

San Dieguito Union High School District
ANNUAL NOTIFICATION 2010-2011
- Signature Page -

DIRECTORY INFORMATION:

The District makes student directory information available in accordance with state and federal laws. This means that each student's name, birthdate, birthplace, address, telephone number, major course of study, participation in school activities, dates of attendance, awards, and previous school attendance may be released in accordance with board policy.

Upon written request from the parent of a student age 17 or younger, the District will withhold directory information about the student. If the student is 18 or older or enrolled in an institution of post-secondary instruction and makes a written request, the pupil's request to deny access to directory information will be honored.

If you DO NOT elect to allow directory information to be released to any outside agency, including the military, please sign below and return to the school attendance office within 30 days. Parent signature will prohibit the District from providing directory information to the military, news media, schools, parent-teacher organizations, employers, and similar parties.

OPTIONAL SIGNATURE: Please check if you DO NOT want information regarding your student released to:
Military, Colleges & Universities, Employers, Internet, News Media, Yearbook
Student Name (print): School of Attendance/Grade Level:
Parent/Guardian Name (print):
Parent/Guardian Signature: Date:

MEDICAL INFORMATION (EC §49423):

Name of Student's Physician/Clinic: Name Address Phone #Physician/Clinic

I give my consent for school personnel to communicate with my son/daughter's physician: NO YES
Does the student take continuing medication: NO YES
Will it be necessary to take medication at school? NO YES

If student requires administration of medication during school hours: Parent must complete and deliver to the school's Health Office the "Authorization for Administration of Medication" form signed by parent and physician. The form is available at: http://www.sduhsd.net/downloads/

PARENT/GUARDIAN ACKNOWLEDGEMENT OF SPECIFIC SCHOOL ACTIVITIES:

Education Code Section 48982 REQUIRES parents to sign and return this acknowledgement to the school attendance office indicating you have been informed of your rights; however, your signature does not authorize consent to participate in any particular program that has either been given or withheld.

I hereby acknowledge receipt of information regarding my rights, responsibilities and protections. I also attest, under penalty of perjury, that I am a resident of the District, as previously verified, or attend under an approved Inter-district Agreement.

Parent Name (print): Student Name (print):

Required Parent Signature: Date:

RETURN THIS SIGNED PAGE TO YOUR STUDENT'S SCHOOL

SAN DIEGUITO UNION HIGH SCHOOL DISTRICT EMERGENCY FORM

The following information is necessary for the Student Health Record.
Please complete this form, **sign** and **return** to your school annually. This is not a "change of residency" form.

*** If you have changed your residence, please complete and submit a "Verification of Residency Form" available at your student's school registrar's office.**

Male Female _____ ID# _____
STUDENT: Last Name First Name Initial Date of Birth Month/Day/ Year Student Identification

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

Please check which Parent/Guardian should be contacted first:

FATHER _____

MOTHER _____

Father's Name (Please indicate: Father/Guardian/Tutor)

Mother's Name (Please indicate: Mother/Guardian/Tutor)

Home Phone # Cell #

Home Phone # Cell #

Place of Employment /Department Work Phone #

Place of Employment /Department Work Phone #

Father's E-mail Address

Mother's E-mail Address

Father's Address Is This a New Address? No * Yes

Mother's Address Is This a New Address? No * Yes

Mailing Address (If different than above)

Mailing Address (If different than above)

Father's Level of Education: _____ Language _____

Mother's Level of Education: _____ Language _____

Father needs interpreter for phone calls and meetings: NO YES

Mother needs interpreter for phone calls and meetings: NO YES

ADDITIONAL CONTACTS: If parent/guardian cannot be reached, we authorize the school staff to release the student to:
CONTACTS MUST BE LOCAL: List contacts for **two adults** other than parent/guardian

1st Contact: _____
 Adult's Full Name Relationship to Student Home / Work Number Cell Number

2nd Contact: _____
 Adult's Full Name Relationship to Student Home / Work Number Cell Number

MEDICAL INFORMATION:

