2026-2027 Forms Packet

Forestville Union School District

Student _____Teacher_____

After carefully reading the Parent Handbook available in the main office or at www.forestvilleusd.org, please sign below and fill out the following forms.

We, the undersigned student and parent/guardian have read and understand the Code of Conduct, the School-Wide Discipline Program, Board Policies and Annual Notifications as outlined in the Parent/Guardian Handbook. We also understand the consequences for infractions of those rules, policies, and regulations. We understand that from time to time new rules and policies may be adopted and that, after being duly notified by the school, those rules will have the same force and effect as if they were contained in the following pages.

_____ _____

Student name **Parent/Guardian name**

_____ _____

Student Signature **Parent/Guardian signature**

Cell Phone

☐ My child will be bringing a cell phone to school and will adhere to the school policy. We understand that it is to be powered off and stored inside a backpack (not in pockets) from when my child arrives on campus until they leave for the day.

Website Permission

☐ I **DO NOT** give permission for my child's image to be used on www.forestvilleusd.org

Media Opt Out

☐ I **DO NOT** give permission for my child's name and image to be used on school social media pages and school newsletters.

☐ I **DO NOT** want directory information about my family to be released. Note that this will prohibit the district from providing the student's name and other information to the news media, interested schools, parent-teacher associations, interested employers, and similar parties.

Do ***NOT*** separate the pages from the packet please

Forestville Union School District

2026/2027 Contact Information

Authorized Contacts for Emergency Release:

☐ **There are *COURT MANDATED* custody/ visitation/ protective/ restraining orders limiting access to this student.**

Please list the names of family members, neighbors, and friends in close proximity to the school to whom we may release your child, or contact if you cannot be reached.

NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PARENTS/ GUARDIANS/ ADULTS AUTHORIZED ON THIS FORM

Name: _____ Phone #: _____

Relationship: _____ Email: _____

Name: _____ Phone #: _____

Relationship: _____ Email: _____

Name: _____ Phone #: _____

Relationship: _____ Email: _____

☐ Volunteer Assistance: I live close to the school and feel that, if called, I can offer assistance during an emergency.

We hereby authorize the release of this student to the person(s) listed above, in the event of illness, injury, evacuation, or emergency that may occur while they are in school.

Name (print): _____

Signature: _____ Date: _____

Forestville Union School District

2026/2027 Medical Information

Student Name: _____ ***Grade:*** _____

☐ I certify that my child has no known medical conditions or allergies, and does not require any medication at school.

Student Allergy Sensitivities:

- ☐ My child has food or environmental allergies
- ☐ My child has bee or insect allergies
- ☐ My child has medicine or drug allergies
- ☐ My child has animal allergies

Details: _____

In the event of a life threatening allergic reaction, I authorize school personnel to administer emergency treatment (EPI-PEN, epinephrine) to my child.

Signature of parent/ Guardian:_____ **Date:**_____

Student Medical Issues:

- ☐ My child wears glasses □ at all times □ for reading
- ☐ My child uses a Hearing Aid □ left ear □ right ear □ both ears
- ☐ My child has been diagnosed with Diabetes
- ☐ My child has been diagnosed with Asthma
- ☐ My child has been diagnosed with Epilepsy or other seizure disorder
- ☐ My child has been diagnosed with Attention-Deficit Disorder (ADD) or Attention-Deficit/ Hyperactivity Disorder (ADHD)
- ☐ My child has been diagnosed with a condition or limitation that might require care and/or accommodations at school.

Details: _____

_____

- ☐ My child requires a medication at school (including epi-pen or inhaler)

Details: _____

_____

Does your child currently have a health insurance plan (for example, Medi-Cal, Kaiser, Blue Shield, etc.)?

__Yes __ No If yes, who is the insurer?_____

Student Insurance Number: _____ Group ID: _____

Emergency Treatment Information:

Doctor's Name: _____ Doctor's Phone # _____

Dentist's Name: _____ Dentist's Phone #: _____

Preferred Hospital: _____

Student Medication Requirements:

I request that my child receives first aid services whenever such services are deemed necessary. I authorize that my child be attended by a licensed physician and/or taken to the nearest hospital in the event that his/her condition deems necessary. I will accept the judgement of the person in charge.This is effective until written notice of consolation is given by me.

