



Heritage High School
101 American Avenue
Brentwood, CA 94513
925.634.0037



Dear Future Patriot Parent,

As the 2020-2021 school year approaches, a new chapter in your student's life will begin at Heritage High School.

In preparation for high school, the Heritage school counselors will provide information about course selection and give your student a registration packet during the week of January 27 – 31, 2020, at their specific middle school. If the paperwork gets misplaced, it will be available online at www.libertyunion.schoolwires.net/heritage. Please note that all incoming 8th grade students must complete the enrollment process upon entering Heritage High School. If you have questions related to enrollment, please contact Joselyn Reed, School Registrar, at reedjo@luhsd.net.

All completed paperwork is due on or before Friday, February 7, 2020, to your middle school.

- Enrollment Packet and copy of immunizations
- Course Selection sheet
- Incoming 8th graders will have the opportunity to come in and verify residency during July **prior** to Walk Thru. More information with specific dates and times will be sent out toward the end of the 2019-2020 school year.
- If you do not complete residency verification for the 2020-2021 school year prior to Walk Thru, it must be completed at walk-thru. This includes physical documents to be photo copied at walk-thru. No visual or electronic verification will be accepted.

If you have applied for an intra-district transfer to another school in the district, you must enroll at your **current home school** until the intra-district has been approved. **Please do not fill out paperwork for both schools. It should only be completed for the home school.**

On behalf of all the faculty, staff and administrators, we welcome you and your student to Heritage High School for the 2020-2021 school year.

Sincerely,

Carrie Wells
Principal

Sincerely,

Joselyn Reed
Registrar



LIBERTY UNION HIGH SCHOOL DISTRICT STUDENT REGISTRATION

GRADE

Liberty HS Freedom HS Heritage HS La Paloma HS Independence HS Gateway

Student Last Name:

- PLEASE PRINT -

▶ **Has student attended a school within Liberty Union High School District before?** Yes No
If Yes, which school: _____ Date(s) attended: _____

STUDENT'S LEGAL NAME:

Legal First Name | Legal Middle Name | Legal Last Name | Other Legal Name (if applicable)

Male Female
 Non-Binary

Birth date: (mm/dd/yy) | | |
Month | Day | Year

Nickname(s):

PARENT(S)/GUARDIAN(S) WITH WHOM THE STUDENT LIVES

Are you the student's LEGAL guardian? Yes No If No, please complete a "Caregiver Affidavit".
If there is a legal custody agreement regarding this student, please check one: Joint Custody Sole Custody Guardian

First Name | Last Name | () | () | ()
Home Phone | Work Phone | Cell Phone

Email
Relationship: Father Mother Step-Father Step-Mother Guardian Authorized Caregiver Other

First Name | Last Name | () | () | ()
Home Phone | Work Phone | Cell Phone

Email
Relationship: Father Mother Step-Father Step-Mother Guardian Foster/Group Home Other

Residence Address – House # & Street Name | Apt# | City | State | Zip

Mailing Address (IF DIFFERENT) – PO Box or House # & Street Name | Apt # | City | State | Zip

Current Living Situation (please check all boxes that apply)

Homeless-"doubling up" (living with another family)* Homeless-sheltered* Homeless-unsheltered*
 Homeless-hotel/motel* Unaccompanied Youth Foster Family Home Foster Group Home
**Temporarily living situation due to financial hardship*

Has the student ever received special education services? (if so, please check all the following boxes that apply):

Special Education: Resource (RSP) Special Day Class (SDC) Speech/Language 504
Other: Gifted (GATE) Other (Specify) _____

Military (check if applicable): Active Duty Dept of Defense

First Name:

Permanent ID:

In accordance with California Department of Education and Federal guidelines, collection of the following information is required.