Name of Student's Physician/Clinic: _____
 Name Address Phone # Physician/Clinic

I give my consent for school personnel to communicate with my son/daughter's physician NO YES

Does the student take continuing medication: NO YES

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

If student requires administration of medication during school hours: Parent must **complete** and deliver to the school's Health Office the "**Authorization for Administration of Medication**" form signed by parent and physician. The form is available at: <http://www.sduhsd.net/downloads/>

EMERGENCY: In an emergency, I give my consent: For family physician, EMT and/or hospital to provide emergency treatment to my son/daughter: NO YES

Student has medical insurance? NO YES

Medical insurance in: Father's name Mother's name

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

Signature of Father/Guardian Date

Signature of Mother/Guardian Date

Discipline Policy Notification

2010-2011

Canyon Crest Academy Discipline Policy is designed based on Board Policy and State Code of Education to ensure a safe and orderly learning environment. Please take a moment to access the policy online and read it to ensure you and your student know school rules. The entire policy is accessible on the CCA Website under Key Info > Discipline Policy.

Key items to be aware of:

- **Canyon Crest Academy is a closed campus to all Freshmen, Sophomores AND Juniors.** This means that Freshmen, Sophomores and Juniors will NOT BE ALLOWED to leave campus at any time during the school day, including the lunch break. Parents who must pick-up their Freshmen, Sophomores and Juniors during the school day must arrange for an "off-campus pass" with the Attendance Office. Campus is closed to all students during break.
- All students must have an Off Campus Pass if leaving campus at any time, which includes not returning to campus after lunch if a student is a Senior. Off Campus passes must be called into the Attendance Office a minimum of 15 minutes BEFORE class begins, preferably 24-hours in advance. Absences will not be excused once class has begun.
- Cell Phones and iPods are NOT ALLOWED in classrooms and may be confiscated by the staff members and require a meeting with an Assistant Principal and parents to have the item be returned to the student.
- Students must have a written pass to leave classrooms during class hours.
- Students are eligible for Saturday Schools on their 3rd tardy to class and/or their third unexcused absence from class.
- Academic Honesty is a matter of serious concern. Please read the entire section in the CCA Discipline Policy for more information. Students will receive a grade of zero and disciplinary consequences that may include Saturday School, suspension from school, being dropped from the class with no credit, and removal from elected or appointed leadership positions for academic honesty code violations. Academic dishonesty includes cheating on tests, copying homework, or discussion of test questions.

Consequences may include Saturday School, Suspension and Expulsion. Suspensions of 2 calendar days or more are accompanied with a 30-day extracurricular activity suspension.

Your signatures verify notification of this policy at CCA.

Student's Name (please print)

Student's Signature

Date

Parent's Name (please print)

Parent's Signature

Date

Canyon Crest Academy – Dance Contract 2010-2011

This dance contract is good for all ASB sponsored dances during the 2010-2011 school year.

The following rules must be adhered to during a Canyon Crest Academy ASB activity. I, the undersigned student of Canyon Crest Academy, agree to the following:

- I understand I must arrive and check into the dance no later than **8:30 p.m.**
- I will see the Activities Director immediately if I lose my ticket or have a problem.
- **I will not transfer or sell my ticket to any other student.**
- **I understand that tickets are non-refundable.**
- I understand that I may be randomly tested for drugs and/or alcohol.
- **I will remember to bring my Canyon Crest Academy I.D. card with me when I purchase my ticket AND when I attend the activity.**
- I understand that **I must be appropriately attired at all times during the activity. Shirts and shoes must be worn.**
- I will park my automobile in the designated area as directed by security or administration when attending an on-campus dance.
- I understand that the parking lot is off-limits unless I am leaving the activity; **and that once I exit the event, I may not re-enter.**
- At the activity, I understand that the CCA Administration reserves the right to enforce all of the rules and regulations of the San Dieguito Union High School District and CCA. I understand that it is a state law that smoking is prohibited. I will not consume, or otherwise use, any alcohol or drugs, either before or during the activity. Furthermore, I am aware of the San Dieguito Union High School District's policy of mandatory suspension if caught under the influence and/or in possession of alcohol and/or drugs.
- I will dress and behave in an appropriate manner at all times in order to assure the success of all CCA ASB activities.

