



Grace Hopper STEM Academy

Registration Checklist

Dear Parent or Guardian,

Welcome to Grace Hopper STEM Academy. Thank you for your interest in enrolling your child for the upcoming **2024-2025** school year. We look forward to helping you enroll your child. Below is the application so you may fill out.

The following documents are required:

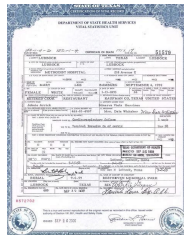
- Certified copy of student's Birth Certificate or Passport
- Parent ID
- Utility Bill
- Report Card/PAR (Pupil Accounting Record) from previous school

Complete COPY of Immunization Record.

- Immunizations needed to start school:** 2 doses of MMR, 4 doses of POLIO, 3 doses of Hepatitis B, 2 doses of Varicella and 5 doses of DTAP. All dates must be verified by Doctor or Clinic. All incoming 7th and 8th graders will need to provide proof of TDAP vaccine.

Please check off any documents included in this enrollment package

- IEP / 504 plan
- Court Guardianship Documents
- Testing Scores



Please do your very best to complete the application with the documents listed above. Once completed you may email or return the application and the documents requested above. **Your child's enrollment will not be complete until all supporting documents are submitted.**



PLEASE RETURN OR SCAN/EMAIL TO MRS. AYALA AT
layala@ghsa-k12-ca.us



Grace Hopper STEM Academy

STUDENT ENROLLMENT FORM

COPY OF BIRTH CERTIFICATE REQUIRED

PRINT Legal Name (No nicknames): _____ Grade in 2024/2025 School Year: _____

_____ Male Female Date of Birth _____
STUDENT: Last Name, First Name, Middle

PLACE OF BIRTH _____
City State Country

Student resides with: Mother Father Guardian

Father's Name (Father/Guardian/Caregiver)

Mother's Name (Mother/Father/Guardian/Caregiver)

Cell Phone Work Phone

Cell Phone Work Phone

Would Father like to receive materials and announcements? If Yes, _____
Email Address

Would Mother like to receive materials and announcements? If Yes, _____
Email Address

Home Address City State Zip Code

Mailing Address if different from above City State Zip Code

Father needs interpreter for phone calls/meetings? ____ Yes ____ No

Mother needs interpreter for phone calls/meetings? ____ Yes ____ No

Last School your child attended Address City State Zip Code

School's Telephone Number School's Fax Number



Grace Hopper STEM Academy

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 meaningful instruction for all students.

Please answer the following questions:

1. Has your student been designated as an English learner in California Public Schools within the last 12 months? Yes No

Has your child ever been tested as an English learner? Yes No

2. What language did your child speak when he/she first began to talk? _____

3. What language does your child most frequently use at home? _____

4. What language do you use most frequently to speak to your child? _____

5. Name the language in order most often spoke at home by adults? 1st _____ 2nd _____

I prefer materials sent home in: English Spanish (if available)

The district must comply with many Federal and State reporting requirements. Your assistance in denoting the ethnic background of your student would be appreciated.

Is the student: Hispanic Latino No, Not Hispanic or Latino

Please continue to answer the following by marking one or more boxes to indicate what you consider the student's race to be.

White Black/African American Pacific Islander Filipino

Asian/Asian American American Indian/Alaskan Other _____

The California Education Code requires schools to gather information regarding the highest level of education achieved by both parents. **Please choose the corresponding:**

Parent 1 Name _____

Not a High School graduate High School Graduate Some College College Graduate

Graduate degree or higher Decline to state or unknown

Parent 2 Name: _____

Not a High School graduate High School Graduate Some College College Graduate

Graduate degree or higher Decline to state or unknown

Parent/Guardian Signature _____

Date _____



Grace Hopper STEM Academy

Emergency Form

The following information is necessary for the Student Health Record.
Please complete this form, sign and return to your school annually.

