



First Day Packet & Annual Parent Notifications Checklist

Student Name: _____ Student ID: _____

School: _____

School (please match to above): _____

Please Fill And Complete The Required Forms

- Emergency Card Form A
- Student Information Card Form B
- Alternative Income Form Form C
- Mandatory Signature Sheet..... Form D
- Family Engagement Evaluation Form E

Please Click And Read The Links Below

- District Policies & Procedures Handbook
- School Forms and Notices



SUPERINTENDENT'S MESSAGE

Dear SUSD Students, Families and Staff,

Welcome to the 2024-2025 school year! SUSD continues to prioritize nurturing relationships and creating meaningful, rich opportunities to grow and learn with students, families and staff. Built on joy, trust and belief in our collective commitment, this year, our theme is SUSD Onward: Imagine the Possibilities. We believe that every person in our educational ecosystem which includes students, families, staff and community contributes to developing vibrant, confident students on the pathway to fulfilling their individual aspirations. Alongside dedicated staff, community partners and families, we have mobilized and will continue efforts to bridge the gap between our collective vision for the future and the implementation of equitable, culturally and linguistically relevant learning in these upcoming years. Our commitment remains focused on the Whole Child, Whole Family and Whole Community while preparing all students for college, career, and life.

As we begin our systemic transformation efforts this year, you will see many examples of joy, trust, and belief embodied in our theme SUSD Onward: Imagine the Possibilities:

- Expansion of academic and enrichment opportunities until 6pm for 5,888 TK-8th grade students
- Reward of 29 SUSD schools to become Community Schools to deepen wraparound supports aligned with Whole Child, Whole Family, Whole Community needs
- Investment in safe learning environments through the implementation of Hall Pass (visitor check in system), access control to limit entry into campus, and increased camera coverage
- An increase in relevant, meaningful curriculum through Career Technical Education (CTE), Visual and Performing Arts (VAPA) and Ethnic Studies to support the modern student
- Effective use of ESSER III and bond funding to improve school facilities and environments such as classroom furniture, upcoming shade structures and HVAC upgrades
- Increase of additional support staff including mental health clinicians, board certified behavior analysts (BCBAs), Campus Security Monitors (CSMs) and intervention teachers
- Investment in staff around trauma informed instruction and social emotional learning

Our focus on educational equity and support for each and every student will only strengthen. Each SUSD student will have the necessary resources to ensure their success on a social emotional and academic level.

We pledge to collaborate with all stakeholders by actively listening and investing time in you, to innovate and accelerate our students with culturally and linguistically relevant learning linked to their passions, interests and talents, and to transform our system so all of our students are successfully prepared for college, career and life. Together SUSD Onward: Imagine the Possibilities.

Thank you,



Dr. Michelle Rodriguez
Superintendent of Schools





SUSD Health Services Emergency & Health Information

Teacher:	Date Rev.	IHCP Yes <input type="checkbox"/> No <input type="checkbox"/>
Student ID:	Grade	

In case of emergency, illness or accident to: Student's Name
the school is authorized to proceed as indicated below:

DOB (dd/mm/yyyy) _____
ADDRESS: _____ City: _____ Zip: _____

CALL FIRST

PRIMARY GUARDIAN: _____
Name Relationship Home Phone () - () -
Work Phone Cell Phone

CALL SECOND: _____
Name Relationship Home Phone () - () -
Work Phone Cell Phone

CALL THIRD: _____
Name Relationship Home Phone () - () -
Work Phone Cell Phone

CALL FOURTH: _____
Name Relationship Home Phone () - () -
Work Phone Cell Phone

PHYSICIAN: _____
Name Address Phone Number

If it is not possible to contact any of the above listed persons, I hereby authorize transportation to the nearest medical facility for such emergency medical treatment as deemed necessary for the safety and protection of my child, but not at the expense of the school.