WHAT IS YOUR CHILD'S ETHNICITY? – Please check one:

- Hispanic or Latino
 (Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? – Please check up to five racial categories:

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

- | | | |
|--|---|--|
| <input type="checkbox"/> American Indian or Alaskan Native (100)
(Persons having origins in any of the original people of North, Central, or South America) | <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Samoan (303) |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> Tahitian (304) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Other Pacific Islander (399) |
| <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Hmong (208) | <input type="checkbox"/> Filipino/Filipino American (400) |
| <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> African American or Black (600) |
| | <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |
| | <input type="checkbox"/> Guamanian (302) | |

BIRTHPLACE: City: _____ State: _____ Country: _____

PARENT EDUCATION –

Please check the response that describes the highest level of education obtained by any parent/guardian:

- Graduate Degree or Higher (10)
- College Graduate (11)
- Some College or Associate's Degree (12)
- High School Graduate (13)
- Not a High School Graduate (14)

Date your child first attended school in the U.S.

Month	Day	Year
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Date your child first attended school in California

Month	Day	Year
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LAST SCHOOLS ATTENDED:

_____	_____ / _____
School Name	Grade Level(s) Date Student Left

_____	_____	_____	_____
Street	City	State	Zip

_____	_____ / _____
School Name	Grade Level(s) Date Student Left

_____	_____	_____	_____
Street	City	State	Zip

Has your child been suspended? Yes No Has your child ever been expelled? Yes No

Signature of Parent/Guardian: _____ Date: _____

Student Last Name:

First Name:

Permanent ID:

Liberty Union High School District

To assure each school attendance area serves its area residents, the District needs a verification of each student's home address. The District may deem it necessary to further verify a child's legal residence with a home visit by school officials. If a child is determined not to reside at the address claimed, parents will be required to register the child immediately at the school/district that corresponds with the actual address of the child.

The Liberty Union High School District requires three forms of documentation to verify residency within the school district. This also includes address changes, since new addresses must be verified as being within district attendance boundaries. To verify proof of residence, the following must be provided from each column:

<i>Picture ID (One required)</i>	<i>TWO of the following ORIGINAL DOCUMENTS with parent/guardian's name and CURRENT address</i>
Current California State Driver's License	Property tax payment receipts
Current California ID Card	Rental/Lease Agreement with parent/guardian's name, student's name, and address, as well as manager or owner's name and phone number
Valid Passport or Consulate-Issued Picture ID	Utility service contract statement or payment receipts
Credencial Para Votar	Payroll stubs/checks
Military ID	Voter registration
Other Picture ID	Other forms of communication from a government agency
	Valid vehicle registration with current address
	For new homeowners, close of escrow documents may be provided as evidence of residency. However, within 30 calendar days of registration with the district, two (2) of the documents listed above must be provided for continued enrollment.

For unusual residency situations, District and site staff are prepared to review documents and answer all questions that may arise during the residency verification process.

**DECLARATION OF RESIDENCE
2020-2021 School Year**

I understand that I am required by California State Law to send any person between the ages of 6 and 18 for whom I am parent or legal guardian to the full time day school or continuation school or classes provided by the school district where I reside, unless otherwise exempted. (Ed. Code 48200)

I further understand that under state law every person has only one residence which is the place where one remains when not called elsewhere for work or other special or temporary purposes and to which one returns at times of repose. (Ed Code 68062)

In light of these facts, I state that :

I am the parent or legal guardian of _____.

I am a resident of _____, CA, and my street address is

_____. I have been informed that my residence is within the

_____ High School boundaries within the District.

I declare under penalty of perjury that the foregoing is true and correct. Executed this

_____ day of _____, 20_____.

Signed: _____

**HERITAGE HIGH SCHOOL
EMERGENCY CARD
PLEASE COMPLETE BLANK AREAS**

PLEASE TURN FORM OVER – YOUR SIGNATURE IS REQUIRED

Student Last Name:		Student First Name:		Middle Initial:
Address: Is this a change of address from last school year? Yes No		City	Zip	Phone
School	Year 2020-2021	Grade	Birth Date	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian	Address (if different)		City/Zip	Relationship
Mother's / Guardian's Name Address (if different)		Mother's / Guardian's Occupation	Mother's / Guardian's Employer	Work # () Cell # ()
Father's / Guardian's Name Address (if different)		Father's / Guardian's Occupation	Father's / Guardian's Employer	Work # () Cell # ()
Physician/Practitioner _____ Phone () _____ Medical Card # _____ Dr. Address: _____ Hospital: _____			Special Health Considerations 1. _____ 2. _____ 3. _____	

CONTACTS

IF YOU CANNOT BE REACHED, LIST FOUR PERSONS WHO WILL BE AVAILABLE IN CASE OF AN EMERGENCY OR DISASTER

Name	Relationship	Address/City	Work # () Cell # ()
1.			
2.			
3.			
4.			