CCA Student Name – Print

Student I.D. Number

CCA Student Signature

CCA Student Address

CCA Student Phone Number (Evenings)

PLEASE NOTE:

Parent signature indicates permission for your student to attend any and all Canyon Crest Academy sponsored dances in the 2010-2011 school year. Parent reserves the right to cancel this contract at any time.

Parent Signature

Print Parent Name Here

Any Canyon Crest Academy student who will be attending an ASB sponsored activity must have a signed contract on file before a ticket can be purchased. It is understood that the Canyon Crest Academy student will abide by all the rules and regulations of the San Dieguito Union High School District. Any forged signatures will result in forfeiture of attendance of all dances, no refund and possible disciplinary action.

SAN DIEGUITO UNION HIGH SCHOOL DISTRICT HEALTH INFORMATION FORM

_____ Male Female _____ ID# _____

STUDENT: Last Name _____ First Name _____ Initial _____ Date of Birth _____ Month/Day/ Year _____ Student Identification _____

Parent/Guardian Current Address _____ City _____ Zip Code _____ Phone Number _____ Cell Number _____ Student's School _____ 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 develop 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 student. 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 student requires administration of medication during school hours, please visit the District's website <http://www.sduhsd.net/downloads/> to download the required form "Authorization for Administration of Medication", complete and personally deliver it to the school's Health 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's Health Office. Please provide specific information regarding conditions that may affect student learning and participation in school activities.

Health Condition:	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 Condition	_____
<input type="checkbox"/> Prosthesis	_____
<input type="checkbox"/> Psychological Disorder	_____
<input type="checkbox"/> Scoliosis	_____
<input type="checkbox"/> Seizure Disorder	_____
<input type="checkbox"/> Other Serious Health Concerns:	_____

<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Right Ear	<input type="checkbox"/> Left Ear
<input type="checkbox"/> Deaf/Hard-of-Hearing	<input type="checkbox"/> Right Ear	<input type="checkbox"/> Left Ear
<input type="checkbox"/> Hearing Aids	<input type="checkbox"/> Right Ear	<input type="checkbox"/> Left Ear
<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Right Ear	<input type="checkbox"/> Left Ear
<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Right Eye	<input type="checkbox"/> Left Eye
<input type="checkbox"/> Student wears glasses	<input type="checkbox"/> Contact Lenses	
<input type="checkbox"/> Distance	<input type="checkbox"/> Astigmatism	
<input type="checkbox"/> Reading	<input type="checkbox"/> Other:	
Date of last doctor's visit:	_____	

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

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

(Print)

Health Office Only: _____

Canyon Crest Academy - Raven Readiness - August 2010
FINANCE OFFICE ORDER FORM

**CASH OR CHECK ONLY. NO CREDIT CARDS.
 PLEASE WRITE STUDENT ID# ON ALL CHECKS.**

Student Name: _____ ID#: _____ Grade: _____

MAKE CHECK OUT TO "CCA ASB" FOR THESE ITEMS:				
<i>Item</i>	<i>ASB Card Price</i>	<i>Regular Price</i>	<i>Quantity</i>	<i>Total \$</i>
ASB card	N/A	\$40		
Falcon-Raven Community Discount Card	N/A	\$20		
Agenda	FREE	\$5		
Yearbook	\$100	\$110		
Yearbook Senior Ad	\$210	\$225		
Class shirt	FREE	\$10		
PE shorts	\$12	\$15		
PE shirt	\$8	\$10		
Legacy Brick	N/A	\$75		
Farmer's Insurance Open Golf Tournament Ticket	N/A	\$17		
Marquee donation	N/A	\$10		
"CCA ASB" TOTAL:				

MAKE CHECK OUT TO "SDUHSD-CCA" FOR THESE ITEMS:			
<i>Item</i>	<i>Price</i>	<i>Quantity</i>	<i>Total \$</i>
Parking Permit	\$40		
PLAN <small>Students taking this test will miss class</small>	\$22		
PSAT	\$22		
"SDUHSD-CCA" TOTAL:			

Avoid long lines at the Finance Office by paying in advance on the CCA WebStore. Beginning on August 10th you may visit the WebStore by going to the CCA website and clicking on "CCA WebStore" under "Quick Links." You may pay for items using your credit or debit card. Then bring your e-mail confirmation of payment to Station 7 on your designated day to pick up your items.