STUDENT: Last Name _____ First Name _____ Middle Initial _____ Male Female

DOB Month/Day/Year _____

Address Where the Student Currently Resides _____ Apartment # _____ City _____ Zip Code _____ Grade _____

Please check which Parent/Guardian should be contacted first: Father Mother

Fathers Name (indicate if Father/Guardian/Tutor)

Mothers Name (indicate if Father/Guardian/Tutor)

Cell Number/Home Phone Number

Cell Number/Home Phone Number

Father's Email Address

Mother's Email Address

Father's Current Address

Mother's Current Address

Mailing Address (if different from above)

Mailing Address (if different from above)

Father's Years of Education: _____

Mother's Years of Education: _____

Additional Contacts: Must Be Local-List contacts for two adults other than parent/guardian.

If Parent/Guardian cannot be reached, we authorize the School staff to release the student to:

1. _____
Adult's Full Name Relationship to student Home/Work # Cell Number

2. _____
Adult's Full Name Relationship to student Home/Work # Cell Number



Grace Hopper STEM Academy

MEDICAL INFORMATION

MEDICAL INFORMATION: EC49423

Student's Physician/Clinic: _____
Name Address Phone Number

I GIVE MY CONSENT for school personnel to communicate with my son/daughter's physician
 YES NO

Does the student take continuing medication? YES NO

Will it be necessary to take medication at school? YES NO

IF STUDENT REQUIRES ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS, PARENT MUST COMPLETE AND DELIVER TO THE HEALTH OFFICE THE "AUTHORIZATION OF MEDICATION" FORM SIGNED BY PARENT AND PHYCISIAN.

EMERGENCY: In an emergency, I give my consent for family Physician, EMT and/or Hospital to provide emergency treatment to my son/daughter: YES NO

Student has Medical Insurance? YES NO

Medical Insurance in Father's or Mother's Name? _____

Medical Insurance Carrier Policy Number/Group Insurance Contact number/s

Signature of Parent /Guardian

Date



Grace Hopper STEM Academy

Health Information Form

STUDENT: Last Name _____ First Name _____ DOB Month/Day/ Year _____ Male Female

Student Current Address City Zip code _____ Phone Number _____ Grade _____

PARENT/GUARDIAN: The following information is necessary for the student's health record. It is required upon registration of the student. However, if **student develops new health problem/s** in the future, we request that you notify the school's Health Office as soon as possible to provide the appropriate care for your child. Please complete and return this form to the school's Health Office.

MEDICATION: EC 49423

Does the student take continuing medication? NO YES Will it be necessary to take medication at school? NO YES

Students are not allowed to carry medication except with physician's authorization on file for asthma and diabetes.

All Medication: prescribed, over the counter, homeopathic remedies, vitamins, etc. which are to be administered during the school day or during school-sponsored activities, **require an Authorization for Administration of Medication signed by the physician and parent. If your child requires administration of medication during school hours**, please complete "Authorization for Administration of Medication" form and personally deliver it to the School's Administration Office.

HEALTH CONDITIONS: Please mark the corresponding items that best describe your student's current health condition/s and return the completed form to school Administration Office. Please provide specific information regarding that may affect student learning and participation in school activities.

Health Condition (Check all that apply)	Explain:(please include, date diagnosed, frequency, severity, etc.)
<input type="checkbox"/> Allergy (Serious; food, bee sting, medication, other)	_____
<input type="checkbox"/> Asthma (mild, moderate, serious)	_____
<input type="checkbox"/> Birth defect/genetic Disorder	_____
<input type="checkbox"/> Blood Disorder/s	_____
<input type="checkbox"/> Cerebral Palsy	_____
<input type="checkbox"/> Diabetes	_____
<input type="checkbox"/> Diagnosed ADHD/ADD	_____
<input type="checkbox"/> Emotional Disorder	_____
<input type="checkbox"/> Heart Condition	_____
<input type="checkbox"/> Immune Deficiency Syndrome	_____
<input type="checkbox"/> Migraine Headache	_____
<input type="checkbox"/> Neurological Disorder	_____
<input type="checkbox"/> Orthopedic Disorder	_____
<input type="checkbox"/> Prosthesis	_____
<input type="checkbox"/> Psychological Disorder	_____
<input type="checkbox"/> Scoliosis	_____
<input type="checkbox"/> Seizure Disorder	_____
Other Serious Health Concerns:	_____