Parent E-Mail Address

Student E-mail Address

FORM CONTINUED ON THE BACK →

EMERGENCY INFORMATION

Dear Parent/Guardian:

The following information is desired for use in the event that your child becomes ill or is injured while at school or in case of an impending or actual disaster and you cannot be reached. In cases of minor nature, first aid will be administered. It is understood that the instructions given on this card will remain in force until revoked by the parent or guardian.

Indicate the action you want the school to take if the injury or illness is of a serious nature:

1. Child should be placed in care of personal physician (as shown on reverse side). Yes No
Child should be placed in care of Christian Science practitioner (as shown on reverse side.) Yes No
2. If physician/practitioner cannot be reached immediately, what action should be taken? _____

3. In the event of injury to the mouth or teeth. List family dentist. Name: _____
Address: _____ Phone: _____

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PHYSICAL EDUCATION REQUIREMENT

The State of California (E.C. 51222) states that every school child is required to take physical education unless legally exempt under E.C. 51241 or E.C. 51246. When there is a legitimate reason for a student to be excused from physical education for one week or less, please send a note by the student to the health office. Any time an excuse will exceed one week, a form must be completed and signed by a physician.

Is there any reason why this student should not participate in the regular physical education program? Yes No

If "Yes", please provide doctor's excuse and state reason: _____
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VERIFICATION OF RIGHTS

Governing boards of school districts are required to notify parents or guardians of their rights. Will you please sign and return this form acknowledging that you have been notified of your rights as listed on the bottom portion of this card. Your signature does not indicate consent to participate in any particular program.

Signature of Parent/Guardian _____ Date _____

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NOTIFICATION OF RIGHTS OF PARENTS AND STUDENTS

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Dear Parent/Guardian:

The "Family Educational Rights and Privacy Act of 1974" (PL 93-380) requires that parents, legal guardians and eligible 18 years old students have the right to inspect and review any and all official records, files and data directly related to the student. These include all material that is incorporated into each student's cumulative record folder, specifically including, but not necessarily limited to, identifying data, academic work completed, level of achievement, attendance data, scores on standardized and psychological tests, interest inventory results, health data, family background information, teacher or counselor ratings and observation and verified reports of serious or recurrent behavior patterns. Alleged violations of this act may be reported to the United States Department of Health, Education and Welfare.

Maintenance of Records (E.C. 49064)

A log shall be maintained for each pupil's record, which lists all persons or organizations requesting, or receiving information from said record. Requests for access to the log should be directed to the school principal.

Change for Records (E.C. 49065)

The school district may make a reasonable charge in an amount not to exceed the actual cost of furnishing copies of any pupil record.

Grades (E.C. 49066)

The grade given to each pupil shall be the grade determined by the teacher and, in the absence of mistake, fraud, bad faith or incompetence, shall be final. Failure to wear standardized physical education apparel, which arises from circumstances beyond the control of the pupil, shall not adversely affect said pupil's grade.

Pupil's Progress (E.C. 49067)

Each school district shall prescribe regulations requiring the evaluation of each pupil's achievement for each marking period and requiring a conference with, or a written report to the parent of each pupil whenever it becomes evident to the teacher that the pupil is in danger of failing a course. The refusal of the parent to attend the conference, or to respond to the written report, shall not preclude failing the pupil at the end of the grading period.

Transfer of Records (E.C. 49068)

Any school district requesting transfer of a pupil record for purposes of enrollment shall notify the parent of his/her right to receive a copy of the record and to challenge the content of the record.

Inspection of Records (E.C. 49069)

Pupil records are available for review during regular school hours. Requests for access should be directed to the school principal and must be granted within five days following the date of the request.

