

Nevada Joint Union High School District
REQUIRED EMERGENCY INFORMATION

Student ID: _____

School Year: 2017-2018

Name _____ Grade ____ Sex ____ Birthdate _____

Mailing Address _____ Home Phone _____

City _____ State _____ Zip _____

Residence Address _____

City _____ State _____ Zip _____

With whom does the student live?

Mother Stepmother

Last Name _____ First Name _____ Email _____

Home Phone _____ Work Phone _____ Cell _____

Father Stepfather

Last Name _____ First Name _____ Email _____

Home Phone _____ Work Phone _____ Cell _____

Guardian – relationship _____

Last Name _____ First Name _____ Email _____

Home Phone _____ Work Phone _____ Cell _____

Non-Resident Guardian: Other legal guardian's address if student is not living with him/her:

Relationship to student _____

Last Name _____ First Name _____ Phone _____

Mailing Address _____ City/State _____ Zip _____

If you cannot be reached in case of illness/injury, give the name of persons who will assume temporary responsibility for your student (someone in this area). Must be at least 18 years old.

Name	Relationship to student	Home Phone	Work/Cell Phone
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_____	_____	_____	_____
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Has any of the above information changed since the last school year? Yes No
PLEASE NOTIFY THE REGISTRAR FOR ANY CONTACT/ADDRESS CHANGES DURING THE SCHOOL YEAR

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Health Plan/Insurance _____ Group/Policy# _____

Please complete both sides

PLEASE CHECK THE FOLLOWING ITEMS IF THEY PERTAIN TO YOUR CHILD

Check here if there are no known health problems

EYES

Wears glasses/contacts To be worn at all times

EARS

Has a hearing problem Has tubes in ears Uses hearing aid

GENERAL HEALTH

1. Has the following condition(s): Seizures Fainting Spells Diabetes
Heart Condition ADHD/ADD Migraines Asthma Other

Describe: _____

Allergic reaction to bee stings describe: _____

Medication allergies describe: _____

Are any of the above life threatening? _____

2. List medication prescribed:

Name and dosage: _____

For (diagnosis): _____

Does the drug need to be taken during school hours? _____

Prescribed by Dr. _____ Phone _____

Note: Your student must have a doctor's note on file in the Nurse's Office in order to take any medication (including over-the-counter, i.e. Tylenol), at school or on field trips.

Under care of Dr. _____ Phone _____

In the event of an emergency, if a parent or guardian cannot be reached, I hereby give my permission for the school authorities to render first aid and when deemed necessary, secure medical help or ambulance service at my expense.

As a legal custodian of _____, a minor, I hereby authorize the principal or his/her designees, into whose care the aforementioned minor pupil has been entrusted, to consent to any x-ray, examination, anesthetic, medical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary.

This authorization shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that the Nevada Joint Union High School District, its employees and its Board assume no liability of any nature in relation to the transportation or treatment of said minor. I further understand that all costs of paramedic transportation, hospitalization, and examination, x-ray, or treatment provided in relation to this authorization shall be my responsibility.

I understand that the Nevada Joint Union High School District does not provide accident medical insurance for students for school related injuries but does offer the student accident insurance for voluntary purchase. I have received the information and application for this program.

I understand the information given on this card will be used as a permanent guide for emergency care for my child and it is my responsibility to notify the school of any change.

Please check one:

I have read the above statements and agree.

I do not choose the above statement and desire the following action in the event of an emergency:

Parent/Guardian Signature _____ Date: _____

NEVADA JOINT UNION HIGH SCHOOL DISTRICT - ENROLLMENT FORM

- Bear River Nevada Union Ghidotti Early College High School Silver Springs North Point Academy

REGISTRATION INFORMATION

STUDENT ID DATE OF ENROLLMENT AGE CLASSIFICATION: Regular Ed/Special Ed (w/active IEP) (Please circle one)

Legal First Name Legal Middle Name Legal Last Name Legal First Name Legal Last Name Grade
Nickname Gender Birth Date

Does your student have a sibling enrolled in the Nevada Jt. Union High School District? Yes No
Federal regulations require a response to BOTH of the following questions: Are you Hispanic or Latino? Yes, Hispanic or Latino No, not Hispanic or Latino

Table with 2 columns: Race and Ethnicity. Rows include American Indian or Alaska Native, Laotian, Other Pacific Islander, Chinese, Japanese, Korean, Vietnamese, Other Asian, Hawaiian, Guamanian, Samoan, Black or African American, White, Asian Indian, Tahitian.

Most Recent School Attended School Address City/State/Zip
School Phone Number Name used at previous school (if different): Current District of Residence

Home Language Survey The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide instruction for all students. Please answer the questions below:
Which language did your student learn when he/she first began to talk?
Which language does your student use most frequently at home?
Which language do you (the parents or guardians) most frequently speak to your student?

