="text-align: center;">For further questions or information, please contact: Homeless Liaison (831) 475-6333</p>	<p>The Live Oak School District partners with the Live Oak Community Resources Center to strengthen our diverse community through innovative human services, including Youth Advocacy, Tutoring, Counseling, Foster Family Support, Advocacy/Case Management, Parent Education, and Healthcare Access.</p> <p style="text-align: right;">Contact: (831) 476-7284</p>
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Where is your child/family currently living?			
<input type="checkbox"/>	In a shelter (family shelter, domestic violence shelter, youth shelter, transitional housing program) or Federal Emergency Management Agency (FEMA) trailer	<input type="checkbox"/>	Sharing housing with others (such as friends or relatives) due to: <input type="checkbox"/> Loss of housing <input type="checkbox"/> Economic hardship <input type="checkbox"/> Natural disaster <input type="checkbox"/> Lack of adequate housing <input type="checkbox"/> Evicted from home <input type="checkbox"/> Family choice <input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/>	In a motel or hotel. Reason/Situation: _____ _____ _____	<input type="checkbox"/>	In a car, park, campground, abandoned building, or other inadequate accommodations (i.e. lack of water, electricity, or heat) Area of stay: _____
<input type="checkbox"/>	In a single-family residence / permanent housing (such as owning or renting a house or apartment with only immediate family)	<input type="checkbox"/>	Unknown or other: _____ _____
I am a student under the age of 18 and living apart from parent(s) or guardian: YES <input type="checkbox"/> NO <input type="checkbox"/>			

Please provide any additional information you would like the school to know to support your family: _____

Parent/Guardian Name _____ Parent/Guardian Signature _____ Date _____



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CONSENT FOR COUNSELING and PROTECTED HEALTH INFORMATION CONSENT FORM

Our district offers social-emotional skills groups, brief school-based counseling, and crisis intervention on an as needed basis. These services are run by licensed mental health counselors.

Studies show that good social and emotional health has a positive impact on student success at school. Counselors are here to support students so they can thrive.

Signing the counseling consent does not necessarily mean that your student will be enrolled in any of the counseling programs. Having a consent on file helps streamline counseling services, should your child need them. Parents will be notified if your student is referred for individual or group counseling.

CONSENT: I authorize the Counseling Team of Live Oak School District to provide counseling for my/our child in the form of individual, conjoint, or group sessions.

FEES: There are no fees for counseling.

NOTICE OF HEALTH INFORMATION PRACTICES AND PRIVACY POLICIES: My/our signature below indicates that I/we have read and understood the notice of "Health Information Practices and Privacy Policies," which describes rights regarding Protected Health Information (PHI) as a participant with Live Oak School District per federal HIPAA requirements.

SHARING OF INFORMATION: All information and records obtained in the course of providing counseling through Live Oak School District remains confidential and will not be shared with others without written consent from the parent or legal guardian except for the following situations:

- Providing safety. This includes mandated reporting of suspected child abuse and neglect as well as preventing immediate harm to self and/or others. This exception is followed by all mandated reporters including your child's current school staff.
- Supervision. The counselor may receive supervisory consultation with licensed staff.
- The counselor may, at times, need to share PHI with others to coordinate care for the student.

Please be aware that you have the right to make a written request not to use or share some of your information. While the counselor is not required to grant the request for those limitations, he or she will comply if at all possible.

You have the right to revoke this consent at any time. If you choose to revoke, the counselor will abide by your request regarding using or disclosing your PHI from the time he or she receives your written revocation, information about the students may have already been shared which cannot be changed.

If you are dissatisfied with services or you feel that you have been denied equal access to services offered within the school district you are encouraged to discuss these concerns with the counselor. If the issue is not resolved to your satisfaction, you may request to speak with his or her immediate supervisor.