Written Request for Removal of Records (E.C. 49070)

Following inspection and review of a pupil's record, a parent may file a written request with the superintendent of the district to correct or remove any information, which the parent alleges to be inaccurate, misleading or inappropriate.

Hearing on Request to Remove Information (E.C. 49071)

A log shall be maintained for each pupil's record, which lists all persons or organizations requesting, or receiving information from said record. Requests for access to the log should be directed to the school principal.

Parents Statement Regarding Disciplinary Action (E.C. 49072)

Whenever information concerning any disciplinary action is included in a pupil's record, the school district shall allow the pupil's parents to include a written statement or response concerning the disciplinary action.

Directory Information (E.C. 49073)

Directory information, which includes one or more of the following items: student's name, address, telephone number, date and place of birth, major field of study, participation in officially recognized activities and sport, weight and height of members of athletic teams, dates of attendance, degrees and awards received and the most recent previous public or private school attended by the student may be released according to local policy for any pupil or former pupil, provided that notice is given annually of the categories of information to be released and of the recipients of said information. No directory information shall be released regarding any student when a parent has notified the school district that such information shall not be released.

Release of Statistical Data (E.C. 49074)

A school district may release statistical data to certain agencies, colleges, and universities when such action would be in the best educational interests of pupils and provided that no pupil may be identified.

Release of Records (E.C. 49075)

A school district may permit access to pupil records to any person for whom the parent of the pupil has executed written consent specifying the records to be released and identifying the party to whom the records may be released. The recipient must be notified that the transmission of the information to others is prohibited. The consent notice shall be permanently kept with the pupil's record file.

Access Without Written Consent (E.C. 49076, 49077, 49078)

School personnel with legitimate educational interest, schools of intended enrollment, specified federal and state educational administrators and those who provide financial aid are entitled access to pupil records without parental consent. Access may also be obtained without parental consent pursuant to court order.

Health History

Student's Name: _____ DOB _____ Grade _____ Date _____

Address: _____ Phone#: _____
Street City Zip

My Child has no health issues and does not carry medications at school.

PLEASE COMPLETE IF YOUR CHILD HAS ANY OF THE FOLLOWING:

Allergies:

Seasonal * If this requires medication to be taken at school please see the health clerk for a medication administration form.

Food / Nut My Child is allergic to _____.
 His/her reaction to this is _____.
 My child has a history of anaphylaxis: Yes No
 My child requires an Epi-pen per MD order: Yes No

Bees / insect My child is allergic to _____.
 This requires an Epi-pen per MD order: Yes No
 *If the reaction requires medication, other than an Epi-pen, that will be kept at school please see health clerk for a medication administration form.

Other Please describe _____.
 Does this require an Epi-pen? Yes No

Asthma:

Seasonal * Please see the health clerk for a medication administration form if an inhaler **will be** carried.

Chronic My child was diagnosed at age _____.
 My child requires & carries medications and/or inhalers year round, and during the school day: Yes No

Diabetes: My child has had a diabetic healthcare plan: Yes No
 * Please, complete new forms annually (required)

Epilepsy/Seizure Disorder My child's last seizure was when he/she was _____ years old
 His/her seizures are controlled with meds: Yes No
 My child has been on a seizure action plan: Yes No

Hearing/Vision loss: Corrected with _____ Last exam _____

A physical condition or recent injury that would alter/limit mobility on campus:
 Please explain _____

Heart disease / congenital heart defect: Please explain _____

Operation(s): Type: _____ How long ago _____

Does your child take any other medications **at school**? Yes No If yes, list medications*:

List anything else we should know about his/her health: _____

Does your child have any limitations in Physical Education? Yes No

- If yes, please provide a doctor's note. This needs to specify what activities he/she MAY participate in.
- If your child is ill or injured and cannot participate in P.E. for more than 1-week a doctor's note is required.