Date 1st attended NJUHSD school Date 1st attended CA school Date 1st attended US school
Is either parent/guardian on active duty in the U.S. Armed Forces (Army, Navy, Air Force, Marine Corps or Coast Guard) or on full-time National Guard duty? Y/N (circle one)

PERSONAL INFORMATION

Please check all service(s)/program(s) in which the student is currently enrolled: Special Education 504 Accomodation Foster Youth

Please list service(s)/ program(s) received prior to this year not listed above such as GATE, Title I, English Language Development, etc.:

City of Birth State of Birth Country of Birth Mother's Maiden Name

Legal Restrictions: (please provide any pertinent legal or physical custody agreement)

CONTACT INFORMATION

Priority	Type	Name (First/Last)	Address	Phone Numbers	Receive Mailings?
NA	STUDENT MAILING ADDRESS		Street Address (include apt #) or PO Box:	Cell: Home: Work: Other:	
		Email Address:	City/State/Zip Code:		
NA	STUDENT PHYSICAL ADDRESS		Street Address (include apt #):	Cell: Home: Work: Other:	
		Email Address:	City/State/Zip Code:		
1	Guardian Name Relationship		Street Address (include apt #) or PO Box:	Cell: Home: Work: Other:	
		Email Address:	City/State/Zip Code:		
2	Guardian Name Relationship		Street Address (include apt #) or PO Box:	Cell: Home: Work: Other:	
		Email Address:	City/State/Zip Code:		
3	Guardian Name Relationship		Street Address (include apt #) or PO Box:	Cell: Home: Work: Other:	
		Email Address:	City/State/Zip Code:		
4	Guardian Name Relationship		Street Address (include apt #) or PO Box:	Cell: Home: Work: Other:	
		Email Address:	City/State/Zip Code:		
1	LOCAL EMERGENCY CONTACT		Street Address (include apt #) or PO Box:	Cell: Home: Work: Other:	
			City/State/Zip Code:		
2	LOCAL EMERGENCY CONTACT		Street Address (include apt #) or PO Box:	Cell: Home: Work: Other:	
			City/State/Zip Code:		

Homeless status (IF APPLICABLE) (The term "homeless student" means students who lack a fixed, regular, and adequate nighttime residence). Under No Child Left Behind, additional services are available to homeless students. Completion of this information is optional. If you have any questions, or are not comfortable completing this section but would like information about the services available, contact the NJUHSD Homeless/Foster Youth Liaison, Marty Mathiesen, 272-2635.

- Student is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason
- Student is living in motels, hotels, trailer parks, shelters, or awaiting foster care placement
- Student has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings
- Student is living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings
- Migratory student qualifies as homeless because they are living in similar circumstances

Residency Verification

I declare under the penalty of perjury under the laws of the State of California that the foregoing street address is the correct residence for my student.

- Parent/Guardian Education Level**
 (Federal regulations require a response)
 (Education level of the most educated parent)
- Graduate school/post-graduate training (10)
 - High school grad (13)
 - College grad (11)
 - Not high school grad (14)
 - Some college (12)

11th GRADE PARENTS ONLY:

Please check if you **DO NOT** want your student's grade point average and social security number to be released to the California Student Aid Commission for use in determining his/her eligibility for financial aid/Cal Grant awards.

Computer Usage Agreement

Along with networked computer labs, access to the Internet is available to the student at NJUHSD. Parents and students are required to read, understand, and sign the Computer Usage Agreement before students may use any computer lab on campus. Violation of the terms/conditions of this agreement will result in termination of the privilege.

NJUHSD Board Policy & Education Code 48915 - Any student who is found in possession of loaded or unloaded firearms, knives, explosive devices, or any other dangerous weapons, has possession, sells or is under the influence of any controlled substance or alcohol, commits or attempts to commit robbery or extortion, or causes, attempts to cause or threatens to cause serious physical injury to another person, he/she shall be immediately suspended and recommended for expulsion, unless the particular circumstances of the case indicate that expulsion is inappropriate. No exception shall be made in the case of the possession of a loaded or unloaded firearm. Violation of this policy with regards to drugs, alcohol, weapons, or battery will result in a recommendation for expulsion from the district.

- Has the student ever been expelled? Yes No
- Has the student ever been suspended? Yes No

We, as parent/guardian and student, acknowledge that we have read and understand the above information.

Parent/Guardian Signature

Date

Student Signature

Date

Access to student information will be permitted pursuant to Education Codes 49073-49079

Student Name (Please Print) _____ ID # _____ Grade _____

Nevada Joint Union High School District **Mandatory Parent/Guardian Signatures**

The **emergency information card** and this **mandatory signature page** must be signed and returned annually to the registrar's office at your school site:

The policies and forms listed below are provided on our web site at www.njuhsd.com (click on Schools link to find your school, go to Students & Parents, then Student Policies/Forms, Annual Parent Notification, & then Mandatory Signatures). Please sign below to acknowledge you have reviewed these policies and forms:

Annual Parent/Guardian Notice of Rights & Responsibilities (EC 48980)	Restroom Maintenance Complaint Form
National School Lunch Program	Dress and Grooming Policy
Inter-district Attendance Policy	Tobacco Free Campus Policy
Intra-district Open Enrollment Policy	Attendance Policy
Random Drug Testing of Student Athletes	Chronic Absence & Truancy Policy
Drug & Alcohol Free Workplace Policy	Optional Parent/Guardian Signature Page
Sexual Harassment Policies/Non Discrimination	Discipline Policy
Student Use of Technology Policy	Search and Seizure Policy
Identification and Education under Section 504	Parent Involvement Policy
Graduation Requirements	Wellness Policy
Uniform Complaint Policy	Release of Directory Information
Williams Complaint Policy	Bring Your Own Device
Student Fees & Charges	Suspension and Expulsion Policy
Campus Security Policy	_____
LEA Medi-Cal Billing Option	Signature: Parent/Guardian of Pupil Age 17 and younger or Pupil age 18 and older
Confidential Medical Services Notification	_____
Indian Education	Date

Nevada Joint Union High School District -Discipline Code

I have read the DISCIPLINE policy, the attendance rules and disciplinary rules and regulations of my school.

