

# MOJAVE RIVER ACADEMY

## 2019-2020 ENROLLMENT PACKET/PAQUETE DE INSCRIPCION

*\*Please use blue or black ink\**

### Required documents / Documentos requeridos:

- Birth Certificate / Acta de Nacimiento** Birth certificate, hospital certificate, baptismal certificate, birth announcement, abstract, or passport.
- Immunization Record / Documentos de Inmunizaciones**  
Immunizations must be up to date prior to starting school.  
*Las inmunizaciones deben estar al corriente antes de comenzar la escuela.*  
**2-MMR, 4-Polio, 5-DPT, 3-HEPB, 2 Varicella, TDAP (ALL 7<sup>th</sup> Grade Students)**
- Verification of California Address / Verificacion de domicilio de California**  
A current utility bill (gas, water, electricity, home internet or landline phone), rental contract or escrow documents.  
*Una factura actual (por ejemplo, una factura de gas, electricidad, internet o telefono de casa), contrato de renta o documentos de escrow.*
- Withdrawal Form / Unofficial Transcript/ Proof of Promotion**  
*Forma de Remocion / Expediente no Oficial / Prueba de Promocion*  
A withdrawal form from the previous school showing transfer grades, an unofficial transcript or proof of promotion is necessary or enrollment will be delayed.  
*Presentar formulario con prueba de retiro de la escuela preia y papeleo de calificaciones transferibles. Tambien es necesario presentar un expediente no oficial o prueba de promocion. Si no, su inscripcion sera retrasado.*
- Parent ID / Identificacion de pariente**  
If Student is 18+, he/she can enroll as an Adult Student but MUST present a valid photo ID.  
*Si el Estudiante es mayor de edad (18+ anos) puede inscribirse como Estudiante Adulto pero TIENE que mostrar idetificacion valida.*

### Additional Requirements (if applicable) / Requisitos Adicionales (si es applicable):

- Proof of Guardianship / Prueba de Tutela**
  - A student can live with a blood relative with a custody form; signatures must be verified by a school official or notarized.  
*Un estudiante puede vivir con un pariente de sangre si se tiene una forma de custodia. Estas firmas deben ser verificadas por un oficial de escuela o notariadas.*
  - A student can live in a foster home with proof of placement.  
*O, el estudiante puede vivir en un hogar adoptivo con prueba de colocacion.*
  - Or submit Care Giver Affidavit if living with someone other than legal guardian.  
*O, someta la declaracion del tutor, si el estudiante vive con alguien a parte del guardian legal.*
- SPECIAL EDUCATION STUDENTS – Current IEP and TID Application**  
*Estudiantes en Programa Especiales – Copia del IEP actual y Aplicacion de TID*  
If your child is in Special Education, you must provide a copy of their current IEP PRIOR to completing the enrollment application and a TID application.  
*Si su hijo esta en Educacion Especial, usted debe proporcionar una copia de su IEP ANTES de completer la aplicacion de inscripcion.*
- 504 plan** – If the student has an active 504 plan, a copy must be provided / *Si el estudiante tiene un plan 504, debe presentarse con una copia.*
- Expulsion Documents Required for Expelled Students / Documentos de expulsion son requeridos para Estudiantes Expulsados**  
If your child is currently under an expulsion order, has been recommended for expulsion from a previous district, or has been reinstated after an expulsion, you are required to provide documentation on the expulsion before enrollment.  
*So su estudiante esta bajo orden o recomendacion de expulsion, o sido restablecido despues de una expulsion, usted necesita entregar documentos sobre la expulsion antes de inscribir el estudiante.*
- Existing AB216** – If the student is a foster care youth. / *Si el estudiante es un joven de cuidado de crianza.*

**INCOMPLETE/FALSIFIED REGISTRATION PACKETS WILL NOT BE CONSIDERED OR ACCEPTED**  
**PAQUETES DE INSCRIPCION INCOMPLETOS/FALSIFICADOS SERAN RECHASADOS**

**Returning**

(CHECK ONLY IF STUDENT WAS PREVIOUSLY ENROLLED AT MRA)

**Office Use Only**

Bakersfield    Barstow    Beaumont    Colton    Desert Hot Springs    Fontana    Hesperia    Oro Grande  
 Palm Springs    Phelan    Tehachapi    West Victorville    Victorville  

EL    SPED    Foster    Returning Student    Expulsion   STU #: \_\_\_\_\_ TCHR: \_\_\_\_\_ ED: \_\_\_\_\_