Hearing Impairment		
Deaf/Hard of hearing	<input type="checkbox"/> Right Ear	<input type="checkbox"/> Left Ear
Hearing Aids	<input type="checkbox"/> Right Ear	<input type="checkbox"/> Left Ear
Hearing Problems	<input type="checkbox"/> Right Ear	<input type="checkbox"/> Left Ear
Vision Impairment	Right Eye	Left Eye
<input type="checkbox"/> Wears Glasses	<input type="checkbox"/> Astigmatism	<input type="checkbox"/> Astigmatism
<input type="checkbox"/> Distance		
<input type="checkbox"/> Reading		
Contact Lenses	<input type="checkbox"/> Contact Lens.	<input type="checkbox"/> Contact Lens.
Other: _____		

Speech Impairment	<input type="checkbox"/> Has had Therapy <input type="checkbox"/> Needs Therapy
Physical Restrictions	
PE Class Participation Kind of restriction:	

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



Grace Hopper STEM Academy

UNIVERSAL TRIP PERMISSION SLIP AND AUTHORIZATION FOR MEDICAL CARE

_____ has my permission to participate in the

Student's Name

Field Trip to : _____ Field Trip Date: _____

Departure: _____ Return: _____ Supervising Adult: _____

LUNCH

METHOD OF TRANSPORTATION

School will provide lunch

Walking

School Bus

Students should bring sack lunch
No liquid

Private Auto

Other: _____

Other: _____

Purpose of trip:

PARENTS, PLEASE NOTE:

SECTION 35330 of the California Education Code States in part :

“All persons making the field trip shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by the reason of the field trip or excursion.”

I agree to direct my child to cooperate with directions and instructions of GHSA personnel in charge of the activity.

AUTHORIZATION FOR MEDICAL CARE

Should it be necessary for my child to have medical care while participating in this trip, I hereby give GHSA personnel permission to use their judgment in obtaining medical care deemed necessary and appropriate by the physician. I understand that GHSA has no insurance covering such medical or hospital costs incurred for such treatment shall be my sole responsibility.

PLEASE CHECK HERE IF INSTRUCTUONS FOR SPECIAL MEDICAL TREATMENT FOR THE STUDENT ARE ON FILE AT THE SCHOOL
(Form 34-EH-17 Rev, 4/95 C/C 966 121 8901)

Student's Name

Home Address

Home Telephone Number

Business Telephone Number of Parent/Guardian

Emergency Telephone Number

Authorization Signature of Parent/Guardian

Parent/Guardian Signature

Date



Grace Hopper STEM Academy

Student Issued Textbook Contract

Student: _____

ID# _____ **Grade:** _____

Subject: _____

Book Title: _____

Book # _____

The student to whom a textbook is issued is responsible for the proper care of that textbook. Students are not to write on any page or mark any part of the textbook in any way.

Students will pay for any damage or loss of issued textbooks. If a textbook is lost, a paid receipt must be obtained from the office before a new textbook will be issued. The student above is responsible for the return of all issued textbooks. The textbooks must be returned when a student leaves the district or when teachers announce dates for showing or returning textbooks.

If textbooks are returned in a damaged condition by the teacher specified return date, the student will be fined for the replacement price of the textbook. All fines must be paid in order to be eligible for all school programs and activities.

I agree to follow the textbook policy.

Student Signature

Date

Parent/Guardian Signature

Date



Grace Hopper STEM Academy

Physiological & Child Services

Parent Questionnaire (Optional)

Dear Parent/Guardians,

In accordance with the McKinney-Vento Homeless Assistance Act, GHSA would like to inform you if you lack a fixed, regular and adequate nighttime residence you may be eligible for programs and services to assure your child(ren) receive equal access to a free and appropriate public education and appropriate services in order to be successful in school.

IF THIS DOES NOT APPLY TO YOU, YOU DO NOT HAVE TO COMPLETE OR RETURN

If this applies to you and/or your family situation, please fill out the following information and you will receive information from the District McKinney-Vento Homeless Assistance Coordinator regarding agencies that can assist you.