Parent/Guardian Signature

Student Signature

Date

Student Instructional Technology Acceptable Use & Internet Safety Agreement (Terms & Conditions)

I understand and will abide by the Terms and Conditions for the use of the Nevada Joint Union High School District technology services, including Internet access. I further understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken and/or appropriate legal action pursued.

Student Name (printed) _____ Student Signature _____ Date: _____

Parent Name (printed) _____ Parent Signature _____ Date: _____

All documents can be located and downloaded from the web site at www.njuhsd.com



Dear Parents/Guardians,

Please take a minute to read this important update.

Your student and our school will receive many benefits when you sign up for the National School Lunch Program.

Sample benefits for students who are enrolled in the program:

- Nutritionally-sound **Lunch AND Breakfast** provided free each school day—meals are cooked in house by our talented cafeteria staff. Several tasty choices are available. All students, paying or free, receive the same lunches; there is absolutely no identification of students
- Comcast home Internet service available for the reduced cost of \$9.95/month—See <http://www.internetessentials.com/> for more information
- Waivers or reduction on test fees including the ACT, SAT, and AP tests
- Waiver of college application fees
- Free District scholarship applications

Benefits to your school:

- The State of California has revamped its funding system for schools. Each student enrolled in the National School Lunch Program **generates additional instructional funding** for your school. These are critically needed funds to continue and expand the great programs at our school!
- Several Federal funding sources are dependent on the percentage of students enrolled in this program.

Simple On-line Process

We are pleased to announce the availability to apply for the National School Lunch Program online. Although primarily income based, various household scenarios allow students to qualify. Please check it out online. The process is safe, secure, private and available anytime, anywhere. Please go to the Nevada Joint Union High School website at www.njuhsd.com **parent tab** for the link. This service provides the highest level of data encryption available, meaning that your information is always safe and guarded. You may apply online in the comfort and privacy of your own home. The online service is available 24/7 anytime, anywhere there is an Internet connection. Your data is transmitted to the Nevada Joint Union High School District Nutrition Office the same day you apply, allowing for confidential and swift processing. ***Please note that applications must be completed each school year.***

After your application is approved, your student just needs to join the breakfast/lunch line with the other students (paying or not). At the register, he/she simply gives his/her student identification number to the server and he/she will be provided with a complete meal. If you would prefer a paper application, please contact your school office or Iva Lee at the number listed below.

Even if your student is not interested in the meals, ***please take a moment to complete this important application as it means so much to our schools!***

If you have any questions, please contact Iva Lee at (530)273-3351, ext. 202.

Laura Flores
Chief Business Official
lflores@njuhsd.com



Welcome to the NJUHSD food program!

The Nevada Joint Union High School District would like to introduce you to the exciting changes being made as we enter our fourth year of preparing fresh, cooked-from-scratch meals created entirely on-site in our school kitchens.

We are working closely with local farms to secure produce that is grown locally and regionally; this means students can expect colorful summer vegetables when they begin the school year, crisp apples as they enter autumn and savory root vegetables as they turn the corner into winter. Freshly made prepared salads will also be available, including one featuring raspberries, walnuts and feta. This year, students will have the chance to create their own salads with local produce in our all-new build-your-own-salad bar at Nevada Union. Also returning this year is our build-your-own-sandwich bar, where students can add fresh produce and condiments to their sandwich that is made with freshly baked bread from Truckee Sourdough Company. Made from scratch pizza dough will be used to create cheese and pepperoni pies which will be offered daily, and a different specialty pie each day of the week, including Hawaiian, BBQ chicken, and Mediterranean with pesto, sun-dried tomatoes, and artichokes. Freshly made hot sandwiches on Truckee Sourdough bread will also be offered, including pulled pork, southwest chicken, and pesto chicken. A variety of delicious wraps and burritos will be available, including an oriental chicken wrap and a fajita burrito. As you can see, delicious, nutritious, and appealing choices for students and staff will be in abundance with our new program.

This is just the beginning. We are working closely with local non-profits Sierra Harvest and Nevada County Grown to move toward a completely **fresh, cooked-from-scratch food program**. Meet our partners in providing healthy food choices to our students: **Culture Shock, Truckee Sourdough Company, Sierra Harvest, and Nevada County Grown**.

Qualified students will be able to access these healthy food choices at no cost. Please see the attached letter regarding our private, quick and easy on-line application process. There are many additional family benefits to qualifying for the National School Lunch program. Please note that income is not the only qualifier for these services—please check out the application letter.