**STUDENT INFORMATION / Informacion del Estudiante**

LAST / Apellido		FIRST / Nombre		MIDDLE / Segundo Nombre		Gender / Género M / F	Current Grade / Grado Actual
Date of Birth / Fecha de Nacimiento		Age / Edad	Birth City / Ciudad de Nacimiento		State / Estado	Country / País	
Mailing Address / PO Box / Dirección de Correo / Apartado de Postal			City / Ciudad	State / Estado	Zip / Código Postal	Home Telephone / Teléfono de Casa	
Residential Address / Dirección Residencial			City / Ciudad		Zip / Código Postal	Automated Dialer Contact #/No. de Marcador Automático	
Father / Stepfather / Legal Guardian (circle one) Padre / Padrastro / Guardian Legal (escoje uno)			Primary No./Numero Primario		Email Address / Correo Electrónico		
Work on a Military Installation / Trabaja en una instalacion Militar: <input type="checkbox"/> Yes/Si <input type="checkbox"/> NO Work in Federal Facility / Trabaja en Planta Federal: <input type="checkbox"/> Yes/Si <input type="checkbox"/> NO			For Military Personnel Only / Para el Personal Militar solamente: Unit/Unidad: _____ Branch/Sucursal: _____ Rank/Rango: _____				
Mother / Stepmother / Legal Guardian (circle one) Madre / Madrastra / Guardian Legal (escoje uno)			Primary No./Numero Primario		Email Address / Correo Electrónico		
Work on a Military Installation / Trabaja en una instalacion Militar: <input type="checkbox"/> Yes/Si <input type="checkbox"/> NO Work in Federal Facility / Trabaja en Planta Federal: <input type="checkbox"/> Yes/Si <input type="checkbox"/> NO			For Military Personnel Only / Para el Personal Militar solamente: Unit/Unidad: _____ Branch/Sucursal: _____ Rank/Rango: _____				

**EDUCATION PROGRAMS / Programas Educativos**

1. Does your child have/had an Individualized Education Plan (IEP), Speech Services, 504 Plan or SST? **YES/Si** **NO**  
 ¿ Su hijo/hija a tenido plan de educacion individual (IEP)?

2. Please indicate when, or date of last IEP if applicable:  Speech    IEP    504    SST  
 Por favor indique cuando ó la fecha del último IEP aplicable:

**EXPULSION STATUS / Expulsión** (Everyone must answer this section / Todo deben completar esta seccion)

1. Is the student currently under an Expulsion Order, or been recommended for expulsion from any previous school district(s) **Approved?**  
 ¿Esta el estudiante bajo orden ó recomendación de expulsion de algun escuela previa? **YES/Si** **NO**  Yes  No

**PREVIOUS SCHOOLS / Escuela Previa**

Name of Current School/Nombre de la escuela	City / Ciudad	State / Estado	Grade / Grado	Withdrawal Date / Fecha de Retirar
Previous School Attended/La escuela anterior	City / Ciudad	State / Estado	Grade / Grado	Withdrawal Date / Fecha de Retirar

**Sibling Information / Informacion de Hermanos**

Name / Nombre:	Date of Birth / Fecha de Nacimiento	Grade / Grado	School Attending / Escuela Actual:
Name / Nombre:	Date of Birth / Fecha de Nacimiento	Grade / Grado	School Attending / Escuela Actual:
Name / Nombre:	Date of Birth / Fecha de Nacimiento	Grade / Grado	School Attending / Escuela Actual:

**How did you hear about us / Como se enteró de nosotros**

- Current/Former Student. Who? \_\_\_\_\_
- Social Media- which one: \_\_\_\_\_
- Advertisement
- Previous/Current school recommendation
- Community Event

**WHAT IS YOUR CHILD'S ETHNICITY? (PLEASE CHECK ONE):**  HISPANIC OR LATINO  NOT HISPANIC OR LATINO  
**Que el origen étnico de su niño/niña? (Por favor marque uno):**  Hispano o Latino  No Hispano o Latino

**WHAT IS YOUR CHILD'S RACE? (PLEASE CHECK UP TO FIVE RACIAL CATEGORIES):**  
**Que raza es su niño/niña? (Por favor marque asta cinco categorías racial):**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Am. Indian / AlaskanNtv (Persons having origins in any of the original people of North, Central or South America)<br><input type="checkbox"/> Black / African American<br><input type="checkbox"/> White or Caucasian | <b>Hawaiian / Pacific Islander (please specify):</b><br><input type="checkbox"/> Samoan<br><input type="checkbox"/> Tahitian<br><input type="checkbox"/> Other Pacific Islander | <b>Asian (please specify):</b><br><input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese<br><input type="checkbox"/> Cambodian <input type="checkbox"/> Korean<br><input type="checkbox"/> Chinese <input type="checkbox"/> Hmong<br><input type="checkbox"/> Filipino <input type="checkbox"/> Other Asian<br><input type="checkbox"/> Guamanian |
|--|---|--|

**PARENT HISTORY (List highest education level completed. Use parent with the most education) / Historia del Padre (Lista el mas alto grado cumplido. Usa el padre con mayor educación)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Not a High School Graduate<br><i>Asistió escuela secundaria sin graduar</i> | <input type="checkbox"/> Some College/Associate Degree<br><i>Asistió algunas clases en colegio, o licencia asociado</i> | <input type="checkbox"/> Graduate School/Post Graduate Training<br><i>Escuela de posgrado</i> |
| <input type="checkbox"/> Graduated High School<br><i>Graduó de secundaria</i>                        | <input type="checkbox"/> College Graduate<br><i>Graduado de la universidad</i>  | <input type="checkbox"/> Decline to State/Unknown<br><i>Renunciar a exponer</i>               |