Please check:

- We live temporarily with another family member because we cannot afford or find housing
- We live in a hotel/motel
- We live in a car, park, abandoned building, cam ground, or other place not meant for human habitation
- We live in a temporary shelter
- My child lives in a temporary placement as a foster child

Please complete below:

Student Name: _____ Grade Level: _____

School: _____ Parent/Guardian Name: _____

Address:

Please return this form to your child's school and it will be forwarded to the District Homeless Assistance Coordinator for further assistance. If you would like more information relating to the McKinney-Vento Homeless Assistance Act or discuss the matter further, please do not hesitate to contact the school counseling office (310) 910-0230.



Grace Hopper STEM Academy

Behavior Agreement

GHSA embraces the 6 pillars of character: Trustworthiness, Respect, Responsibility, Fairness, Caring, and Citizenship For all students

The following is a list of unacceptable behaviors and possible consequences for each. This list is not all-inclusive and is meant as a general guide for disciplinary action. Each behavior is considered individually and consequences will be assigned according to particular circumstances of the situation.

Expected Behavior

1. **Respect:** Students will treat peers and all school staff with respect.
2. **Tardies:** Students will arrive to class on time and be prepared to work.
3. **Lunch Time:** Students will eat lunch in designated areas and not cut in lunch lines, litter, throw food, engage in horseplay.
4. **Academic Honesty:** Students will adhere to the Academic Honesty Policy. Students will do their own work. *Copying another student's homework or class work is considered a violation of the Academic Honesty Policy.
5. **Dress Code:** Students will adhere to the Dress Code Policy.
6. **Gum:** Please do not bring gum, it is not allowed on campus.
7. **Truancy:** Students will not leave class during the period without teacher permission. Students will not be absent from any class period without a valid excuse obtained through attendance, administration, counseling, or the teacher or they will be considered truant.
8. **Bus:** Students: Students will behave appropriately on the bus, and follow the school's code of conduct.
9. **Bullying:** Students will not bully, harass, intimidate, or threaten students or staff. Students are subject to consequences regardless of their intentions.
10. **Fighting:** Students will not cause, attempt to cause, or threaten to cause physical injury to another person.
11. **Inappropriate behavior:** Students will not commit an obscene act, engage in profanity, vulgarity, or public displays of affection.
12. **Sexual harassment:** Students will not engage in conduct constituting sexual harassment and/or sexual assault.
13. **School/personal property:** Students will not steal, deface, or vandalize school or personal property.

Possible Consequences

- Warning, Counseling, Detention
- Students should report directly to the office when tardy to first period
Excessive Tardies: parent contact, detention.
- Warning, Lunch Time Out, Detention
- No Credit on Assignment/Test, Academic Probation
- Warning/Detention
- Warning, Detention
- Detention Parent Conference
- Warning, Detention, Suspension from Bus, Loss of Bus Privilege
- Warning, Counseling, Detention, Parent Conference, Suspension
- Detention, Suspension
- Warning, Counseling, Detention, Parent Conference, Suspension
- Suspension, Police Intervention, Recommendation for expulsion
- Restitution, Parent Conference, Suspension

I have read and understand the Grace Hopper STEM Academy School Behavior Code.

Student Name (Print): _____ Grade Level: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Grace Hopper STEM Academy Liability and Agreement

I, _____, understand and represent that I am a legal, responsible adult of sound mind. I represent and warrant that I am signing this document for my self and my children as to any facility usage on Grace Hopper STEM Academy. I am fully aware of the risks and dangers of such usage. I understand that the usage of these facilities is voluntary, at my and my children's own risk, and that Grace Hopper STEM Academy is not responsible in any manner for my or my children's usage or any personal injury or property damage to me or my children as a result of the usage of any such facility. I further understand that I am solely responsible for any personal injury or property damage caused by me or my children as a result of the usage of any such facility. I acknowledge that, in the middle of a global pandemic, there is a serious risk that, by using the facility, I or my children could contract a dangerous virus or other health condition, and I accept this risk and nonetheless voluntarily choose to allow my children to use the facility.