NJUHSD is also pleased to offer parents a convenient, easy, and secure online prepayment service for student meals. Once a student account is established and funded, the student may purchase breakfast or lunch by simply giving their student identification number to the cashier. The cost of the meal will be deducted from the account balance. There are many advantages to this system including faster service to students; not having to think about daily lunch money; and peace of mind for parents that students are provided a healthy morning and/or midday meal. Please see the possibilities on the parents tab on our website at njuhsd.com. You will need a debit/credit card, student name and identification number, and school ZIP code. Things to know:

- If you have more than one child in the high school district, all online prepayments may be handled from one online account.
- Payments may be made through an existing PayPal account, a major credit/debit card, or e-check. The minimum prepayment amount is \$10.00 per prepay transaction.
- A small fee of \$1.95 for each transaction will be assessed to cover bank charges.

We are excited to offer these services in alignment with the District's Wellness policy and are confident the system will benefit you and your student(s). However, if you choose not to participate in the online prepayment service, advance payments may still be made directly to the cafeteria cashier. If you have any questions about these services, please contact Iva Lee at (530)273-3351, ext. 202.

Laura Flores
Chief Business Official
lflores@njuhsd.com

School Year 2017-18 Nevada Joint Union High 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. You may also apply online at www.njrhdsd.com. 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 overly 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 EACH STUDENT (First, Middle Initial, Last)		Enter school name and grade level		Enter student's birthdate		Check the applicable box if the student is foster, homeless, migrant, or runaway.				
EXAMPLE: Joseph P Adams		Lincoln Elementary		12-15-2010		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"/>	<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 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDIPIR

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

If YES, check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4.

Select Program Type: CalFresh CalWORKs FDIPIR

Enter Case Number: _____

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

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

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 source, 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 ALL OTHER 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	Total Student Income		How Often
							\$	\$	
	\$		\$		\$		\$	\$	
	\$		\$		\$		\$	\$	
	\$		\$		\$		\$	\$	
	\$		\$		\$		\$	\$	
	\$		\$		\$		\$	\$	

C. Total Household Members (Children and Adults) D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member Check the box if NO SSN

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: _____

How Often? Weekly Bi-Weekly Twice a Month Monthly Yearly

Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12

Total Household Size Eligibility Status: Free Reduced-price Paid (Denied)

Verified as: Homeless Migrant Runaway Categorical Error Prone

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

DO NOT COMPLETE. SCHOOL USE ONLY

Total Household Income \$ _____

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

Dear Parent or Guardian:

The Nevada Joint Union School District takes part in the National School Lunch and/or School Breakfast Programs. Meals are served every school day at participating schools. Students may buy breakfast for \$2.00 and lunch for \$4.00. Eligible students may receive meals free of charge. You or your children do not have to be a U.S. citizen to qualify for free or reduced-price meals.

TERMS—“Household” means a group of related or non-related individuals who are living as one economic unit and sharing living expenses. “Living expenses” include rent, clothes, food, doctor bills, utility bills, etc.

SOCIAL SECURITY NUMBER (SSN)—The Application must include the last four digits of the SSN of the adult who signs it. If the adult does not have a SSN, check the “I do not have a SSN box.” If you have listed a CalFresh, CalWORKS, Kin-GAP, or FDP/IR case number for the child, or if the Application is for a foster child, an SSN is not required of the adult signing the Application.

DIRECT CERTIFICATION—This school/agency participates Direct Certification. If your household currently receives benefits from one of the following programs: CalFresh (previously Food Stamps), California Work Opportunity and Responsibility to Kids (CalWORKS), Kinship Guardianship Assistance Payments (Kin-GAP), or Food Distribution Program on Indian Reservations (FDPIR), DO NOT complete a meal Application. School officials will notify you of your children’s eligibility for free meals. If you are not contacted by August 31, 2017 but think your children are eligible for free meals, please contact the school. You may need to complete an Application.

MIXED HOUSEHOLDS WITH DIRECTLY CERTIFIED, FOSTER, OR/AND NON DIRECTLY CERTIFIED CHILDREN—To apply, complete the Application for Free and Reduced-Price Meals, sign it, and return it to the school. Households must complete an Application when EACH child who does not have a case number or/and is not a foster child.

FDP/IR BENEFITS—Households participating in the FDP/IR are categorically eligible for free meals/milk. The FDP/IR is authorized by Section 4(b) of the Food Stamp Act of 1977. Under this section, eligible households may elect to participate in either the CalFresh Program or the FDP/IR. Since households are afforded the option to participate in either program, FDP/IR households have been determined to receive the same categorical benefits as CalFresh households.

FOSTER CARE CHILDREN or CHILDREN PLACED IN OUT-OF-HOME CARE—Who are the legal responsibility of a welfare agency or court. Foster children are categorically eligible for free meals without further Application, but the eligibility is not extended to other non-foster children in the household. Households with foster/non-foster children are encouraged to complete an Application, since foster children may be counted as a household member, which may help the foster family’s non-foster children qualify for free or reduced-price meals based on the household size and income. If you choose to add both your foster/non-foster children on the Application, you will need to report the foster/non-foster child’s income (personal income provided to the child or earned by the child), if any, and the foster parent signs the Application and provides the last four digits of their SSN.