Canyon Crest Academy

PARKING PERMIT REGISTRATION 2010-2011

OFFICE USE ONLY: PERMIT# _____ DATE ISSUED _____
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NAME _____

GRADE _____ ID# _____

DRIVER'S LICENSE # _____

VEHICLE DESCRIPTION

MAKE _____ MODEL _____ YEAR _____

COLOR _____ LICENSE PLATE # _____

RULES AND REGULATIONS

- Canyon Crest Academy is a closed campus for 9th, 10th and 11th grade students. **It is an open campus for 12th grade students with a current CCA I.D. card.** Drivers and **all** passengers must **always** have a student ID card and be prepared to show it upon request when leaving campus.
- Students under age 18 must be accompanied by a parent/guardian or other person specified by law when transporting passengers under 20 years of age, at any time for the first 12 months of obtaining a drivers license.
- Students **may not** loiter in their vehicles or parking lot at break or lunch.
- Park **ONLY** in marked stalls in the **Student Parking Lot** - DO NOT PARK in Visitor's Lot, Staff Lots or in areas marked RED, HANDICAPPED or RESERVED!
- Parking permits **MUST BE AFFIXED to FRONT windshield, LOWER LEFT CORNER, DRIVER'S SIDE.**
- Maximum speed limit on school property is 15 m.p.h.
- Vehicles parked on campus are subject to search.
- Parking permits are not transferable between vehicles or students.
- Drivers and all passengers must always have a student ID card and an Off-Campus Pass to leave during class time.
- SDUHSD and CCA are not responsible for any damage or loss to the vehicle or personal property.

Violation of the above regulations, reckless driving, speeding, etc., may result in suspension of parking privileges, receiving a citation from the San Diego Police Department, and/or actions in accordance with the school disciplinary policy. Vehicles parked illegally may be towed at owner's expense.

I have read and understand the parking rules and regulations as stated.
I verify that all the above information is correct.

Student Signature

Date

Checks payable to: SDUHSD-CCA



Canyon Crest Academy Raven Readiness Days 2010 Parent Volunteer Form

**Calling All Parents! We need parent volunteers during Readiness Days!
This is an excellent opportunity to meet other parents and CCA staff, as well as share in the excitement of a new school year. Help us get the year off to a great start!**

Readiness Days, begin Tuesday August 17th and runs through Friday, August 20th. The times for each day are from 8-11am with the exception of the Freshman orientation which will be from 8am-12:45pm. If you are only able to offer a portion of time, we value that time! Your participation helps us provide an organized and efficient orientation process. We need 20 parents each day.

First Day of School, Tuesday August 31st, we need 16-20 volunteers from 7-8:00am to hand out schedules.

Name: _____ Email(print clearly) _____

Phone: (home) _____ (cell/work) _____

Student's Name: _____ Grade 9 ___ 10 ___ 11 ___ 12 ___

I am interested in working on the following days:

	<u>Full Shift</u> (Please indicate time available)	<u>Partial Shift</u>
_____ Tuesday, August 17 (Seniors)	_____	_____
_____ Wednesday August 18 (Juniors)	_____	_____
_____ Thursday August 19 (Sophomores)	_____	_____
_____ Friday, August 20 (Freshmen)	_____	_____
_____ Make-Up Day, Monday August 23 rd (8-9:30am)	_____	_____
_____ First Day of School, Tuesday August 31 st (7-8:00am)	_____	_____