**LEGAL PHYSICAL CUSTODY / Custodia Fisica Legal**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Living with both parents        | <input type="checkbox"/> Living with Legal Guardian                | <input type="checkbox"/> Living with Foster Parents |
| <input type="checkbox"/> Living with Natural Father Only | <input type="checkbox"/> Living with Natural Father and Stepmother | <input type="checkbox"/> Ward of Court              |
| <input type="checkbox"/> Living with Natural Mother Only | <input type="checkbox"/> Living with Natural Mother and Stepfather | <input type="checkbox"/> Other:                     |

**WHERE IS YOUR CHILD/FAMILY CURRENTLY LIVING? (Check one box only)/¿Dónde están viviendo su hijo/familia? (Elija sólo uno)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> In a single family house or apartment/ <i>En una casa en donde sólo vive nuestra familia inmediata (una familia) o apartamento</i><br><br><input type="checkbox"/> In a motel, car or campsite/ <i>En un motel, en un automóvil -o vehículo similar-, o en un campamento</i> | <input type="checkbox"/> With more than one family in a house or apartment due to economic hardship/ <i>En una casa o apartamento con otra familia - por razones económicas-</i><br><br><input type="checkbox"/> In a foster care placement or group home/ <i>Bajo ubicación de crianza temporal o casa-hogar de grupo</i> | <input type="checkbox"/> In a shelter or transitional housing program/ <i>En un refugio o programa de vivienda de transición</i> |
|---|--|--|

**\*\*Falsification of information on this form may be grounds for dropping student from school, or re-designation of program.\*\***  
**Falsificación de la información en esta forma puede ser asunto para retirar el estudiante de la escuela o cambio de su programa**

Parent/Legal Guardian Signature: \_\_\_\_\_ DATE/Fecha \_\_\_\_\_  
 Firma de Padre ó Guardian Legal: \_\_\_\_\_

Mojave River Academy  
Health Information

**Student Name:** \_\_\_\_\_

Medications taken by student at home (written authorization from doctor required for school to administer) / *Medicamentos que toma en casa (Autorizacion escrita del medico es necesaria para que la escuela administre):*

Other Health Condition / *Otra Condicion de Salud:*

What action is to be taken if student has a complication due to his/her allergic condition or other health condition / *Que medidas se deben tomar si el (la) estudiante tiene una complicacion debido a su alergia o estado de salud:*

**Known Conditions / Condiciones Conocidas**

- Asthma / El asma                       Heart condition / *Condiciones del corazon*                       Wears hearing aid / *Usa audifonos*                       Wears glasses / *Usa lentes*  
 Bee sting allergy / *Alergia a las abejas*                       Seizures / *Convulsiones*                       Epilepsy / *Epilepsia*  
 Wears contact lenses / *Usa lentes de contacto*                       Glasses to be worn at all times / *Usar lentes a todas horas*                       Diabetes / *La diabetes*  
 Known hearing problem / *Problema de audicion conodido*                       Known eye condition/defect in vision / *Condicion o defectos en la vision*                       Preferential seating / *Asiento preferible*

The Oro Grande School District **does not provide medical, accident or dental insurance** for pupils injured on school premises or through school activities. In accordance with Education Code 49472, the District has made available a low cost medical/dental accident insurance program. For more information please contact Student Services. / *El Distrito Escolar de Oro Grande no provee **aseguranza medica, dental o de accidente** para estudiantes que se lecionan en las escuela o mediante actividades escolares. De acuerdo al Codigo de Educacion 49472, el Distrito ha puesto a disposicion un programa de aseguranza medica/dental o de accidente a bajo costo. Para obtener mas informacion póngase al contacto con los Servicios para Estudiantes.*

**ADDITIONAL EMERGENCY CONTACTS / Contactos Adicionales en caso de Emergencia**

In the event of illness, medical emergency, disaster or the parent/legal guardian can not be reached, a school official may call the following friends, relatives or adult siblings (**18 and over**) who are authorized to take responsibility for the student:  
*En el caso de enfermedad, emergencia medica o desastre y, si no se puede localizar a los padres o tutores, un funcionario de la escuela podra llamar a los siguientes amigos or parientes adultos (de 18 años o mayores) los cuales estan autorizados a tomar responsabilidad por el cuidado del alumno:*

Name / Nombre	Relationship to Student / Relacion con el estudiante	Contact Telephone / Teléfono de Contacto