INCOME HOUSEHOLDS—To apply, Complete the Application for Free and Reduced-Price Meals. Follow the instructions on the Application and see the income to report chart on the right, sign it, and return it to the school.

MILITARY HOUSING INCOME—If you are in the Military Housing Privatization Initiative or get combat pay, DO NOT include these allowances as income. You do report any military benefits received in cash, such as housing allowances (off-base or general commercial/private real estate market), food, clothing, and deployed service member’s income made available by them or on their behalf to the household.

HOMELESS, RUNAWAY, & MIGRANT—Contact the school for details. **MEALS FOR DISABLED**—If you believe your child needs a food substitute or texture modification because of a disability, please contact the school. A child with a disability is entitled to a special meal at no extra charge if the disability prevents the child from eating the regular meal.

WIC PARTICIPANTS—If you currently receive benefits under the Special Supplemental Nutrition Program for Women, Infants, and Children (known as WIC), your child may be eligible for free/reduced-price meals. We encourage you to complete an Application and return for processing.

APPLYING FOR BENEFITS—You may apply for meal benefits at any time during the school year. If you are not eligible now, but your income decreases during the school year, you lose your job, your family size becomes larger, or you become eligible for CalFresh, CalWORKS, Kin-GAP, or FDP/IR benefits, you may submit an Application at that time.

A COMPLETE HOUSEHOLD APPLICATION—The Application cannot be approved unless it contains complete eligibility information. If you do not enter a CalFresh, CalWORKS, Kin-GAP, or FDP/IR case number for each student (or an adult household member) listed on the Application, you must complete the following:

Note: You must complete an Application with all household members and their income listed, for a child who is living with relatives or friends, whether or not the child is a ward of the court.

Section A: The names of all children in your household, name of school or write “none” if not in school, their earned income with frequency, or mark the “if no income box.” The Children’s Racial and Ethnic Identities, is voluntary to answer.

Section B: The names of all adults in the household, the amount of income, the source and frequency of income, or mark the “if no income box” for each person listed.

Section C: Enter contact information, mailing address, and the last four digits of the SSN of the adult household member signing the Application, or mark the “I do not have an SSN box.” If the adult does not have an SSN, **VERIFICATION**—School officials may check the information on the Application at any time during the school year. You may be asked to send information to validate your income, or current eligibility for CalFresh, CalWORKS, Kin-GAP, or FDP/IR benefits. For a foster child, you will need to provide written documentation that verifies the foster child is the legal responsibility of an agency/court or provide the name and contact information for a person at the agency/court who can verify that the child is a foster child.

INFORMATION STATEMENT—The Richard B. Russell National School Lunch Act requires the information on this Application. You do not have to provide 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 SSN of the adult household member who signs the Application. The last four digits of the SSN is not required when you apply on behalf of a foster child or when you list a CalFresh, CalWORKS, Kin-GAP, or FDP/IR case number or other FDP/IR identifier for your child or when you indicate that the adult household member signing the Application does not have a SSN. Your family size, household income, and the last four digits of your SSN will remain confidential and will not be shared. 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.

OVER IDENTIFICATION—Children who receive free or reduced-price meals must be treated in the same manner as children who pay full price for meals, and not overtly identified.

FAIR HEARING—If you do not agree with the school’s decision regarding your Application, its eligibility determination or the result of verification, you may discuss it with the school. You also have the right to a fair hearing. A fair hearing may be requested by calling or writing the following school official: **LAURA FLORES, 530-273-3351 x204, 11645 Ridge Road, Grass Valley, CA 95945**

INCOME FOR THE SELF-EMPLOYED—Self-employed persons may use last year’s income as a basis to project their current year’s NET income, unless your current net income provides a more accurate measure. The income to

be reported is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as medical expenses and other non-business deductions are not allowed in reducing gross business income.

CALCULATING INCOME—List all adult household members, whether or not they receive income. For each household member with income, write the amount of current income, enter the source of current income received, such as from wages, pensions, retirement, welfare, child support, and so on, for each category, and how often received (frequency). **Gross Earnings from work is the amount earned before taxes and other deductions.** If any current amount received was more or less than usual, write the usual or projected income. Households receiving different income intervals must annualize their income by calculating weekly x 52; every two weeks x 26; twice a month x 24; and monthly by 12.

INCOME TO REPORT	
Example from work before taxes (includes all jobs)	Gross Wages/Salary/Tips, strike benefits, unemployment compensation, or other compensation, and net income from self-owned business or farm
Pension, Retirement, Social Security	Pensions, supplemental security income, retirement payments, Social Security income (SSI) (including SSI a child receives)
Welfare, Child Support, Alimony	Public assistance payments, welfare payments, alimony, and child support payments
Net Other Income	Disability benefits, cash withdrawn from savings, interest and dividends from estates, trusts, and investments, regular contributions from persons not living in the household, net royalties and annuities, net rental income, any temporary income

Household Size	Income Eligibility Guidelines (IEGs) July 1, 2017–June 30, 2018			
	Annual	Monthly	Three Per Month	Every Two Weeks
1	\$22,318	\$1,860	\$930	\$859
2	\$30,044	\$2,504	\$1,252	\$1,156
3	\$37,777	\$3,149	\$1,575	\$1,453
4	\$45,510	\$3,793	\$1,897	\$1,751
5	\$53,243	\$4,437	\$2,219	\$2,048
6	\$60,976	\$5,082	\$2,541	\$2,346
7	\$68,709	\$5,726	\$2,863	\$2,644
8	\$76,442	\$6,371	\$3,186	\$2,941
For each additional household member add	\$7,723	\$645	\$323	\$298

NON-DISCRIMINATION STATEMENT—This explains what to do if you believe you have been treated unfairly. In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 866-632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339, or 800-845-6136 (Spanish).