In consideration of my children being allowed usage of any District property or facility during the COVID-19 pandemic and for other good and valuable consideration, receipt of which is hereby acknowledged, on behalf of myself, my children and all others who may claim by, under, or through myself I do hereby agree to indemnify and hold harmless and do hereby release, acquit, and forever discharge Grace Hopper STEM Academy and all of its officers, employees, agents, assigns and all other persons or companies from any and all claims, actions, or causes of action which I or my children now have, or which may hereafter accrue, whether for personal injury or property damage, whether known or unknown, arising out of or in any way resulting from my and/or my children's usage of any Grace Hopper STEM Academy property or facility during the COVID-19 pandemic through out the 2024/2025 school year. I understand and agree that my signature below represents a signature on behalf of my self and each of my children.

Parent Name: _____

Parent Signature: _____

Name of child: _____

Date: _____



GHSA INTERNET (GHSANet) ACCEPTABLE USE FORM

Please read this document carefully and in its entirety before signing. This is a legally binding document that is to be signed by parent and student and returned to GHSA.

With access to computers and people all over the world also comes the availability of material that may not be considered to be of educational value in the context of the school setting. GHSA may have taken available precautions, which are limited, to restrict access to controversial materials. However, on a global network it is impossible to control all materials and an industrious user may discover controversial information. We, GHSA, only believe that the valuable information and interaction available on this worldwide network far outweighs the possibility that users may procure material that is not consistent with the educational goals of GHSA.

These guidelines are provided here so that you are aware of the responsibilities you are about to acquire. In general this requires efficient, ethical and legal utilization of the school's network resources. If a GHSA user violates any of these provisions, his/her account on the GHSANet will be terminated and future access could possibly be denied. Your signature(s) on the attached form is (are) legally binding and indicates that party (parties) who signed has (have) read the terms and conditions carefully and understand their significance.

GHSANet- Terms and Conditions

1. **Acceptable use-** The purpose of GHSANet, which is the backbone network to the INTERNET, is to support research and education in and among academic institutions in the U.S. by providing access to unique resources and the opportunity for collaborative work. The use of your account must be in support of education and research and consistent with the educational objectives of the ISD LEI. Transmission of any material in violation of any U.S. or state regulation is prohibited. This includes, but is not limited to: copyrighted material, threatening or obscene material, or illegal activities are strictly prohibited.
2. **Privileges-** The use of GHSANet is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. (Each student who receives an account will be part of a discussion with GHSA faculty member pertaining to the proper use of the network.) Based upon the acceptable use guidelines outlined in this document, the system administrators will deem what is inappropriate use and their decision is final. Also, the administrators may close an account at any time as required. The administration, faculty, and staff of GHSA may request the denial, Revocation, or suspension of specific accounts.
3. **Netiquette-** You are expected to abide by the general accepted rules of network etiquette (Network+Etiquette=Netiquette). These include (but are not limited to) the following:
 - a) Be polite. Do not write or send abusive messages to others.
 - b) Use appropriate language. Do not swear, use vulgarities or any other inappropriate language.
 - c) Do not reveal your personal address, password or phone numbers of students or colleagues.
 - d) Note that electronic mail (E-mail) is not guaranteed to be private. People who operate the system do have access to all mail. Messages relating to or in support of illegal activities may be reported to the authorities,
 - e) Do not use the network in such a way that you would disrupt the use of the network by other users (e.g., downloading huge files during prime time; sending mass e-mail messages; annoying other user using the talk or write functions.
 - f) All communications and information accessible via the network should be assumed to be private property.
4. **Security-** *Do not give your password to any other individual* Attempts to log in to the system as any other user will result in cancellation of user privileges. *Attempts to log in to GHSANet as a system administrator will result in cancellation of user privileges. *Any user identified as a security risk or having a history of problems with other computer systems may be denied access to GHSANet.
5. **Vandalism-** Vandalism will result in cancellation of privileges. Vandalism is defined as any malicious attempt to harm or destroy data of another user, GHSANet or any of the agency or other networks that are connected to GHSA, or the NSFNet INTERNET backbone.
6. **Exception of Terms and Conditions-** All terms and conditions as stated in this document are applicable to the LEI. These terms and conditions reflect the entire agreement of the parties and supersede all prior oral or written agreements and understandings of the parties. These terms and conditions shall be governed and interpreted in accordance with the laws of the State of California, United States of America. Any student or staff may receive an INTERNET Account. To do so, both parent and student must complete this form with the appropriate signatures, an return the contract to the GHSA main office. GHSA Staff should return the contract to Mrs. Yesmin Ortiz, DOO. You may retain a copy of the Terms ad Conditions for your files if requested.