**PARENT/LEGAL GUARDIAN CONSENT - APROBACION DEL PADRE O GUARDIAN LEGAL:**

- ▶ In the event of an illness or injury, I hereby authorize school officials on my behalf to obtain emergency transportation and treatment. *En caso de enfermedad o lastimadura, doy mi autorización para que el personal de la escuela obtenga el tratamiento de emergencia y transporte.*
- ▶ I understand the school does not assume any financial responsibility for medical care or ambulance transportation in case of emergency. A student Accident Policy is available to all students for a nominal fee. *Comprendo que la escuela no asume responsabilidad financiera por cuidados medicos o transporte en ambulancia en caso de emergencia. Existe una póliza estudiantil de accidentes para todos los alumnos, por una tarifa minima.*
- ▶ To help ensure the health and safety of my child, I agree that health information may be shared with appropriate school personnel. *Acepto que esta informacion de salud puede compartirse con el personal apropiado de la escuela para ayudar a garantizar la salud y seguridad de mi niño o niña.*

My signature acknowledges that I understand and agree with the consent information above and that the information provided is complete and accurate. *My firma indica que comprendo y acuerdo con el consetimiento anterior, ademas de que la informacion incluida es complete y correcta.*

**Parent/Legal Guardian Signature:**

**Firma de Padre ó Guardian Legal:** \_\_\_\_\_ **DATE/Fecha** \_\_\_\_\_

# Mojave River Academy

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## **Must Be Filled Out by All Parents/Guardians**

Dear Parent/Guardian:

By law, if parents are legally separated or divorced, each parent has equal right to the custody of the child/children and/or educational rights **UNLESS** a parent has a court order that indicates which parent has custody of the child/children. (Family Code ss, 3004).

The school **MUST HAVE A COPY OF THE COURT ORDER** on file, otherwise, either parent may check the child out of the school with proper identification, and have parental rights regarding educational decisions for the child/children.

I have read the above statement of the law.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**Note:** The courts must handle custody disputes. The school has no legal jurisdiction to refuse a biological parent access to their child and/or school records. The only exception is when signed restraining orders or proper divorce/custody papers, specifically stating visitation limitations, are on file in the school office. Any student release situation, which leaves the student's welfare in question, will be handled at the discretion of the site administrator or designee. Should any such situation become a disruption to the school, the Sheriff's Office will be contacted and a Deputy will be requested to intervene.

**Parents are asked to make every attempt not to involve the school in custody matters.**

# Mojave River Academy

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## Debe ser Completado por todo los Padres/Tutores

Queridos Padres/Tutores:

Por ley, si los padres estan separados, divorciados legalmente, cada uno de los padres tienen el mismo derecho a la custodia de los hijos y/o derecho a la educacion **A MENOS QUE** el padre o la madre tenga una orden de la corte que indique que el padre tiene la custodia del niño/niños. (Family Code ss, 3004).

La escuela **DEBE TENER UNA COPIA DE LA ORDEN DE LA CORTE** en el archivo, de lo contrario, cualquiera de los padres puede sacar al niño/niños de la escuela con la debida identificacion y tener la patria potestad sobre decisiones en material de la educacion para el/los niño/niños.

He leído la declaracion anterior de la ley.

\_\_\_\_\_  
Nombre del Estudiante

\_\_\_\_\_  
Grado

\_\_\_\_\_  
Firma del Padre/Guardian Legal

\_\_\_\_\_  
Fecha

Nota: Los tribunales deben manejar las controversias por la custodia. La escuela no tiene jurisdiccion legal para negar a un padre biologico el acceso a su hijo y/o registros escolares. La única excepcion es cuando ordenes firmadas de restriccion o documentos adecuados de divorcio o custodia, en particular las limitaciones de visitas esten en el archivo de la escuela. Cualquier otra situacion que deje el bienestar del estudiante en cuestion, se tratara a la discrecion del administrador del sitio o su designado. Si cualquier situacion de estas de convierte en una interrupcion a la escuela, la oficina del Sheriff se contactara para intervenir.

**Se les pide a todos los padres de haver todo lo posible por no involucrar a la escuela en asuntos de custodia.**

# Mojave River Academy

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## Consent to Photo, Videotape & Record

Date: \_\_\_\_\_

I hereby give my consent to Mojave River Academy to take, or authorize others to take, still pictures, motion pictures, or videotapes of, and to record the voice of, \_\_\_\_\_ (student's name).

I understand that these pictures may be used for educational, public interest, or informational purposes through media of radio, television, newspaper, film, social media or internet.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Print Parent/Legal Guardian Name

I do not give my consent

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## Consentimiento para Fotografia, Video y Grabar

Date: \_\_\_\_\_

Por medio de la presente doy mi consentimiento a Mojave River Academy o autorizar a otros a tomar fotografias, imagines en movimiento, o tomar Cintas de Video y grabar la voz, de \_\_\_\_\_ (nombre del estudiante).

Entiendo que estas imagines pueden ser utilizadas para fines educativos, interes publico, o fines informativos a traves de los medios de radio, television, prensa, pelicula o internet.