Signature of parent/guardian: _____ **Date:** _____

I authorize the LEA/FUSD District and their partnering agency, Sonoma County Office of Education to release student information for the limited purpose of billing Medi-Cal/Medicaid/ insurance and benefits in order for the district to be reimbursed for applicable services through school-based funding processes such as the CYBHI Multi-Payer Fee Schedule, Medi-Cal Local Educational Agency Billing Option Program, etc..

Signature of parent/guardian: _____ **Date:** _____

☐ I received a copy of written notification regarding my rights for Medi-Cal or commercial health plan billing.

Note : ALL medications, including over the counter, that is brought to school MUST be in its original container labeled with the student's name.The student MUST have a signed form from the doctor and parent on file in the school Health Office. The medication may be carried with the student - with written permission - or kept in a locked cabinet in the health office. Please contact the school Health Technician with any questions.

Consent to Bill Medi-Cal & Commercial Health Insurance

Consent to Release or Exchange Information For Health-Related Services

Through the Medi-Cal Local Educational Agency Billing Option ("LEA BOP"), Statewide-Multi-Payer School-Linked Fee Schedule and other billing programs, **Forestville School District (FUSD)** may submit claims to California MEDICAID ("Medi-Cal"), disability insurances or commercial health plans for reimbursement of covered services provided to eligible students. Service reimbursement helps ensure funding for support services for students in our district.

FUSD seeks your consent to bill Medi-Cal, disability or commercial health plans for the costs of health and other related services provided to your child.

- Regardless of your consent to this form, your child is entitled to free services from **FUSD** without copay or deductible. [2]
- Your consent to billing Medi-Cal, disability insurances or commercial health plans will not result in denial or limitation of community-based services provided outside of schools.
- Information about your child and family is strictly confidential and will only be shared in accordance with this form and Health Insurance Portability Accountability Act[3] (HIPAA) and Family Education Rights Privacy Act [4] (FERPA).
- You have a right to obtain a copy of this authorization. A new authorization will be required annually.
- Your consent is voluntary and can be revoked at any time.[5] Revocation is not retroactive and will not negate any billing that occurred after consent was given and before it was revoked.

If you refuse to provide consent for **FUSD** to access your or your child's Medi-Cal, disability insurance or Commercial Health Insurance to pay for covered mental and behavioral health, wellness, special education and/or related services, there will be no impact to your child's services.[6]

As a public agency, **FUSD** may also access parents' public benefits or insurance to seek reimbursement for health and related services required under the Children and Youth Behavioral Health Initiative Act[7] and under Part B of the Individuals with Disabilities Act (IDEA), for free appropriate public education (FAPE).[8]

Consent to Bill Medi-Cal & Commercial Health Insurance

Consent to Release or Exchange Information For Health-Related Services

1. **FUSD** may not require parents to sign up for or enroll in public benefits or insurance programs in order for their child to receive a FAPE.[9]

2. **FUSD** may not require parents to incur an out-of-pocket expense such as payment of a deductible or copay amount incurred in filing a claim for services.[10]

3. **FUSD** may not use a student's or parent's benefits under Medi-Cal or commercial health plan if that use would:

   a.) Decrease available lifetime coverage or any other insured benefit.
   b.) Result in the family paying for services that would otherwise be covered by the public benefits or insurance program and are required for the child outside of the time the child is in school.
   c.) Increase premiums or lead to the discontinuation of public benefits or insurance.
   d.) Risks loss of eligibility for home and community-based waivers, based on aggregate health related expenditures.[11]

If you have questions, concerns, or would like to revoke consent, please contact the district staff member below with the contact information listed.