**THIS INFORMATION MUST BE COMPLETED YEARLY SO THAT THE SCHOOL
CAN ACT ON YOUR BEHALF IN THE EVENT OF A MEDICAL EMERGENCY**

Emergency & Health Information 06/25/2019 • #0028400

PLEASE TURN OVER AND FILL OUT BACK OF THIS FORM

I understand that the school district does not provide medical insurance for student injuries but does make voluntary student insurance available. I have received the information on this program. ☐ Yes ☐ No

PLEASE CHECK ONLY THOSE THAT APPLY: *SUSD Health Services may be contacting you for a follow up.*

- | | | | | |
|--|---|---|-------------------|--|
| <input type="checkbox"/> ADHD/ADD: | Requires medication? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Given at School? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Asthma: | Requires medication/inhaler? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Given at School? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Severe Allergies: | Severely allergic to: _____ | | Requires Epi-Pen? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Symptoms that occur: _____ | | | |
| <input type="checkbox"/> Diabetes: | Type I <input type="checkbox"/> Type II <input type="checkbox"/> | Medications: Oral <input type="checkbox"/> Injection <input type="checkbox"/> Pump <input type="checkbox"/> | Given at School? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Heart Problems: | Diagnosis: _____ | Requires medication? Yes <input type="checkbox"/> No <input type="checkbox"/> | Given at School? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Physical Restrictions? _____ | | | |
| <input type="checkbox"/> Orthopedic: | Orthopedic Condition: _____ | Physical Limitations? _____ | | |
| <input type="checkbox"/> Seizure Disorder: | Date of last seizure: _____ | Requires medication? Yes <input type="checkbox"/> No <input type="checkbox"/> | Given at School? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Vision: | Wears Glasses? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

Please list any other important health or behavioral information that may affect your child while at school that we should be aware of:

Calif. Ed. Code 49423- Students taking medication at school need an "Authorization for Medication" form completed annually. This form must be on file with the school before medication can be given.

☐ Student Has no Health Insurance or Medi-Cal

☐ Health Insurance / Medi-Cal: _____ Policy # _____ ID# _____

Under the Local Education Agency (LEA) Billing Options Program for covered health related services in a child's IEP/504/Health Care Plan, your student's public insurance program may be access and provided to a school district's LEA Billing Agency to cover health related services. These services may or may not be related to your child's IEP/504/Health Care Plan services. These services will not impact your child's Medi-Cal coverage. Services will be covered at no cost to the parent. Parents and Guardians may withdraw consent for the LEA Billing Options Program at any time by notifying Health Service Department in writing at 975 North D Street, Stockton Ca. 95206

Signature of Parent/Guardian: _____ Date: _____

Emergency & Health Information 06/25/2019



Stockton Unified School District

Updated Student Information & Housing Questionnaire

All information will be kept confidential

STUDENT INFORMATION

Grade:

Legal Name: _____

Last Name First Name Middle Initial Other Legal Name (If Applicable)

Gender: ☐ Male ☐ Female ☐ Non-Binary

Date of Birth: Month: _____ Day: _____ Year: _____

Home Address: _____

Home Address Apartment Number

☐ **Check here if address has changed from previous school year.**

Primary Phone:

E-Mail:

RESIDENCE – where is your child/family currently living? (McKinley-Vento Act Compliance) –
Please check appropriate box:

- ☐ In a single family permanent residence (house, apartment, condo, mobile home)
- ☐ Shared Housing (A long-term cooperative living arrangement with other families or individuals.)
- ☐ In a motel/hotel
- ☐ Doubled-up (Temporarily shared housing with other families / individuals due to economic hardship or loss)
- ☐ In a shelter or transitional housing program
- ☐ Unsheltered (car/campsite)
- ☐ Other (please specify) _____



2024 - 2025 Stockton Unified School District - Alternative Income Form

By completing this confidential form, you are helping to ensure that your child has access to all eligible resources and that your child's school receives the funding it deserves.

Household Last Name: Phone: - - E-mail:

STEP 1: STUDENT INFORMATION ONLY - Do not include non-students in this section.

CONFIDENTIAL

Student ID (Office Use)	Student's Birth Date	Student's First Name	MI	Student's Last Name	Grade	School Name
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STEP 2: Read each item below, then fill out the following information about your household income and size. See back page for more details.

CONFIDENTIAL

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records.

A. Count the number of people living in your home. Include ALL children and ALL adults.

B. Estimate the combined monthly income of all people living in your home.

C. Find the box below that matches the number of people living in your home.

D. IN THAT BOX, fill in the bubble next to the range that matches the COMBINED MONTHLY INCOME of all people living in your home.