\_\_\_\_\_  
Firma del Padre/LegalGuardian

\_\_\_\_\_  
Nombre del Padre/Guardian Legal

No doy mi consentimiento

**Mojave River Academy Internet Acceptable Use Policy School Year 2019-2020**

Student Name: \_\_\_\_\_

Mojave River Academy (“MRA”) recognizes the value of various electronic resources to improve student learning and enhance the administration and operation of its schools. To this end, All uses of MRA computers; computer networks, including the Internet; and other electronic resources must be consistent with all state and district policies and must be in support of the mission and goals of MRA. This document outlines the Acceptable Use Policy (“AUP”) for student use of MRA networks, computers and electronic resources.

**USER ACCOUNTABILITY**

By accessing the MRA network using MRA-owned or personally-owned equipment, you have consented to MRA’s exercise of its authority and rights as set out in this policy with respect to any such equipment, as well as with respect to any information or communication stored or transmitted over such equipment. MRA network resources, including all voice and data lines, are the property of MRA. MRA reserves the right to access, view or monitor any information or communication stored on or transmitted over the network, or on or over equipment that has been used to access the MRA network, and it may be required by law to allow third parties to do so. Electronic data may become evidence in legal proceedings. In addition, others may inadvertently view messages or data as a result of routine system maintenance and monitoring.

**PRIVACY AND RESTRICTED FREE SPEECH**

Users must recognize that there is no guarantee of privacy associated with their use of MRA technology resources. Users should not expect that email, voicemail or other information created or maintained in the system (even when marked “personal” or “confidential”) are private or confidential. Each user is responsible for the security and integrity of information stored on his or her computer, tablet, phone or other devices. Computer accounts, passwords, security codes and other types of authorization are assigned to individual users and must not be shared with or used by others. MRA, at its sole discretion, reserves the right to bypass such passwords and to access, view or monitor its systems and all of their contents. By accessing the MRA system, you have consented to the school’s right to monitor its system and all of their contents. The MRA network is not a public access service or a public forum. MRA has the right and responsibility to restrict the material including text, graphics and all other forms of expression accessed, posted or stored through the system

**INTERNET SAFETY**

In compliance with the Children’s Internet Protection Act (“CIPA”), MRA implements firewall filtering/blocking software and hardware to restrict access to internet sites containing child pornography, obscene depictions or other materials harmful to minors under 18 years of age. Although MRA takes every precaution to ensure that such materials are not accessed through the computer network, there is still a risk an internet User may be exposed to a site containing such materials. A User who connects to such a site must immediately disconnect from the site and notify a teacher or administrator. If a User sees another User accessing inappropriate sites, he or she should notify a teacher or administrator immediately.

In compliance with CIPA, MRA and its representatives monitor all minors’ online activities while on the MRA network or MRA devices, including website browsing, email use, video and text chat, instant messaging, social media, blog participation and other forms of electronic communication. Such monitoring may lead to a discovery that a User has violated or may be violating this Policy, the appropriate disciplinary policy or the law. Monitoring is aimed to protect minors from accessing inappropriate material, as well as to help enforce this Policy as determined necessary by the MRA Governing Board or other related authority. MRA also monitors other Users’ (e.g. employees, students 18 years or older) online activities while on the MRA network or MRA devices and may access, review, copy, store or delete any electronic communication or files and disclose them to others as it deems necessary.

If a student under the age of 18 accesses his/her MRA Account or the internet outside of school, a parent or legal guardian must supervise the student’s use of the account or internet at all times and is completely responsible for monitoring the student’s use thereof.

**UNACCEPTABLE USES OF MRA NETWORKS, THE INTERNET AND/OR ELECTRONIC RESOURCES**

- Uses that violate any state or federal law, municipal ordinance or MRA policy, are unacceptable. Unacceptable uses include, but are not limited to the following:
  - Selling or purchasing any illegal substance;
  - Accessing, transmitting, or downloading child pornography, obscene depictions, harmful materials, or materials that encourage others to violate the law; or
  - Transmitting or downloading confidential information or copyrighted materials.
- Accessing, transmitting or downloading inappropriate materials on the internet, as determined by MRA.
- Obtaining and/or using anonymous email sites.
- Circumventing the MRA network, filtering and/or firewall
- Uses that cause harm to others or damage to their property are unacceptable.
- Engaging in an act of bullying, including, but not limited to, bullying committed by means of an electronic act.