 Parent or Guardian Signature

 Date

LIBERTY UNION HIGH SCHOOL DISTRICT
HOME LANGUAGE SURVEY - English Version

Name of Student _____

Surname/Last Name

First Given Name

Second Given Name

School: _____

Age: _____

Grade Level: _____

Birth Date _____

Directions to Parents/Guardians:

The California Education Code contains legal requirements which direct schools to determine the language(s) spoken in the home of each student. This information is essential in order for the school to provide adequate instructional programs and services.

As parents/guardians, your cooperation is requested in complying with this legal requirement. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. (If you are not sure of your child's language status, the State of California has a data base which will provide us with your child's status from the time he/she entered school.)

1. Which language did your child learn when he/she first began to talk? _____
2. Which language does your child most frequently speak at home? _____
3. Which language do you (the parents/guardians) most frequently use when speaking with your child: _____
4. Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adult.) _____

Signature of Parent/Guardian _____

Date _____

PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY



Entry Requirements by Age and Grade:

Vaccine	4-6 Years Old Elementary School at Transitional-Kindergarten/ Kindergarten and Above	7-17 Years Old Elementary or Secondary School	7th Grade*
Polio (OPV or IPV)	4 doses (3 doses OK if one was given on or after 4th birthday)	4 doses (3 doses OK if one was given on or after 2nd birthday)	
Diphtheria, Tetanus, and Pertussis (DTaP, DTP, DT, or Tdap)	5 doses of DTaP, DTP, or DT (4 doses OK if one was given on or after 4th birthday)	4 doses of DTaP, DTP, DT, Tdap, or Td (3 doses OK if last dose was given on or after 2nd birthday. At least one dose must be Tdap or DTaP/ DTP given on or after 7th birthday for all 7th-12th graders.)	1 dose of Tdap (Or DTP/DTaP given on or after the 7th birthday.)
Measles, Mumps, and Rubella (MMR or MMR-V)	2 doses (Both doses given on or after 1st birthday. Only one dose of mumps and rubella vaccines are required if given separately.)	1 dose (Dose given on or after 1st birthday. Mumps vaccine is not required if given separately.)	2 doses of MMR or any measles-containing vaccine (Both doses given on or after 1st birthday.)
Hepatitis B (Hep B or HBV)	3 doses		
Varicella (chickenpox, VAR, MMR-V or VZV)	1 dose	1 dose for ages 7-12 years. 2 doses for ages 13-17 years.	

*New admissions to 7th grade should also meet the requirements for ages 7-17 years.

WHY YOUR CHILD NEEDS SHOTS:

The California School Immunization Law requires that children be up to date on their immunizations (shots) to attend school. Diseases like measles spread quickly, so children need to be protected before they enter. California schools are required to check immunization records for all new student admissions at Kindergarten or Transitional Kindergarten **through** 12th grade and all students advancing to 7th grade before entry.

THE LAW:

Health and Safety Code, Division 105, Part 2, Chapter 1, Sections 120325-120380; California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Sections 6000-6075

WHAT YOU WILL NEED FOR ADMISSION:

To attend school, your child's Immunization Record must show the date for each required shot above. If you do not have an Immunization Record, or your child has not received all required shots, call your doctor now for an appointment.

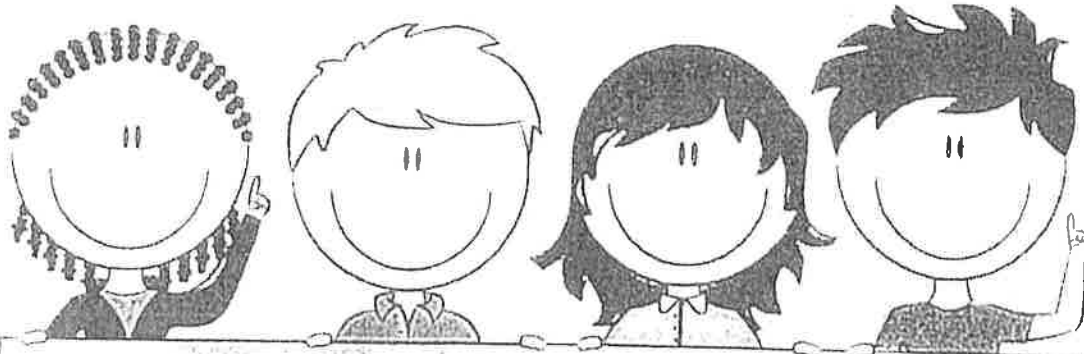
If a licensed physician determines a vaccine should not be given to your child because of medical reasons, submit a written statement from the physician for a **medical exemption** for the missing shot(s), including the duration of the medical exemption.