Do you Need Assistance completing the Application or have questions? Please contact:

- Nevada Union High School 530-273-4431
- Rear River High School 530-256-3700
- Silver Springs High School 530-273-2635
- Glendale Early College High School 530-274-5270

You will be notified by the school when your Application has been approved or denied for free or reduced-price meals. Sincerely,

Iva Lee
Food Services Department

What's Up Wellness Checkups/TeenScreen Parent Consent Form

Spring 2017

Dear Parents,

Our schools are committed to working with you to not only educate your children, but also to support them to reach their full potential outside of the classroom living happy, rewarding lives. To that end, we are offering parents of NJUHSD high school students the opportunity to have their teens participate in a free health check-up offered to students by What's Up Wellness Checkups. The Wellness Checkups is an emotional health screening program based on TeenScreen, a nationally-recognized and evidence-based program developed for teens by Columbia University and currently managed by Stanford University. The screening program identifies risk factors associated with depression, anxiety, and alcohol and substance abuse. The program is free, completely voluntary and confidential.

I hope you take advantage of this confidential check-up. Please read the information below and then sign and return the Parent Consent Form on the opposite side of this page to indicate whether you want your teen to participate.

How Do The Wellness Checkups Work? The staff of What's Up Wellness Checkups will conduct the screenings. It will take place during school hours in a private setting at the school. Your teen will not be screened without your permission. All screening results will be kept confidential, stored separately from academic records, and not shared with your teen's teachers.

There are three steps to the screening process.

Step One: Teens complete a 10-minute questionnaire about vision, hearing and dental problems, symptoms of depression and anxiety, suicidal thinking and behavior, and use of drugs and alcohol.

Step Two: Teens whose answers reveal a possible need for further support and teens who ask for help then meet with a trained mental health professional in private to determine if further evaluation would be helpful. Teens whose answers show they likely do not need help meet briefly with other program staff to answer any questions they may have about the program. This also gives them the opportunity to ask for help with any other concerns the screening did not cover.

Step Three: You will be contacted by program staff only if your teen meets with a mental health professional *and* they recommend further evaluation for your teen. If this is the case, program staff will share the overall results with you and discuss ways you can get help for your teen. You will not be contacted if your teen is not found to need additional mental health services. If a vision, hearing or dental need is identified during the screening process, program staff will notify you by letter.

Nevada Joint Union High School District provides this screening at no cost, but does not provide further evaluation or treatment services. It is up to you to decide if you want to obtain any additional services for your teen.

Consent forms will be accepted and screenings will occur throughout the 2017-2018 school year. Please contact What's Up? Wellness Checkups staff at 530-268-5854 or whatsupwellness@gmail.com if you have any questions. To learn more about the program: www.whatsupwellness.com

Please sign the consent form on the opposite side of this page and return to the main office or to your school counselor.

Sincerely,

Dan Frisella
Assistant Superintendent
Nevada Joint Union High School District
11645 Ridge Road
Grass Valley, CA 95945

What's Up Wellness Checkups/TeenScreen Parent Consent Form

I have read and understand the description of the TeenScreen Program offered at NJUHSD High Schools from August 2017 through June 2018. A complete description is available at: www.nuhd.org/wellnesscheckups or www.whatsupwellness.com

I would like OR I do not want my child to participate in the TeenScreen Program

Parent/Legal Guardian's Name

Parent/Legal Guardian's Signature

Date

Student's Name

Date of Birth

Grade

High School

Please provide BOTH addresses and phone/email information so we can contact you if needed:

Physical Address

Mailing Address (if different)

Parent's Email Address

Home Phone

Cell Phone

Work Phone

Best times to reach y

Notes:

*Screenings will be taking place throughout the 2017-2018 school year. If you have questions regarding when or if your child has been screened, please contact What's Up? Wellness Checkups at 530-268-5854/whatsupwellness@gmail.com

For immediate help call the Nevada County Crisis Line 530-265-5811 or Placer County Crisis Line 916-787-8860.

FAQ's About What's Up Wellness Checkups & TeenScreen

Are TeenScreen results confidential? Yes. To protect your child's privacy, screening results and related files will be stored separately from school records. Teachers and school staff will not be involved in the screening. If program staff believes that your child is in some danger or is a danger to others, they are mandated by law to take action and notify appropriate personnel and/or necessary authorities.

What information will be shared with my child following the screen? All teens meet privately with program staff to discuss concerns that came up for them while screening & generate a list of people they could go to for help if needed. If answers reveal potential concerns about their emotional well-being they will meet with a clinician to explore symptoms/difficulties and determine whether they might benefit from a full evaluation by a mental health professional at a later date. If the clinician determines that a teen may benefit from an evaluation, the teen will be told that his/her parent(s) will be contacted to discuss a recommendation for follow-up.