STUDENT: The signature below means that I have read and agree to follow the guidelines of my school's Acceptable Use Form, which will allow me to use the Internet for classroom curriculum projects.

PARENT/GUARDIAN: This policy will be discussed with your child at school. In addition, we ask you to review this policy with your child. As the parent/guardian of the child listed on this form, I have read the Acceptable Use Form. I am aware that all children will participate in teacher-guided network curriculum activities. I hereby give permission for my child to use the Internet for classroom curriculum projects.

Print Student Name

Student Signature

Date

Grade

Print Parent Name

Parent Signature

Date



Grace Hopper STEM Academy

Parent/Guardian Publicity Authorization and Release

Dear Parent/Guardian:

The Grace Hopper STEM Academy (GHSA) requests your permission to reproduce through printed, audio, visual, or electronic means activities in which your pupil has participated in his/her education program. Your authorization will enable us to use specially prepared materials to (1) train teachers and/or (2) increase public awareness and promote continuation and improvement of education programs through the use of mass media, displays, brochures, websites, etc.

Name of Pupil (please print)

Birthdate (please print)

Name of Parent (please Print)

1. I, as a parent or guardian, of the above named pupil fully authorize and grant the GHSA and its authorized representatives, the right to print, photograph, record, and edit as desired, the, likeness, and/or voice of the above named pupil on audio, video, film, slide, or any other electronic and printed formats, currently developed, (Known as "Recordings"), for the purposes stated or related to the above.
2. I understand and agree that use if such recordings will be without any compensation to the pupil or the pupil's parent or guardian.
3. I understand and agree that GHSA and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.

My signature shows that I have read and understand the release and I agree to accept its provisions.

Signature of Parent/Guardian: _____ **Date Signed:** _____



Grace Hopper STEM Academy

Annual Notification Signature Form

The Annual Notification Document is designed to notify parents/guardians and students (new and returning) of their rights and responsibilities per California Education Code (Section 48982) and LEI Board Policies (BP) and GHSA Administrative Regulations (AR).

This letter serves as notification that we discussed what the elements of the Annual Notification are and described how all it's components can be accessed via the Internet on the Grace Hopper STEM Academy website at <http://www.gracehopperstemacademy.org> If you have no Internet access, it will be provided for you by the GHSA Family Resource Center.

The Annual Notification includes information on the following:

- Residency & Open Enrollment Information
- Harassment/Bullying and Zero Tolerance Policy
- Use of Electronic Devices (i.e. cell phones, tablets, smart watches, air pods, expensive headphones)
- Cooperation with Law Enforcement
- Suspension and Expulsion (BP/AR 5144.1)
- Immunizations (Health Code, Title 17, Chapter 4, Section 6000)
- District Expectations Regarding Attendance (AR 5113)
- Access to Student Records (EC 49063)
- Identification of Individuals for Special Education (BP 6164.4)
- Student and Parent Privacy Rights (AR 5022)
- Uniform Complaint Procedures
- Release of Information to the Military and much more

Student name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Grace Hopper STEM Academy

STUDENT, PARENT, TEACHER, ADMINISTRATOR COMPACT

This agreement is a promise to work together. We believe that this agreement can be fulfilled by our team effort. Together we can improve teaching and learning.