District Staff Member: Janelle Washington
Role: Counselor
Email: jwashington@forestvilleusd.org
Phone Number: (707) 887-2279 ext.3206

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[1] 34 C.F.R. § 300.154[d][2][iv][A].
[2] 34 C.F.R. § 300.154[d][2][ii].
[3] 45 C.F.R. Parts 160, 162, and 164.
[4] 34 C.F.R. Part 99; 20 U.S.C. § 1232g. 5 34 C.F.R. § 300.154[d][2][v][C].
[6] 34 C.F.R. § 300.154[d][2][v][D].
[7] CA Welf & Inst Code § 5961.4 (2023) 834 C.F.R. § 300.154 [d][1].
[9] 34 C.F.R. § 300.154 [d][2][i].
[10] 34 C.F.R. § 300.154[d][2][ii]; 34 C.F.R. § 300.154[d][2][v][B].
[11] 34 C.F.R. § 300.154[d][2][iii][A D].
[12] 34 C.F.R. § 300.154[d][2][v].
[13] 34 C.F.R. § 300.154[d][2][iv][B].
[14] Fam. Code, § 7122
[15] Fam. Code § 6922

Forestville Union School District

2026/2027 Student Housing Questionnaire

The information on this form will help Forestville Union School District determine what services you and/or your child may be eligible to receive. This could include additional educational services through Title I, Part A and/or the federal McKinney-Vento Assistance Act. The information provided on this form will be kept confidential and only shared with appropriate school district and site staff.

Presently, which of the following reflects your living situation:

- ☐ Living in a single-home residence that is permanent
- ☐ Sharing housing with other(s) due to loss of housing, income, economic hardship, natural disaster, lack of adequate housing, or similar reasons.
- ☐ Temporarily living in a motel or hotel due to loss of housing, income, economic hardship, natural disaster, lack of adequate housing, or similar reasons.
- ☐ Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or Federal Emergency Management Agency (FEMA) trailer
- ☐ Living in a car, park, campground, abandoned building, or other inadequate accommodations (i.e. lack of water, electricity, or heat).

The undersigned parent/guardian certifies that the information provided above is correct and accurate.

____ ____________________

Parent/Guardian Signature Date

Please list ALL children currently living with you.

____________________ ________ ____________ _______ ______________________

Full Name Gender Birthdate Grade School

☐ **This is a student under the age of 18 who is living apart from their parent(s) or guardian(s).**

____________________ ________ ____________ _______ ______________________

Full Name Gender Birthdate Grade School

☐ **This is a student under the age of 18 who is living apart from their parent(s) or guardian(s).**

____________________ ________ ____________ _______ ______________________

Full Name Gender Birthdate Grade School

☐ **This is a student under the age of 18 who is living apart from their parent(s) or guardian(s).**

____________________ ________ ____________ _______ ______________________

Full Name Gender Birthdate Grade School

☐ **This is a student under the age of 18 who is living apart from their parent(s) or guardian(s).**

Your child may have the right to:

- Immediate enrollment in the school they last attended (school of origin) or the local school where you are currently staying, even if you do not have all the documents normally required at the time of enrollment.
- Continue to attend their school of origin, if requested by you and it is in the best interest.
- Receive transportation to and from their school of origin, the same special programs and services, if needed, as provided to all other children, including free meals and Title I.
- Receive the full protections and services provided under all federal and state laws, as it relates to homeless children, youth, and their families.

If you have any questions about these rights, please contact your LEA's Homeless Liaison:

Name: Ken Silman

Phone: 707-887-2279

Email: ksilman@forestvilleusd.org

West Sonoma County Transportation Agency

2026/2027 Bus Pass Registration

This registration form must be filled out annually. In compliance with Agency policy and state law, students who ride school buses must register for transportation services, be assigned to a bus stop, receive a pass and display it each time they ride the bus. Please complete this form and return it to the school office. Bus passes are non transferable and forgery or duplicate use of a bus pass will result in expulsion from the school bus. Passes need to be presented to the driver upon boarding the bus for each ride. If your pass is lost or damaged, the first replacement will be free. Any replacements thereafter will incur a $5 charge.

Student Name	School	Grade	Birthdate	Bus Stop

Parent/Guardian Name: _____

Phone #: _____ Email: _____

Home Address:

_____

_____

Mailing Address (if different):

_____

_____

For more information or questions, please go to www.schoolbusing.org or call 707-206-9988.