- Deleting, copying, modifying, or forging other User’s emails, files, or data.
- Installing or using encryption software on any MRA device or the MRA network.
- Accessing another User’s account for any purpose, even with consent.
- Damaging computer equipment, files, data or the network.
- Using profane, abusive, or impolite language.
- Disguising one’s identity, impersonating other Users, or sending anonymous messages.
- Threatening, harassing, or making defamatory or false statements about others.
- Accessing, transmitting, or downloading offensive, harassing, or disparaging materials.
- Accessing, transmitting, or downloading computer viruses or other harmful files or programs, or in any way degrading or disrupting any computer system performance including, but not limited to “email bombs.”
- Accessing, transmitting, or downloading large files, including “chain letters” or any type of “pyramid schemes.”
- Using any MRA computer to undertake “hacking,” “phishing” or “spamming” internal or external to MRA, or attempting to access information that is protected by privacy laws.
- Using any robot, spider, other automatic device, or manual process to monitor or copy MRA web pages or the content contained thereon or for any other unauthorized purpose; or, using any device, software or routine to interfere or attempt to interfere with the proper working of the MRA website and/or network.
- Abusing MRA network resources such as emailing mass mailings and chain letters, engaging in spam, subscribing to a non-school related listserv or group, spending excessive time on the internet for personal reasons, playing games, streaming music or videos, engaging in non-MRA related online chat groups, printing multiple copies of documents or otherwise creating unnecessary network traffic (intentionally or unintentionally).
- Disclosing one’s Account password to other Users or allowing other Users to use one’s Account.
- Gaining unauthorized access into others’ User Accounts or other computer networks.
- Interfering with other Users’ ability to access their Accounts.
- Selling or buying anything over the internet for non-MRA related personal or financial gain.
- Using the internet for non-MRA related advertising, promotion, or financial gain.
- Conducting for-profit business activities and engaging in non-governmental related fundraising or public relations activities such as solicitation for religious purposes, lobbying for political purposes, or soliciting votes.
- Sending any email that is deceptive, misleading, or violates any state or federal statute or regulation including, but not limited to, the CAN-SPAM Act of 2003, or any state email or deceptive practice statute.

**PLAGIARISM POLICY**

Researching information on the internet and incorporating that information into a student’s work is an acceptable educational use, but students have an obligation to credit and acknowledge the source of information. Accordingly, the student acknowledges that plagiarism is inappropriate and unacceptable.

**LIMITATION OF LIABILITY**

MRA makes no guarantee that the computer/internet functions or the services provided will be error-free or without defect. MRA will not be responsible for any damage you may suffer, including but not limited to, loss of data or interruptions of service. MRA is not responsible for the accuracy or quality of the information obtained through or stored on the system. MRA will not be responsible for financial obligations arising through the unauthorized use of the system.

**REQUIRED SIGNATURES**

*Student*

I understand and will abide by the provisions and conditions of this contract. I understand that any violations of the above provisions may result in disciplinary action, the revoking of my user account, and appropriate legal action. I also agree to report any misuse of the information system to the Mojave River Academy system administrator.

Student Name (Please print) \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

*Parent or Guardian*

Students under the age of 18 must also have the signature of a parent or guardian who read this contract. As the parent or guardian of this student, I have read this contract and understand that it is designed for educational purposes. I understand that it is impossible for Mojave River Academy to restrict access to all controversial materials, and I will not hold the SCHOOL responsible for materials acquired on the network. I accept full responsibility for supervision if and when my child’s use is not in a school setting. I hereby give my permission to issue an account for my child.

Parent/Legal Guardian Name (Please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Oro Grande School District Application for Free and Reduced-Price Meals** Complete one application per household.

Please read the instructions on how to apply. Print clearly with a pen. This institution is an equal opportunity provider.

**California Education Code Section 49557(a): Applications for free and reduced-price meals may be submitted at any time during a school day. Children participating in the federal National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, special serving lines, separate entrances, separate dining areas, or by any other means.**

**STEP 1 – STUDENT INFORMATION**

Children in **Foster Care** and children who meet the definition of **Homeless, Migrant, or Runaway** are eligible for free meals.

Print the name of <b>EACH STUDENT</b> (First, Middle Initial, Last)	Enter school name and grade level		Enter student's birthdate	Check the applicable box if the student is <b>foster, homeless, migrant, or runaway.</b>			
<b>EXAMPLE: Joseph P Adams</b>	<b>Lincoln Elementary</b>	<b>1st</b>	<b>12-15-2010</b>	Foster	Homeless	Migrant	Runaway
				<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 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, FDPIR or MediCal**

Do ANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDPIR? If **NO**, skip STEP 2 and continue to STEP 3.

If <b>YES</b> , check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4.	Select Program Type:	Enter Case Number:
	<input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDPIR <input type="checkbox"/> MediCal	

**STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'YES' in STEP 2)**

<b>A. STUDENT INCOME:</b> Sometimes students in the household earn income. Enter the <b>TOTAL GROSS</b> income (before deductions) in whole dollars earned by all students listed in STEP 1. Enter the appropriate pay period in the "How Often" box: <b>W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly</b>	Total Student Income	How Often
	\$	

**B. ALL OTHER HOUSEHOLD MEMBERS (including yourself):** List **ALL** household members not listed in STEP 1, even if they do not receive income. For each household member, report the **TOTAL GROSS** income (before deductions) in whole dollars for each source. If the household member does not receive income from any sources, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report. Enter the appropriate pay period in the "How Often" box: **W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly**

Print the name of <b>ALL OTHER</b> Household Members (First and Last)	Earnings from Work	How Often	Public Assistance/SSI/ Child Support/Alimony	How Often	Pensions/Retirement/ All Other Income	How Often
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	

<b>C. Total Household Members</b> (Children and Adults)	<input type="text"/>	<b>D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member</b>	<input type="text"/>	<b>Check the box if NO SSN</b> <input type="checkbox"/>
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**STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE**

Certification: 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.