As a student I pledge to:

- Work as hard as I can on my school assignments.
- Work to the best of my ability to do well
- Discuss with my parents what I am learning in school.
- Follow classroom and school rules.
- Be on time and attend school regularly.
- Ask my teacher question when I don't understand something.
- Limit my TV watching, video games, and screen time and read books instead.
- Treat all adults and others students with respect and dignity.

As a parent I Pledge to:

- Provide a quiet study place at home and encourage good study habits.
- Ask my child good questions about his/her school activities every day.
- Help my child attend school regularly and on time.
- Reinforce and support classroom and school rules.
- Find out how my child is progressing by attending conferences, looking at schoolwork, signing homework or calling the school.
- Encourage my child to read by reading to him/her and by reading myself.
- Limit my child's TV viewing and help select worthwhile programs.
- Teach my child to treat adults and other students with respect and dignity.
- Review my child's work for accuracy and completion.
- Check my child's book bag to look fro items that do not belong at school.

As a teacher I Pledge to:

- Have high expectations for my students, myself and my school.
- Provide motivating and interesting learning experiences in my classroom.
- Explain my expectations, instructional goals and grading system to students and parents.
- Communicate and cooperate with each parent to ensure the best education possible.
- Explain the classroom and school rules to the student and his/her parents.
- Treat all students and their parents with respect and dignity at all times.

As a Principal I pledge to:

- Create a welcoming environment for students and parents.
- Communicate to students and parents the school's mission and goals.
- Ensure a safe and orderly learning environment.
- Reinforce a partnership between parent, student and staff.
- Act as the instructional leader by supporting teachers in their classrooms.
- Treat all students, parents and staff with respect and dignity at all times.

In conclusion, we promise to help each other and carry out this compact.

Parent/Guardian Signature

Student Signature

Date

Teacher Signature

Principal Signature

Date



GHSA Cell Phone/ Technology Policy

Students are not allowed to use a cell phone during school. GHSA will not be responsible for theft or damaged cell phones/technology and prefer they not be brought to school at all. All cell phones and other personal technology (not to exclude tablets, laptops, gaming units, iwatches, headphones, airpods, etc..) will have to be turned in before assembly and returned at the end of each student's day.

If a student does **not** turn in their cell phone and or any technology, the student will be banned from carrying a cell phone and or any technology on to the campus for the remainder of the semester. The parent will be called and required to come and retrieve the phone and asked that the phone **NOT** be given back to the student until the end of the semester. **RANDOM BACKPACK AND DESK CHECKS ARE EXERCISED PERIODICALLY AT GHSA.**

Photos/videos must not be taken with cell phones and or any technology on the school buses while in transit to school, field trips and on the trip home. Students may not use any technology to videotape any students and or staff members. **If there are any incidents of cyber bullying with a cell phone or there is a third offense with a student's phone/technology, the phone/technology will not be returned until the end of the semester and the student will face progressive disciplinary action that may include suspension.**

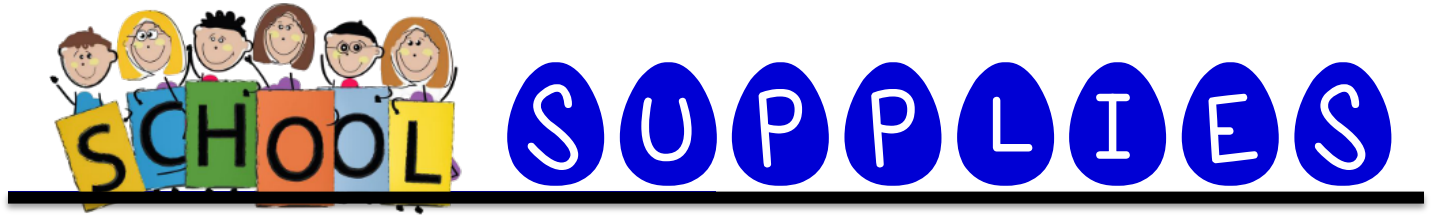
Parent Name: _____

Parent Signature: _____

Student Name: _____

Student Signature: _____

Date: _____



The following items are suggested and should be brought in by the students every day to ensure that they are prepared to learn:



School Supplies

- Large Backpack (Able to fit an 11 1/2 x 8 in binder)
- Hardback Binder (2 inches or more)
- Pencil Pouch (Attachable to binder)
- Binder Dividers with pockets (8 count)
- Highlighters
- Dry Erase Markers
(NO PERMANENT/WATERCOLOR/SHARPIE MARKER)
- Blue/Black Ink Pens
- Plastic Rulers
- 2 Wooden Pencils OR Mechanical Lead Pencils
- Large Erasers (Preferably PENTEL High-Polymer Brand)
- College Ruled Filled Paper
- Aluminum or plastic Water bottles with student's name on it
- USB thumb drive (4GB or larger)
- Personal Pencil Sharpener (With lid to collect pencil shavings)

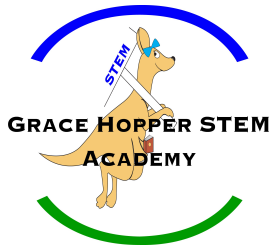
The following items are suggestions of materials that students should have readily available at home. Please do not bring them to school.

At Home Supplies



- Poster Boards
- Construction Paper
- Scissors
- Glue Sticks
- Markers
- Crayons
- Color Pencils
- White Printer Paper
- Calculator
- Dictionary/Thesaurus
- Pencil Sharpener
- Calendar
- Books for silent reading
- Elmer's glue
- Flash Cards
- Sticky Notes

TEACHERS MAY REQUIRE ADDITIONAL SUPPLIES BASED ON CLASS CURRICULUM



Grace Hopper STEM Academy

GIRLS UNIFORMS



ALL GRADES GIRLS' ATTIRE

6TH Grade Girls
Forest Green



Navy Blue
Long Pants

7TH Grade Girls
Gold (Not Yellow)



Navy Bermuda or
Capri Pants

8TH Grade Girls
Powder Blue



Navy Button-Front
Cardigan Sweater



Notre Dame Plaid Skirt,
Skort or Skirt with shorts
sewn in with no cuffs or
roll ups



Navy Blue
Pleated Skirt to
be worn by 8th
grade girls ONLY

**NO HOODIES OR BEENIES
ALLOWED**



Solid Black Shoe ONLY

**NOTE: Socks may be
solid black or navy.**

ALL GRADES GIRL'S DRESSY ATTIRE



White short/long sleeved poly/cotton shirt
to be worn only on designated dress days.



Navy blue or plaid tie



Grace Hopper STEM Academy BOYS UNIFORMS



ALL GRADES BOY'S ATTIRE

6TH Grade
Forest Green



7TH Grade
Gold (Not Yellow)



8TH Grade
Powder Blue



NO HOODIES OR BEENIES ALLOWED



Navy
Uniform Pants



Navy Bermuda or
Capri Pants



Navy Button-Front
Cardigan Sweater

Solid black shoe ONLY.
Black and white converse are ok.



ALL GRADES BOY'S DRESSY ATTIRE



White short/long
sleeved poly/cotton
shirt to be worn
only on designated
dress days.



Boys may wear a solid
navy sweater-vest,
vest, blazer or suitcoat
on designated dress
days



Navy Diagonal Stripe Ties
or Bow Ties are to be worn
by 8th grade boys only for
dressy occasions.



Solid Navy Poly/Cotton
tie's for boys are to be
worn by 6th and 7th
grade boys for dressy
occasions

School Year [2024-25] [Grace Hopper STEM Academy] 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 EACH STUDENT (First, Middle Initial, Last) EXAMPLE: Joseph P Adams	Enter school name and grade level Lincoln Elementary	Enter student's birthdate 12-15-2010	Check the applicable box if the student is foster, homeless, migrant, or runaway.	
			Foster	Homeless
			<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 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 ALL OTHER Household Members (First and Last)	Earnings from Work		Public Assistance/SSI/ Child Support/Alimony		Pensions/Retirement/ All Other Income		Total Student Income	How Often
	How Often	How Often	How Often	How Often	How Often	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: _____

DO NOT COMPLETE. SCHOOL USE ONLY

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

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

Total Household Income \$

Categorical Error Prone

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