CORRECT: ☐

INCORRECT: ☒ ☐ ☐ ☐

Bubble ONLY one circle

TOTAL Household Members	Total Monthly Household Income is Within This Range:	Total Monthly Household Income is Within This Range:	Total Monthly Household Income Exceeds
2	<input type="radio"/> \$0 - \$2,215	<input type="radio"/> \$2,216 - \$3,152	<input type="radio"/> \$3,153 or more
3	<input type="radio"/> \$0 - \$2,798	<input type="radio"/> \$2,799 - \$3,981	<input type="radio"/> \$3,982 or more
4	<input type="radio"/> \$0 - \$3,380	<input type="radio"/> \$3,381 - \$4,810	<input type="radio"/> \$4,811 or more
5	<input type="radio"/> \$0 - \$3,963	<input type="radio"/> \$3,964 - \$5,640	<input type="radio"/> \$5,641 or more
6	<input type="radio"/> \$0 - \$4,546	<input type="radio"/> \$4,547 - \$6,469	<input type="radio"/> \$6,470 or more
7	<input type="radio"/> \$0 - \$5,129	<input type="radio"/> \$5,130 - \$7,299	<input type="radio"/> \$7,300 or more
8	<input type="radio"/> \$0 - \$5,712	<input type="radio"/> \$5,713 - \$8,128	<input type="radio"/> \$8,129 or more
9	<input type="radio"/> \$0 - \$6,295	<input type="radio"/> \$6,296 - \$8,958	<input type="radio"/> \$8,959 or more

If Total Household Members is greater than 9, list Household Members and total monthly income:

Household Members:

Total Monthly Income: \$

STEP 3: Print, sign and date the form.

CONFIDENTIAL

I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide.

Printed FIRST NAME of adult household member completing this form

Printed LAST NAME of adult household member completing this form

X SIGNATURE REQUIRED

Signature of adult household member completing this form

Today's date



24250054 / 043024

(Please Print)

Stockton Unified School District
Mandatory Signature Sheet

GRADE

Student's Legal Name: _____ Student ID#: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ School: _____

The purpose of this consolidated signature form is to provide parents and students one single document signifying receipt and acknowledgment of mandatory forms for your student. Please be sure that you have located each form in the School Packet and acknowledge your understanding and receipt of each form by signing in the appropriate signature block on this document. **Your student MUST return this Mandatory Signature Sheet to his/her school.** *Please note—there is no need to sign and return the original forms—this Mandatory Signature Sheet will serve as your receipt and acknowledgment and is the ONLY form that must be returned to school pertaining to the forms listed.*

SUSD Acceptable Use Policy - Pg. 5

- ☐ I acknowledge that I have received and read the District Acceptable Use of Technology Policy, my student will abide by the rules stated therein.

Parent/Guardian Signature _____ Date: _____

- ☐ I acknowledge that I have received and read the District Acceptable Use of Technology Policy. I agree to follow the rules contained in this policy. I understand that if I violate the rules, my account can be terminated and I may face other disciplinary measures.

Student Signature _____ Date: _____

Annual Permit for Student Photographs & Video Reproduction - Pg. 3

- ☐ I give permission for my child to be photographed, filmed or videotaped during the course of the school year while participating in a school district sponsored activity.
- ☐ I don't give permission for my child to be photographed or filmed during the course of the school year.

Parent/Guardian Signature _____ Date: _____

Legal Rights and Responsibilities - Pg. 32

State Law says that it is the responsibility of each parent/guardian to notify the school that they have received this notice (State Law E.C. 40902) This is located in the District Policies and Procedures Handbook. Please Sign.

Parent/Guardian Signature: _____ Date: _____

Please acknowledge that you have received, read, and understand the following notifications by selecting yes on the appropriate boxes and by signing below:

☐ Annual Permit for Student Photographs & Video Reproduction

☐ Bell Schedule

☐ SUSD Parent Involvement Policy

☐ Conduct Code Book

☐ Dress Code

☐ Items Not Allowed on School Campus

☐ Parent Volunteer Procedures

☐ Parent Role in Emergencies (REMS)

☐ Cell Phones/Electronic Devices Notice

☐ Principal's Letter

☐ Risk Management – Pesticide Letter

☐ Student Acceptable Use Policy (AUP)

☐ Textbook & Library Checkout Notice

☐ School Parent Compact

☐ Title I Parent Involvement Policy

☐ Firearms Safety Memorandum

☐ HIV / AIDS Notification

☐ Armed Services Notification

Print Parent/Guardian Name

Date

Parent/Guardian Signature(s)