What if I provide consent, but my child doesn't want to participate? Screening is voluntary & your child may refuse to participate. We will notify you by letter if your child chooses not to participate or is absent on the day of the screening.

How accurate is the screening questionnaire? The screen was developed by Columbia University and research has concluded that it is effective in identifying youth's possible emotional problems. However, the screen results are not a medical diagnosis and TeenScreen does not make treatment recommendations. To review any forms or the screen, please call (530)268-5854 or email us at whatsupwellness@gmail.com.

How is the program funded? It is supported by the Nevada County Behavioral Health Department's Mental Health Services Act funding, as a not for profit public service to help provide free screening services to local communities.



HOLLY A. HERMANSEN, SUPERINTENDENT

380 Crown Point Circle
Grass Valley, CA 95945
530-478-6400 · fax 530-478-6410

Nevada County Indian Education Program

Dear Parent or Guardian;

At the beginning of a new school year, each participating school district conducts an annual survey to identify American Indian students attending public schools in Nevada County. The form 506, attached to this letter, is an official federal form provided by the U.S. Department of Education to identify Native students. The total number of Native students identified determines the amount of federal funding our Indian Education Program will receive that year. Identified Native students are not required to participate in program activities, but are eligible for services when needed.

If your child is of American Indian descent, please take a few moments to complete this form. Complete a separate form for each child attending public school. You may make as many copies of this form as necessary, providing it is on white paper and has the Paperwork Burden Statement on back. If you need additional forms you may also contact your child's school. You do not have to be a registered member of your tribe to participate in our program but must show some form of documentation. If you are verified through Chapa-De Indian Health Program, Inc., you may use their name and address as organization maintaining membership data. If you do not have verification that your child is Native American, please fill out the form to the best of your knowledge and we may be able to help you get such verification.

Your child automatically becomes enrolled in our program when you complete and return this form to your child's school. The school will forward the form to us.

You may have completed a form for your child in the past few years. We are asking you to fill out a new form for each child. These forms will help us update our student database with the most current information on school, grade level, address and telephone number. To count your students for our funding, we must be able to document the school and grade they are attending.

If you have any questions about our program or need assistance completing this form please call Melissa Marcum at (530) 478-6400 x2020. Your cooperation is greatly appreciated. If your child is not of American Indian descent, please disregard this notice.

Thank you for your assistance.

Sincerely,

Holly A. Hermansen
Nevada County Superintendent of Schools

**U.S. Department of Education
Office of Indian Education
Washington, DC 20202
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM**

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name of the Child _____ Date of Birth _____ Grade _____
(As shown on school enrollment records)

Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

- _____ Federally Recognized
- _____ State Recognized
- _____ Terminated Tribe (Documentation required. Must attach to form)
- _____ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

- A. Membership or enrollment number (if readily available) _____ OR
- B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____
City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____ Phone _____

INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does **NOT** have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

DEFINITION: Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

STUDENT INFORMATION: Write the name of the child, date of birth and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-** a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

PAPERWORK BURDEN STATEMENT According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 07/31/2019.

Student Name (Please Print) _____ ID # _____ Grade _____

Nevada Joint Union High School District

Optional Parent/Guardian Signatures:

*The following signatures **are not** required. This form is also available for download at www.njuhsd.com (find you school under the Schools link, under Quick Links click on Student Policies/Forms, then Annual Parent Notification and then at Optional/Program Signatures).*

Request to Deny Access to ALL Directory Information:

Federal Law (No Child Left Behind, Section 9528) requires schools to disclose the names and addresses of students in grades 7-12 to military recruiters and institutions of higher learning, if so requested. Education Code allows the schools to disclose directory information to certain specified agencies such as the news media, prospective employers, parent-teacher association, etc. *The same law allows you to choose **NOT** to have the information disclosed. If you do not want any of your student's directory information to be released please checkmark and sign below.*

_____ **DO NOT** release my student's directory information.

Parent/Guardian

Date

(If you are only interested in denying directory information to the military please complete the separate military opt-out form, and not this page, thereby allowing other institutions to receive your student's information.)

Please note if this form is not returned prior to September 1st your information may be released.

Non-Participation in Health, Family Life, or Sex Education Instruction:

I DO NOT WISH _____ to participate for the following reasons:
(Student Name)

___ Conflict with religious training or beliefs

___ Personal moral convictions

Parent/Guardian

Date

Request for Information on Pesticide Applications:

I understand that, upon request, the school district is required to supply information about individual pesticide applications at least 72 hours before application. I would like to be notified before each pesticide application at this school.

Student Name _____ School _____

Parent/Guardian _____ Phone _____

All documents can be located and downloaded from the district web site at www.njuhsd.com

Student Name (Please Print) _____ ID # _____ Grade _____

**Nevada Joint Union High School District
OPTIONAL PARENT/STUDENT SIGNATURE**

**Request to Deny Access to
Directory Information to the Military**

This form is also available for download at www.njuhsd.com (find your school under the Schools link, under Quick Links click on Student Policies/Forms, then Annual Parent Notification and then at Optional/Program Signatures).