Forestville Union School District

2026/2027 Student Technology Use Agreement

Dear Parents/Guardians,

The Forestville Union School District utilizes Google Apps for Education for students and staff. This permission form describes the tools and student responsibilities for using these services. As with any educational endeavor, a strong partnership with families is essential to a successful experience. **The following services are available to each student and hosted by Google as part of Forestville Union School District's online presence in Google Apps for Education:**

Mail - an individual email account for school use managed by the Forestville Union School District
Calendar - an individual calendar providing the ability to organize schedules, daily activities, and assignments.
Drive - a word processing, spreadsheet, drawing, and presentation tool set that is very similar to Microsoft Office

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Guidelines for the responsible use of Google Apps for Education by Students:

1. **Official Email Address** - All students will be assigned a *username@students.forestvilleusd.org* email account. This account will be considered the student's official FUSD email address until such time as the student is no longer enrolled with the Forestville Union School District.
2. **Prohibited Conduct** - Please refer to Board Policy 6163.4. All students agree to use school devices for academic purposes only. Non-academic games are not to be played during school hours. Academic games are to be played under direction of the teacher only.
3. **Access Restrictions** - Access to and use of student email is considered a privilege accorded at the discretion of the Forestville Union School District. The District maintains the right to immediately withdraw the access and use of these services including email when there is reason to believe that violations of law or District policies have occurred. In such cases, the alleged violation will be referred to an Administrator for further investigation.
4. **Security** - Forestville Union School District has created what is referred to as a "Walled Garden" for student use of Google Apps. Students will only be able to collaborate, share and email students and staff within the Forestville Union School District's domain.
5. **Privacy** - The general right of privacy will be extended to the extent possible in the electronic environment. Forestville Union School District and all electronic users should treat electronically stored information in individuals' files as confidential and private. However, users of student email are strictly prohibited from accessing files and information other than their own. The District reserves the right to access the Google systems, including current and archival files of user accounts when there is reasonable suspicion that unacceptable use has occurred.

<u>FUSD Google Apps Consent</u>

I give permission for my child to be assigned a full Forestville Union School District Google Apps for Education account. This means my child will receive an email account, a Calendar, and access to Google Drive.

Student Name (Print): _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

Over —------>

Technology use in the Forestville Union School District is governed by federal laws including:

- **Children's Online Privacy Protection Act (COPPA) -** COPPA applies to commercial companies and limits their ability to collect personal information from children under 13. By default, advertising is turned off for Forestville Union School District's presence in Google Apps for Education. No personal student information is collected for commercial purposes. This permission form allows the school to act as an agent for parents in the collection of information within the school context. The school's use of student information is solely for education purposes.
  --COPPA - http://www.ftc.gov/privacy/coppafaqs.shtm
- **Family Educational Rights and Privacy Act (FERPA) -** FERPA protects the privacy of student education records and gives parents the rights to review student records. Under FERPA, schools may disclose directory information (see Board Policy JOA) but parents may request the school not disclose this information. Parents are provided the opportunity annually to opt out of disclosing their student's directory information on the District's Enrollment Form.
  --FERPA - http://www.ed.gov/policy/gen/guide/fpco/ferpa
- **Child Internet Protection Act (CIPA) -** Forestville Union School District is required by CIPA to have technology measures and policies in place which protect students from harmful materials including obscene and pornographic. This means that student email is filtered. Mail containing harmful content from inappropriate sites will be blocked.,
  -- CIPA - http://fcc.gov/cgb/consumerfacts/cipa.html

3rd Party Website Use Parent Consent Form

☐ I understand that my child will be using websites and/or applications at school that may require an account to be created using some or all of the following student data:

First and/or Last Name	Grade Level	Local Student ID Number
Student email address	Teacher Name / Class Information	Student Identification Number

☐ I understand that Forestville Union School District has done their best to make sure that any websites and/or applications they are using adhere to federal safety and privacy legislation such as the Family Educational Rights and Privacy Act (FERPA) and/or the Children's Online Privacy Protection Act (COPPA) and/or the Child Internet Protection Act (CIPA).