STUDENT NAME (print): _____ Grade: _____

LEGAL GUARDIAN(S)/PARENT NAME(S) (print): _____

LEGAL GUARDIAN(S)/PARENT SIGNATURES: _____

DATE: _____

Consent given: YES NO

This consent form expires one year from the original signature date



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Health History - Student Annual Update

Student's Name: _____ Grade: _____ Birthdate: _____

Parent/Guardian Name _____ (Cell): _____ (Work): _____

Parent/Guardian Name _____ (Cell): _____ (Work): _____

**IN THE CASE OF ILLNESS OR INJURY PARENT/LEGAL GUARDIAN WILL BE CONTACTED.
IF THE ABOVE CONTACTS CANNOT BE REACHED, EMERGENCY CONTACTS WILL BE CALLED.**

MEDICAL HISTORY	YES	NO	Medication** Taken (when & what)
Hearing Problems (wears hearing aids, left/right/both?)			
Eye Problems			
Urinary/Bowel/GI Problems			
Diabetes*			
Heart Condition*			
Convulsive Disorders/Seizures*			
Asthma*			
Allergic Reactions (severe)*			
Orthopedic Problems			
ADD/ADHD			
Other:			

* Requires HCP (Health Care Plan) forms in the office. Health Care Plan form to be filled out by physician and parent. Any of the above conditions may require a Health Care Plan.

** If medication is to be taken at school, additional documentation must be completed by physician and parent.

Known Allergies: _____

Hospitalizations/Operations: _____

Serious Illness/Injuries: _____



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Health History - Student Annual Update (page 2)

Does your child:

Take medication? YES NO If yes, name of medication: _____

Given at school? YES NO For what condition? _____

*** If medication is to be taken at school, additional documentation must be completed by physician and parent every year.*

Wear Glasses? YES NO Date of last eye exam? _____

Have physical limitations? YES NO If yes, specify: _____

Are there any health concerns or problems you would like to discuss with the school nurse? _____

Does your child have Health Insurance? YES NO

Physician's Name: _____ Telephone: _____

Dentist: _____ Telephone: _____

The above information is considered confidential and is only for use by the school nurse, health clerk, teachers, principal, or other staff who will be in contact with and responsible for your child during the school day.

A Release of Information (ROI) is required for the District Nurse to speak to a Physician.

This above health history is current and correct to the best of my knowledge; I understand that it is my responsibility as the parent/guardian to notify the school of new or existing health concerns or any changes in contact information. I understand that this health history form must be updated every school year.

Signature of Parent/Guardian _____

Date _____

For Office Use Only

Initial review completed by office staff _____ Nurse review needed? Yes No
Staff Initials & Date

Review by District Nurse completed (if applicable) _____
School Nurse Signature & Date



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Live Oak School District: Student & Parent Laptop Agreement

Name of Advisory Teacher		Grade	
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Student Last Name	Student First Name	Student ID Number

Parent/Guardian Full Name	
----------------------------------	--

Term of the Agreement	
In this agreement, “you” and “your” means the parent/guardian and the student enrolled in the Live Oak School District (LOSD). The “equipment” is a laptop, case and power cord/charger.	
Terms:	You will be issued an LOSD laptop and power cord / charger. You will comply with the Live Oak School District’s Student Acceptable Use Agreement and board policy BP6163.4.
Title:	Legal title to the equipment belongs to the district and shall at all times remain with the district. Your possession of the equipment terminates on the collection date set by the school unless terminated earlier by the district or upon withdrawal from the district.
Lost, Stolen or Damaged Equipment:	You must report any lost, stolen or damaged equipment to the school immediately. For stolen equipment, you must also file a police report. If the equipment is lost or damaged, either intentionally or due to negligence, the student may be subject to discipline and you may be responsible for the cost of repair or replacement. Please see the online handbook for repair and replacement fees.
Sanctions for Violations:	Any activity that violates Live Oak School District’s Student Acceptable Use Agreement or board policy BP6163.4 should be reported to a school administrator. Disciplinary action, if any, for the students and other users shall be consistent with the district’s standard policies and procedures. Violations of the policy can constitute cause for revocation of access privileges, suspension of access to LOSD electronic resources, other school disciplinary action, and / or other appropriate legal or criminal action including restitution, if appropriate.

Acceptance of Terms

By signing this form, you confirm that you understand the information in this agreement. You also confirm that you have read, understand, and accept the Live Oak School District’s Student Acceptable Use Agreement terms and board policy BP6163.4.

Parent / Guardian Signature Date

Student Signature Date