Please return to the CCA Volunteer Coordinator by email ASAP at: ccavol@gmail.com
or mail to:

Canyon Crest Academy
Attn: Michelle McAllister

5951 Village Center Loop Rd., San Diego, CA 92130

Any questions contact **Michelle McAllister 619-788-6050**



**Canyon Crest Academy Foundation
2010/2011 Parent Volunteer Form**

Name: _____ Grade of child(ren) _____

Phone:(home) _____ (cell/work) _____

Email:(please print clearly) _____

(Volunteer information is sent via email)

I am interested in working on an ongoing basis in the following areas:

(Please note that there are a limited number of weekly shifts available)

____ Attendance Office

____ Nurse's Office

____ Front Desk

____ Textbook Room

____ Xeroxing (teacher materials)

____ Cafeteria (lunch cart)

I would like to be contacted for Special Events and Short Term Opportunities:

____ CCA Gala /Social Events/Golf Tournament

____ Grad Night 2011

____ First Day of School

____ Sports Physical Night (May)

____ Staff Appreciation Events (April)

____ Back to School Night

____ Collating & Mailers

____ Box Office / Concessions

____ Readiness Days (August)

____ Festival of the Arts

____ Call Rally (as needed)

____ eScrip Enrollment

***Please return Volunteer Form to the Administration Office or mail to:**

**Canyon Crest Academy
CCA Foundation Volunteer Coordinators
5951 Village Center Loop Rd.
San Diego, CA 92130**

QUESTIONS? CONTACT: Michelle McAllister 619-788-6050

CCA Foundation Volunteer Coordinator

ccavol@gmail.com

SAN DIEGUITO ALLIANCE FOR DRUG FREE YOUTH

asks you to take the Parent Pledge

“ALL EVENTS FOR YOUTH IN MY HOME WILL BE CHAPERONED AND FREE OF ALCOHOL, TOBACCO, MARIJUANA AND OTHER DRUGS.”

The Parent Pledge is...

- ❖ Sponsored by San Dieguito Alliance, a nonprofit coalition committed to the prevention of alcohol, tobacco, marijuana, and other drug use by young people and to the drug abuse education of parents and community members.

Do you know?

- ❖ 50% of adolescent death is alcohol related and 75% of all preventable death is caused by alcohol and tobacco use. Average age for the inception of alcohol, tobacco, marijuana and other drug use is 12.
- ❖ Communicating a clear and consistent family policy about alcohol, tobacco, marijuana and other drug use delays or prevents drug use. Notifying parents of suspected teen alcohol, tobacco, marijuana and other drug use is essential for immediate intervention.
- ❖ Teenage parties in our communities are being held without supervision, and alcohol, tobacco, marijuana and other drugs are readily available, sometimes provided by a parent or sibling.
- ❖ It is illegal to allow minors to drink at parties or other gatherings. Penalties may include a \$1,000 fine, six months in prison and/or the cost of police services.

Parent Pledges are compiled into a directory with parents' names and phone numbers (no addresses).

The Parent Pledge Directory is then returned to those who have signed the pledge so they may network.

SAN DIEGUITO ALLIANCE FOR DRUG FREE YOUTH

serves the communities of Cardiff, Carmel Valley, Del Mar, Elfin Forest, Encinitas,
Fairbanks Ranch, La Costa, Rancho Santa Fe, Solana Beach

Phone/Fax (858) 755-6598 www.sandieguitoalliance.org SDAlliance4@aol.com



“ALL EVENTS FOR YOUTH IN MY HOME WILL BE CHAPERONED AND FREE OF ALCOHOL, TOBACCO, MARIJUANA AND OTHER DRUGS.”

- Please include only my/our name(s) and phone number (no addresses) in the Parent Pledge Directory that is compiled by zip codes. **I (we) will be sent a Parent Pledge Directory in the Fall.**

- I would like to be notified about alcohol, tobacco, marijuana or other drug issues in my community. My email address is _____ (**print**).

I believe parents today are:

- less likely just as likely more likely

to allow teen drinking in their homes than three to four years ago.

