**CAPISTRANO UNIFIED SCHOOL DISTRICT**

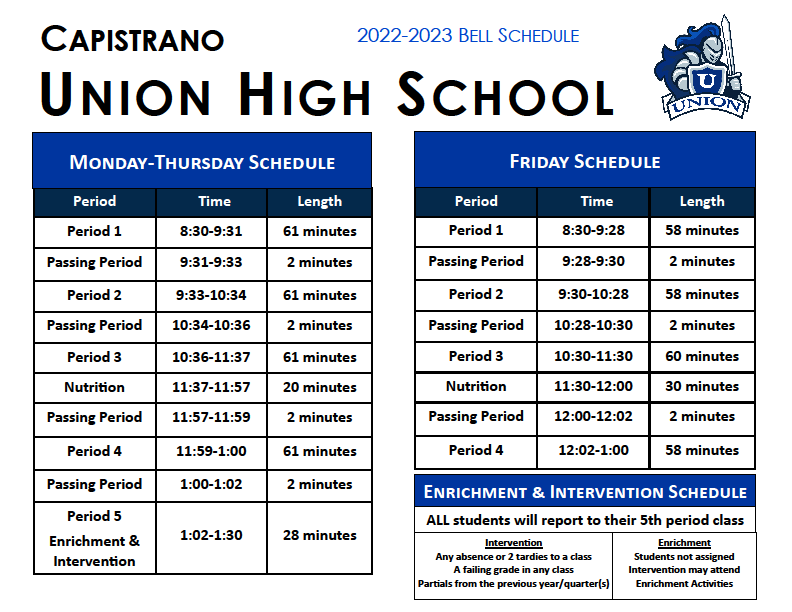
**Union High School**

**San Juan Capistrano, CA  92675**

**Attendance Contract for Union High School**

In a traditional high school, students earn five credits per semester long course, a semester being around 90 days of instruction. Since Union HS is on a quarter system, students are earning the same five credits for a course which averages 45 days of instruction. Union’s attendance policy ensures that a student earning the full five credits will have had sufficient instructional time and classwork to warrant the allocation of credits.

* For each period missed (or TWO tardies within a period), students are required to attend INTERVENTION on the NEXT AVAILABLE day to make up missed work and instructional time. INTERVENTION is held Monday-Thursday during your 5th period Homeroom class.
* After NINE absences within a quarter, a student may be referred for a transfer to another high school or independent study program or placed on contract which requires weekly meetings with the administrator.
* Students who do not earn the full five credits will need to recoup credits through Union’s Academic Intervention program during and will be assigned daily INTERVENTION the following quarter.



I have reviewed the contract and agree to comply with the Union High School attendance policy.    
I understand that my attendance will be reviewed each quarter to determine my continued enrollment at Union.

\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date                   Student Name (print)                     Student Signature     Parent/Guardian Signature

Capistrano Unified School District

**Union High School**

San Juan Capistrano, California

2022-2023

**PARENT - SCHOOL COMPACT**

Capistrano Unified School District (CUSD) and Union High School strive to develop student potential in academic and social skills. We know learning can take place only when there is a combination of effort, interest, and motivation. As we are all committed to your students’ progress in school, we are going to do our best to promote his/her achievement and growth. To establish and foster the academic improvement and to support the success of our students, this *Parent-School Compact* serves as a planned partnership of parents/guardians, students, families, and the school.

**Parent/Guardian and Family Responsibilities**

We understand that participation in our student’s education will help in their achievement and attitude. Therefore, we will:

* Support CUSD’s and Union’s attendance, schoolwork, and discipline policies.
* Make sure that our student attends school regularly, is on time, prepared to learn with all schoolwork completed, and well-rested and healthy.
* Ensure our student has a working Chromebook with them at school daily.
* Provide a quiet place and time for our student to do and complete schoolwork.
* Know what skills our student is learning in class each day, providing encouragement and support.
* Review all school communications and return school requested responses promptly.
* Attend parent-teacher conferences and communicate via Canvas and/or phone conversation about how our student is doing.

**Student’s Responsibilities**

I realize that my education is important to me. I know that I am the one responsible for my success. Therefore, I will:

* Come to school regularly, on time, ready to learn with all schoolwork completed.
* Bring a charged Chromebook with me to school daily.
* Be responsible for my behavior and attitude.
* Pay attention to my teachers, family, support staff, and ask questions when I need help.
* Be willing to change my behavior to become what the school wants me to become and not try to change the school to suit my behavior.
* Trust that my teachers and school staff want me to be successful and comply with their directives, procedures, and policies.

**School Responsibilities:**

We understand the importance of the school experience for every student and our role as educators and models. Therefore, we will:

* Provide quality teaching and leadership to our students and their families in a safe, positive, and healthy learning environment.
* Teach grade level skills and concepts to our students, ensuring that we cover the State and CUSD content and performance standards.
* Utilize Canvas to post all assignments, update grades, and communicate with families.
* Communicate frequently with families about their student’s progress and share with them ways to help at home.
* Recognize that students are accountable for every assignment.
* Strive to address the individual needs of your student.
* Correct and return school work in a timely manner.
* Participate in meaningful professional development.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_         \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

                      Parent Name (print)                                                            Parent Signature          Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_         \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

       Student Name (print)                                                           Student Signature         Date

          \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

            Principal Signature                                               Date

**UNION HIGH SCHOOL  
Cell Phone Policy**



We respect your need to have a cell phone, and we ask that you respect our rules regarding them.   
The following school wide policy will be enforced by **each staff member** at Union High School.