Signature of adult completing this application:	
Print Name:	
Date:	Phone Number:
Mailing Address:	
City:	State: Zip:
E-mail:	

DO NOT COMPLETE. SCHOOL USE ONLY	
How Often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Total Household Income
Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12	\$
Total Household Size	Eligibility Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-price <input type="checkbox"/> Paid (Denied)
<input type="text"/>	<input type="checkbox"/> Categorical
	Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway
	<input type="checkbox"/> Error Prone
Determining Official's Signature:	Date:
Confirming Official's Signature:	Date:
Verifying Official's Signature:	Date:

**OPTIONAL – CHILDREN'S ETHNIC AND RACIAL 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

# LETTER TO HOUSEHOLD FOR FREE AND REDUCED-PRICE MEALS

## QUALIFICATION

Your children may qualify for free or reduced-price meals if your household income falls at or below the federal Income Eligibility Guidelines below.

<b>Household Size</b>	<b>Year</b>	<b>Month</b>	<b>Twice Per Month</b>	<b>Every Two Weeks</b>	<b>Week</b>
<b>1</b>	\$23,107	\$1,926	\$963	\$ 889	\$ 445
<b>2</b>	\$31,284	\$2,607	\$1,304	\$1,204	\$602
<b>3</b>	\$39,461	\$3,289	\$1,645	\$1,518	\$759
<b>4</b>	\$47,638	\$3,970	\$1,985	\$1,833	\$917
<b>5</b>	\$55,815	\$4,652	\$2,326	\$2,147	\$ 1,074
<b>6</b>	\$63,992	\$5,333	\$2,667	\$2,462	\$ 1,231
<b>7</b>	\$72,169	\$6,015	\$3,008	\$2,776	\$1,388
<b>8</b>	\$80,346	\$6,696	\$3,348	\$3,091	\$ 1,546
<b>For each additional family member add</b>	\$8,177	\$ 682	\$ 341	\$ 315	\$ 158

## Orro Grande School District Solicitud para comidas gratis y a precio reducido

Presente una solicitud por hogar. Lea las instrucciones sobre cómo llenar la solicitud. Escriba claramente con tinta. También puede hacer su solicitud en línea en [\[insert Web address\]](#). Esta institución es un proveedor que ofrece igualdad de oportunidades.

**Sección 49557(a) del Código de Educación de California:** Las solicitudes para comidas gratis y a precio reducido pueden presentarse en cualquier momento durante el día de clases. A los niños que participan en el Programa Nacional de Almuerzos Escolares federal no se les identificará abiertamente con el uso de fichas especiales, boletos especiales, filas de servicio especiales, entradas separadas, comedores separados o por cualquier otro medio.

### PASO 1 – INFORMACIÓN DE LOS ESTUDIANTES

Los niños **bajo cuidado adoptivo temporal** y los niños que cumplen con la definición de **sin hogar, migrante o fugado del hogar** reúnen los requisitos para recibir comidas gratis.

Anote el nombre de <b>CADA ESTUDIANTE</b> (Primer nombre, inicial del segundo nombre, apellido)	Anote el nombre de la escuela y el grado escolar		Anote la fecha de nacimiento del estudiante	Marque la casilla pertinente si el estudiante está <b>bajo cuidado adoptivo temporal, sin hogar o es migrante o fugado del hogar.</b>			
				Bajo cuidado adoptivo temporal	Sin hogar	Migrante	Fugado del hogar
<b>EJEMPLO: Joseph P Adams</b>	<b>Lincoln Elementary</b>	<b>1º</b>	<b>12-15-2010</b>	<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"/>

### PASO 2 – PROGRAMAS DE ASISTENCIA: CalFresh, CalWORKs, FDIPIR o MediCal

¿ALGÚN miembro del hogar (niño o adulto) participa actualmente en CalFresh, CalWORKs o FDIPIR?

Si contestó **NO**, sáltese el PASO 2 y vaya al PASO 3.

Si contestó **SÍ**, marque la casilla del programa pertinente, sáltese el PASO 3 y vaya al PASO 4.

CalFresh     CalWORKs     FDIPIR     MediCal

Anote el número de caso:

### PASO 3 – DECLARE LOS INGRESOS DE TODOS LOS MIEMBROS DEL HOGAR (Sáltese este paso si contestó ‘SÍ’ en el PASO 2)

**A. INGRESOS DE LOS ESTUDIANTES:** En ocasiones, los estudiantes del hogar tienen ingresos. Anote los ingresos **BRUTOS TOTALES** (antes de deducciones) en números enteros de los estudiantes que se enumeraron en el PASO 1.