Federal Law (No Child Left Behind, Section 9528) requires schools to disclose the names and addresses of students in grades 7-12 to military recruiters, if so requested. However, a secondary school student or the parent of the student may request that the student's name, address, and telephone listing not be released to the military without prior written parental consent. *The local educational agency shall notify parents of the option to make a request and shall comply with any request.*

PARENT REQUEST TO DENY DIRECTORY INFORMATION

_____ I am the parent of the student notated at the top of the page. My signature below indicates that I **DO NOT** want my student's director information released to the military.

Parent/Guardian Signature

Date

STUDENT REQUEST TO DENY DIRECTORY INFORMATION

_____ I am the student notated at the top of the page. My signature below indicates that I **DO NOT** want my directory information released to the military.

Student's Signature

Date

Please note:

1) If this form is not returned prior to September 1st your student's information may be released to the military. However you may submit this request at any time during the school year.

2) This request to deny directory information applies *only* to the military. If you do not complete the optional signature page regarding ALL directory information, your student's directory information may be release to institutions of higher, learning, prospective employers, etc.

All documents can be located and downloaded from the district web site at www.njuhsd.com

NEVADA JOINT UNION HIGH SCHOOL DISTRICT NONDISCRIMINATION AND SEXUAL HARASSMENT POLICY NOTICE

Nondiscrimination

The Governing Board recognizes that the district is primarily responsible for complying with applicable state and federal laws and regulations governing educational programs.

The Governing Board is committed to equal opportunity for all individuals in education. District programs and activities shall be free from discrimination based on sex, race, color, religious creed, national origin, ancestry, age, marital or parental status, pregnancy, physical or mental disability, medical condition, Vietnam era veteran status, actual or perceived sexual orientation, or any other unlawful consideration. The Board shall promote programs which ensure that discriminatory practices are eliminated in all district activities.

Any student who engages in discrimination of another students or anyone from the district may be subject to disciplinary action up to and including expulsion. Any employee who permits or engages in discrimination may be subject to disciplinary action up to and including dismissal.

Any students, staff member, or parent who feels that discrimination has occurred should immediately contact the teacher, principals of the school, or district Title IX Coordinator. If the concern is not resolved, a formal complaint may be initiated at the school or by directly contacting the district Title IX Coordinator. Copies of the Uniform Complaint Form may be obtained from the school office or Title IX Coordinator. Unlawful discrimination complaints shall be initiated not later than six months from the date the alleged discrimination occurred, or the date the complainant first obtained knowledge of the facts of the alleged discrimination.

Sexual Harassment

The district has adopted the following strict policy containing rules and procedures for reporting sexual harassment and pursuing remedies.

"The Governing Board prohibits unlawful sexual harassment of or by anyone in or from the district. Sexual harassment is unwelcome sexual advances, request for sexual favors, or other verbal, visual or physical contact of a sexual nature made by someone from or in the work or educational setting. Any student who engages in sexual harassment of another students or anyone from the district may be subject to disciplinary action up to and including expulsion. Any employee who permits or engages in sexual harassment may be subject to disciplinary action up to and including dismissal."

Any student, staff member, or parent who feels that harassment has occurred should immediately contact the teacher, principal or the school, or district Title IX Coordinator. If the concern is not resolved, a formal complaint may be initiated at the school or by directly contacting the district Title IX Coordinator. Copies of the Uniform Complaint Form may be obtained from the school office or district Title IX Coordinator.

To File a Complaint

- 1. Filing a Complaint:** Submit a formal written complaint to the principal or Title IX Coordinator.
- 2. Mediation:** Mediation is optional. It involves a third party to help in resolving the dispute. Mediation shall not extend the district's timelines for investigating and resolving the complaint unless the complainant agrees in writing to such an extension of time.
- 3. Investigation:** The district will investigate the complaint and provide a written report of the investigation and decision within 30 days of when the complaint is filed.
- 4. Appeals:** If the person making the complaint disagrees with the district's decision, he/she has 5 working days to appeal the decision to the school district Board of Education. If dissatisfied with the district's decision, the complainant has 15 days to appeal in writing to the California Department of Education.
- 5. Civil Law Remedies:** A complainant may pursue civil law remedies outside of the district's complaint procedures. Complainants may seek assistance from mediation centers or public/private interest attorneys. Civil law remedies that may be imposed by a court include, but are not limited to, injunctions and restraining orders. For discrimination complaints, however, a complainant must wait until 60 days have elapsed from the filing of an appeal with the California Department of Education before pursuing civil law remedies. The moratorium does not apply to injunctive relief and is applicable only if the district has appropriately, and in a timely manner, apprised the complainant of his/her right to file a complaint in accordance with 5 CCR 4622. Additional information is available in NJUHSD AR#1312.3 Uniform Complaint Procedures.

Complaints will be kept confidential.

The district prohibits retaliation against any participant in the complaint process. Each complaint shall be investigated promptly and in a way that respects the privacy of all parties concerned.

Copies of district complaint procedures shall be available free of charge.

**If you have a complaint
contact a teacher, principal,
site administrator or:**

**Title IX Coordinator
District Office**

**11645 Ridge Road
Grass Valley, CA 95945
Phone: 273-3351**