******Both sides of form must be completed and signed before student may obtain schedule******



PLEASE RETURN TO YOUR CHILD TEACHER BY AUGUST 2024

SUSD PARENT INVOLVEMENT POLICY EVALUATION



School: _____

Instructions: Please indicate the extent to which you agree with the following statement:

Examples: Wrong - ☒ Wrong - ☐ Correct - ☐

STOCKTON UNIFIED SCHOOL DISTRICT HAS:

YES

NO

I Don't Know

1. Involved parents in the joint development of the school plan to establish strategies and activities for program improvement;
2. Assisted parents in understanding the State's academic content standards, student academic achievement standards and academic assessments;
3. Provided materials and training to help parents work with their children to improve their children's achievement, such as literacy training, parenting skills, and using technology, to foster parent involvement;
4. Educated school personnel, with the assistance of parents, in the value and utility of contributions of parents, how to reach, communicate and work with parents;
5. Coordinated and integrated parent involvement programs and activities with other organizations/partnerships;
6. Ensured that information related to school and parent programs, meetings and other activities was sent to parents in a format and language that parents can understand; and
7. Built support for schools' and parents' potential for strong parent involvement activities.

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

During the 2023-2024 school year, I have participated in (fill all that apply):

☐☐☐☐☐☐☐☐

1

2

3

4

5

6

7

8

☐☐☐☐☐☐☐☐

9

10

11

12

13

14

15

16

- 1 Parent Trainings/Workshops
- 2 Accessing ParentVue, iReady, Spotlight, Xello
- 3 School Site Council (SSC)
- 4 Parent Coffee Hour
- 5 English Learner Advisory Committee (ELAC - site) / (DELAC - district)
- 6 Parent-Teacher Conference

- 7 Parent Advisory Committee (PAC), (AABPAC), (Latin X)
- 8 Pre-School Parent Advisory Committee
- 9 Back to School Nights/Open House for Parents
- 10 Superintendent Meet & Greet
- 11 Parent Academies
- 12 Local Control Accountability Plan (LCFF/LCAP) Meetings

- 13 Community Advisory Committee (CAC)
- 14 Native American Indian Center Parent/Student Advisory Committee (PSAC)
- 15 Family Engagement & Education Office (FEEO) Activities
- 16 Other : _____

I would like the district / school to provide more trainings / workshops on (fill all that apply):

☐☐☐☐☐☐☐☐☐

1

2

3

4

5

6

7

8

9

- 1 Communicating and connecting with my child
- 2 Supporting learning at home (e.g., reading to my child, helping with school work)
- 3 Using technology to help my child with school work

- 4 How to support my child to be college & career ready
- 5 Parents' Rights & Responsibilities in the school system
- 6 Becoming a parent leader at the school site

- 7 How to support school safety
- 8 Parent support and resources (e.g., ESL, GED, financial literacy)
- 9 Other: _____

SUSD Teacher Instructions: Following collection of surveys, please forward to the district's State & Federal Department located at 56 S. Lincoln St., Stockton, CA 95203



PLEASE RETURN TO YOUR CHILD TEACHER BY AUGUST 2024

SUSD PARENT INVOLVEMENT POLICY EVALUATION



School: _____

Instructions: Please indicate the extent to which you agree with the following statement:

Examples: Wrong - ☒ Wrong - ☐ Correct - ☐

In the future, I prefer to attend meetings, events,
and workshops/trainings:

☐

1

☐

2

☐

3

☐

4

1 In-Person / Face to Face

2 Virtually

3 In-Person with Virtual Streaming

In the future, I prefer to attend meetings, events, or
workshops/trainings:

(Check as many boxes that apply.)

☐

1

☐

2

☐

3

☐

4

1 in the mornings (8:00 am - 11:30 am)

2 in the afternoons (12:00 pm [noon] - 4:30 pm)

3 in the evenings (5:00 pm - 7:00 pm)

4 in the evenings (6:00 pm - 8:00 pm)

I prefer to be contacted by SUSD by:

☐

1

☐

2

☐

3

☐

4

1 Pre-Recorded Phone Call

2 Text Message (ex. Remind App)

3 Email

4 Live Phone Call

*SUSD Teacher Instructions: Following collection of surveys, please forward to the district's
State & Federal Department located at 56 S. Lincoln St., Stockton, CA 95203*