Anote el período de pago correspondiente en la casilla de “Frecuencia”: S = Semanal, 2S = Cada dos semanas, 2M = Dos veces al mes, M = Mensual, A = Anual

Ingresos totales de los estudiantes				Frecuencia
\$				

**B. TODOS LOS DEMÁS MIEMBROS DEL HOGAR (incluido usted):** Anote a **TODOS** los miembros del hogar que no anotó en el PASO 1, **incluso si no reciben ingresos**. Para cada miembro del hogar, anote sus ingresos **BRUTOS TOTALES** (antes de deducciones) en números enteros para cada fuente. Si el miembro del hogar no recibe ingresos de ninguna fuente, anote “0”. Si anota “0” o deja cualquier campo en blanco, está certificando (prometiendo) que no hay ingresos que declarar.

Anote el período de pago correspondiente en la casilla de “Frecuencia”: S = Semanal, 2S = Cada dos semanas, 2M = Dos veces al mes, M = Mensual, A = Anual

Anote el nombre de <b>TODOS LOS DEMÁS</b> miembros del hogar (Apellido y nombre)	Ingresos del trabajo				Frecuencia	Asistencia pública/SSI/ manutención de menores/pensión alimenticia				Frecuencia	Pensiones/retiro/jubilación otros ingresos				Frecuencia
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				

**C. Total de miembros del hogar**  
(Niños y adultos)

 

**D. Anote los últimos cuatro dígitos del número de Seguro Social (SSN) de la persona que recibe más ingresos o de otro miembro adulto del hogar**

   

Marque la casilla si **NO tiene SSN**

**PASO 4 – INFORMACIÓN DE CONTACTO Y FIRMA DE UN ADULTO**

certificación: Certifico (prometo) que toda la información en esta solicitud es verdadera y que se declararon todos los ingresos. Entiendo que proporciono esta información en relación con la recepción de fondos federales y que los funcionarios de la escuela podrían verificar (revisar) la información. Soy consciente de que si proporciono deliberadamente información falsa, mis hijos podrían perder la asistencia para las comidas y se me podría procesar conforme a las leyes estatales y federales aplicables.

Firma del adulto que llenó esta solicitud:	Nombre en letra de molde:	Fecha:
Dirección:		
Correo electrónico:	Teléfono:	

**OPCIONAL – IDENTIDAD ÉTNICA Y RACIAL DE LOS NIÑOS**

Estamos obligados a pedir información acerca de la raza y origen étnico de sus hijos. Esta información es importante y nos ayuda a servir plenamente a nuestra comunidad. Responder a esta sección es opcional y no afecta la elegibilidad de sus hijos para recibir comidas gratis o a precio reducido.

<b>Origen étnico (marque uno):</b> <input type="checkbox"/> Hispano o latino <input type="checkbox"/> No hispano o latino
<b>Raza (marque una o más):</b> <input type="checkbox"/> Indígena americano o nativo de Alaska <input type="checkbox"/> Asiático <input type="checkbox"/> Negro o afroestadounidense <input type="checkbox"/> Nativo de Hawái u otro isla del Pacífico <input type="checkbox"/> Blanco

DO NOT COMPLETE. SCHOOL USE ONLY (PARA USO DE LA ESCUELA SOLAMENTE)	
How Often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12	Total Household Income \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Total Household Size <input type="text"/> <input type="text"/> <input type="text"/> Eligibility Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-price <input type="checkbox"/> Paid (Denied)	<input type="checkbox"/> Categorical
Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway	<input type="checkbox"/> Error Prone
Determining Official's Signature:	Date:
Confirming Official's Signature:	Date:
Verifying Official's Signature:	Date:

**REQUISITOS:** Sus hijos podrían reunir los requisitos para recibir comidas gratis o a precio reducido si los ingresos de su hogar son iguales o menores a las directrices federales de elegibilidad que se indican continuac

**Guía de Ingresos Elegibles: Julio 1, 2019–Junio 30, 2020**

<b>PERSONAS EN HOGAR</b>	<b>ANNUAL</b>	<b>MENSUAL</b>	<b>QUINCENAL</b>	<b>CADA DOS SEMANAS</b>	<b>SEMANAL</b>
<b>1</b>	\$23,107	\$1,926	\$963	\$ 889	\$ 445
<b>2</b>	\$31,284	\$2,607	\$1,304	\$1,204	\$602
<b>3</b>	\$39,461	\$3,289	\$1,645	\$1,518	\$759
<b>4</b>	\$47,638	\$3,970	\$1,985	\$1,833	\$917
<b>5</b>	\$55,815	\$4,652	\$2,326	\$2,147	\$ 1,074
<b>PARA CADA MIEMBRO ADICIONAL DEL HOGAR AÑADE</b>	<b>\$8,177</b>	<b>\$ 682</b>	<b>\$ 341</b>	<b>\$ 315</b>	<b>\$ 158</b>