A personal beliefs exemption is no longer an option for entry into school; however, a valid personal beliefs exemption filed with a school before January 1, 2016 is valid until entry into the next grade span (7th through 12th grade). Valid personal beliefs exemptions may be transferred between schools in California. For complete details, visit ShotsforSchool.org.

You must also submit an immunization record for all required shots not exempted.

Questions? Visit ShotsForSchool.org or contact your local health department (bit.do/immunization).

No Shots? No Records? No School.



In accordance with state law,
students will not be enrolled
unless an immunization record
is presented and
immunizations are up-to-date.

The Contra Costa Public Health offers free immunizations to children and adults on a first-come, first-served basis. Please call 925-313-6767 or visit cchealth.org/immunization/clinics.php for more information.

**CONTRA COSTA COUNTY COMMUNITY PROVIDERS FOR
IMMUNIZATIONS & TB TESTING**

*Please contact these providers directly for additional information.
This list is for informational purposes only and its contents are subject to change.*

EAST COUNTY						
Provider Name & Address	Ph. Number	Child Vaccines	Adult Vaccines	Travel Vaccines	TB Test (PPD)/TB Blood Test	Appointment Needed
Brentwood Public Health Clinic 171 Sand Creek Rd, Ste. A Brentwood	800-246-2494	Yes	Yes	No	No/No	Walk-in Monday 1 – 4:30 pm
Pittsburg Public Health Clinic 2311 Loveridge Rd Pittsburg	800-246-2494	Yes	Yes	No	No/No	Walk-in Tuesday 1 – 4:30 pm
U.S. Health Works 2400 Balfour Rd., Suite 230 Brentwood https://www.ushealthworks.com	925-626-3801	No	No	No	Yes/Yes	Walk-In M, T, W, F 8:30am-4:30pm
La Clinica – Pittsburg 2240 Gladstone Dr #3	925-431-1230	Yes	Some	No	Yes/Yes	Yes
La Clinica – Oakley 2021 Main Street	925-776-8200	Yes	Some	No	Yes/Yes	Yes
Yogesh K. Trehan, M.D. 100 Cortano Way, Ste. 140 Brentwood, CA 94513	925-516-4488	Some	Yes	No	Yes/Yes	Yes Mon, Tues, Wed
Rite-Aid Pharmacy CVS	Call your local stores for details	Varies	Flu & Others	No	No/No	riteaid.com cvs.com
Walgreens Pharmacy	Call your local Store	7 & Older	Yes	Yes	No/No	walgreens.com
Safeway Pharmacy Antioch 3365 Deer Valley Road	925-706-4152 safeway.com	8 & older	Yes	Yes	No/No	Yes Need web access
WEST COUNTY						
West County Public Health Clinic 13601 San Pablo Avenue, 1 st Floor San Pablo	800-246-2494	Yes	Yes	No	No/No	Walk-in Friday 1 – 4:30 pm
LifeLong Brookside Community Hlth 2023 Vale Rd. #107 San Pablo	510-215-9092	Yes	Some	No	Yes/Yes	Not for PPD Mon – Wed 2pm – 4pm
LifeLong Brookside Community Hlth 1030 Nevin Avenue Richmond	510-215-5001	Yes	Yes	No	Yes/Yes	Not for PPD Mon – Fri 7am – 4pm
Appian Medical Associates 1617 Canyon Dr Ste 301 Pinole	510-724-9300	No	Yes	No	Yes/Yes	Yes
Rite-Aid Pharmacy CVS Pharmacy	Call your local stores for details	Varies	Flu Vaccine & Others	No	No/No	riteaid.com cvs.com
Walgreens Pharmacy	Call your local stores for details	Yes, 7 & over	Yes	Yes	No/No	walgreens.com