**CELL PHONES ARE TO BE TURNED OFF AND   
NOT VISIBLE OR ACCESSED DURING CLASS TIME**

**1st Infraction:** Warning

**2nd Infraction**:  Your cell phone will be confiscated and returned to you at the end of class.  Your parent will be notified and warned regarding consequences of future violations.

**3rd Infraction:** Your cell phone will be confiscated for the day.   Your phone will be given back to you at the end of the day.

**4th Infraction:** Your cell phone will be confiscated and given to the principal. The phone will need to be picked up by a parent.

**Additional Infractions:  Will be viewed as defiance of authority and school environment disruptions, and the student may be suspended from school and earn step advancements on the Behavior Contract.**

I acknowledge that this is the Union High School Cell Phone Policy and that all students will be expected to comply in order to maintain a positive and productive learning environment.

Student Cell Phone Number :    (          )                -                           .

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_           \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

       Student Name (print)                 Student Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

        Parent Name (print)                                                       Parent Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

STUDENT LAST NAME STUDENT FIRST NAME GRADE

**Capistrano Union High School  
2022-2023 ENRICHMENT OFF-CAMPUS PARENT PERMISSION SLIP**

Each quarter, students will be enrolled in a 5th period Homeroom class. Daily attendance will be taken during Homeroom and absences may affect the SARB process and/or progressive discipline. The purpose of 5th period Homeroom is to provide an additional opportunity for Union High School students to gain access to Enrichment and Intervention from our highly qualified staff.

A student will be assigned INTERVENTION (see criteria below) and report to their homeroom on Monday-Thursday. If a student has not been assigned an INTERVENTION, they will be provided ENRICHMENT.

ENRICHMENT time provides students the opportunity to participate in additional activities, engage with support on-campus systems, or work with individual teachers on specific projects, etc… A student engaging in ENRICHMENT (rather than INTERVENTION) will go to their homeroom on Monday-Thursday for check-in, and then report to their ENRICHMENT session.

*A student that has earned the opportunity to attend an ENRICHMENT session may opt out to participate in an off-campus ENRICHMENT activity (attending work, outside athletic/extra-curricular engagements, family responsibilities, etc…)*

**Students without a signed OFF-CONTRACT on file, will be expected to remain on the   
Union High School campus for the duration of Enrichment/Intervention;   
any absences may affect the SARB process and/or progressive discipline.**

Students, who are 18 or older, may sign for themselves. Please **check** one:

\_\_\_\_\_ When given the opportunity for ENRICHMENT, I give the above-named student permission to leave campus ONLY when they have *met the requirements listed below.*

\_\_\_\_\_ I **do not** wish for my student to leave campus, and would rather they remain in an ENNRICHMENT session.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT PARENT/GUARDIAN NAME PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_ I am a student, **who is 18 or older**, and I would like to leave campus when given the opportunity for ENRICHMENT and if I have *met the requirements listed below.*

**INTERVENTION**

**Students will remain in (Monday-Thursday) INTERVENTION,   
held in their 5th period Homeroom, for the following reasons:**

* Students have ANY absence of 2 tardies to a class.
* Students have a failing grade in any class.
* Students have partials from the previous year/quarter(s).

**ENRICHMENT**  
**Students NOT assigned INTERVENTION can attend ENRICHMENT,   
held during their 5th period Homeroom, if they meet the following criteria:**

* Student has clear attendance (no absences or 2+ tardies)
* Student is passing all current classes (not earning an F throughout the quarter)
* Student did not earn partial credits for previous completed courses
* The privilege of leaving campus may be revoked at any time by school administration

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADULT STUDENT SIGNATURE

**Capistrano Union High School   
Social and Emotional Support Survey**

In an effort to help support every student at Union High School,   
please complete the form below if you would like our school counselor   
to be familiar with your student’s mental health history.

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

DO YOU SEE ANY DEPRESSION IN YOUR STUDENT 0 1 2 3 4 5

(Low) (Very High)

DO YOU SEE ANY ANXIETY IN YOUR STUDENT 0 1 2 3 4 5

(Low) (Very High)

DOES YOUR STUDENT HAVE ANY HISTORY OF SUICIDAL IDEATION

YES NO

IF YES, PLEASE PROVIDE APPROXIMATE/MOST RECENT DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAS YOUR STUDENT EVER ATTEMPTED SUICIDE

YES NO

IF YES, PLEASE PROVIDE APPROXIMATE DATE(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAS YOUR STUDENT BEEN HOSPITALIZED FOR MENTAL HEALTH

YES NO

IF YES, HOW MANY TIMES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOES YOUR STUDENT CURRENTLY RECEIVE OUTSIDE SUPPORT  
(THERAPIST, PSYCHOLOGIST, ETC.) YES NO

\*\*\*THE PURPOSE OF THIS FORM IS FOR THE COUNSELOR TO BETTER UNDERSTAND YOUR STUDENT. NO PART OF THIS FORM WILL BE PUT IN YOUR STUDEN’T RECORD.