As outlined in Board Police 6163.4 and procedures on student's rights and responsibilities, copies of which are available in school office and our website, the following are not permitted:

- ❖ Sending or displaying offensive messages or pictures - For this reason cell phones and cameras are restricted on campus
- ❖ Using obscene language
- ❖ Harassing, insulting, bullying or attacking others
- ❖ Damaging computers, computer systems or computer networks
- ❖ Violating copyright laws
- ❖ Using another's password
- ❖ Trespassing in another's folders, work or files
- ❖ Intentionally wasting limited resources
- ❖ Employing the network for commercial purpose

Violations of one or more of the above may result in a loss of access as well as other disciplinary or legal action.

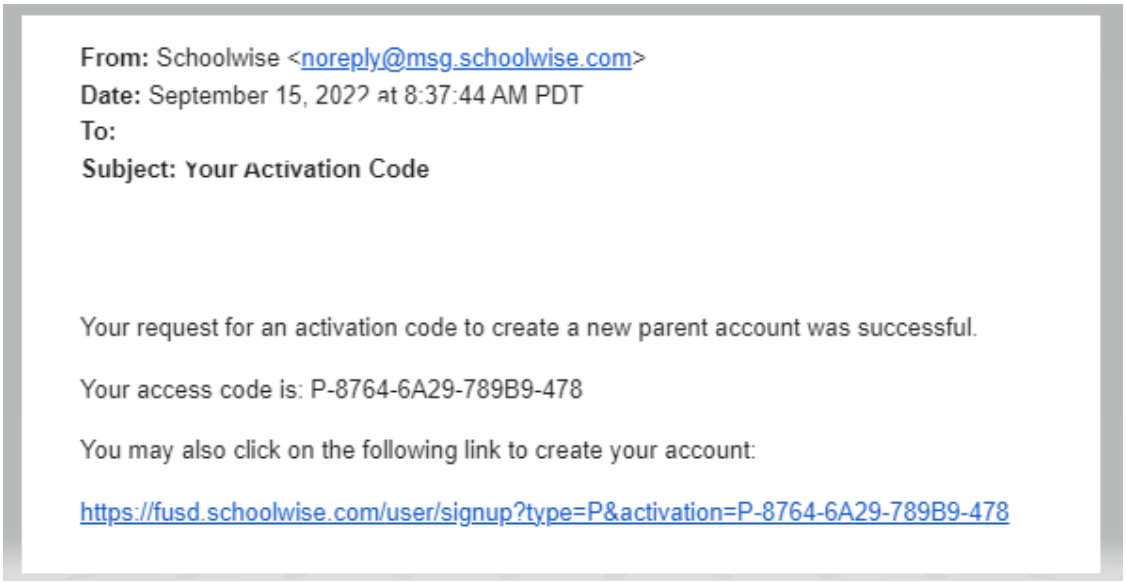
Recording other students or staff violates California Education Code § 51512. Any pupil violating this section shall be subject to appropriate disciplinary action.

Parent/Guardian Signature: _____ Date: _____

Schoolwise Parent Portal Set-Up Directions

Our school utilizes a student information system called Schoolwise. Please follow these steps to create a parent/guardian account:

1. Please go to: https://fusd.schoolwise.com/
2. Click on the button on the left side that says “parent sign-up” (see picture @ right)
3. Click on “I have (or have had in the past) a child enrolled here, but I do not have an Activation code” and then click continue.
4. Enter the requested information about yourself and your child and then click submit request.
5. Check your email (it could be in your spam folder):
6. Go back to fusd.schoolwise.com and use your access code or click on the embedded link in the email to finish setting up your account.


From: Schoolwise <noreply@msg.schoolwise.com>
Date: September 15, 2022 at 8:37:44 AM PDT
To:
Subject: Your Activation Code

Your request for an activation code to create a new parent account was successful.

Your access code is: P-8764-6A29-789B9-478

You may also click on the following link to create your account:

https://fusd.schoolwise.com/user/signup?type=P&activation=P-8764-6A29-789B9-478

If you have any questions or problems, please contact the main office at 707-887-2279.