- Enclosed is a tax deductible donation to **SAN DIEGUITO ALLIANCE FOR DRUG FREE YOUTH** (Federal Tax ID #33-0016843) to assist with its alcohol, tobacco, marijuana and drug prevention education, activities and policies.

_____ \$25 (Family) _____ \$100 (Patron) _____ Any amount is welcome though not necessary

PARENT(S) NAME(S) (**Print** last name, first name) _____

CHILD'S LAST NAME (**Only** if different from parent) _____

ADDRESS _____ CITY/ZIP _____

TELEPHONE _____ SCHOOL/GRADE _____

THANK YOU for your concern and support of youth.

RETURN this form to

SAN DIEGUITO ALLIANCE Post Office Box 2448 Del Mar, CA 92014 Fax (858) 755-6598

California Information Privacy Act

State and federal laws protect an individual's right to privacy regarding information pertaining to oneself. The California Information Practices Act of 1977 requires the following information be provided to financial aid applicants who are asked to supply information about themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. Commission policy and the policies of the postsecondary institutions to which you are applying for aid authorize maintenance of this information. Furnishing information that is requested on this form is mandatory. Failure to provide such information will delay and may even prevent your receipt of financial assistance. This form's information may be transmitted to other state agencies and the federal government if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to them. The Education Code of the State of California gives the Commission the authority (in consultation with postsecondary educational institutions) to make this form available.

The officials responsible for maintaining the information contained on this form are the Executive Director of the Commission and the financial aid administrators at the institutions to which you are applying for financial aid. The SSN is used to verify your identity under the record keeping systems established prior to January 1, 1975, pursuant to the authority of the Commission, the California State University, and California Community Colleges contained in Title 5, California Administrative Code Section 41201, and the authority of the Regents of the University of California under Article IX, Section 9, of the California Constitution. The Commission and California public postsecondary education institutions, in compliance with federal statutes and the Equal Protection Clause of the California Constitution, do not discriminate on the basis of race, religion, color, national origin, gender, or physical disability in any of their policies, procedures or practices. Inquiries regarding these policies may be directed to the Commission and to the financial aid office of the school or college admissions office to which you are applying.

🌀 SENIOR DIPLOMA NAME VERIFICATION 🌀

🌀Print your legal name that will appear on your diploma🌀

Student's **Last Name**

Student's **First Name**

Student's Middle Name or Initial (optional)

ACTION REQUIRED!
CCA 2010-11 STUDENT DIRECTORY

Canyon Crest Academy's Dollars for Scholars sells the CCA Student Directory each year as a fundraiser for college scholarships for CCA students.

If you would like your student to be included in this year's directory, please FILL OUT THIS FORM AND RETURN IT BY 9/10/10, WHETHER OR NOT YOU ARE PURCHASING A DIRECTORY. Forms and \$20 payment per book (if purchasing) may be returned in the registration packet at Readiness Days OR returned to the Administration Office (Attention: Dollars for Scholars) OR mailed to CCA's Dollars for Scholars, P.O. Box 2536, Del Mar, CA 92014-1836.

Yes, please include my family information in the CCA Student Directory.

Parent signature required _____

() I WOULD LIKE TO ORDER _____ DIRECTORY(IES) AT \$20 EACH [Check No. _____]
CHECKS PAYABLE TO "CCA/DFS." (THE DIRECTORY IS NOT PART OF ASB FEES, SEPARATE PAYMENT IS REQUIRED.)

() I DO NOT WISH TO ORDER A DIRECTORY.

PLEASE PRINT. INCLUDE ONLY THE INFORMATION YOU WISH TO BE PRINTED IN THE DIRECTORY.
ONE FORM PER STUDENT.

Student name _____ Grade _____

Student address _____ City _____ Zip _____

Primary home phone number _____

Email address (print legibly) _____

Parent names living at above address _____

Student cell phone number _____

Parent name(s) if NOT living at above address _____

Address _____ City _____ Zip _____

Phone number _____

**THE INFORMATION IN THE CCA DIRECTORY IS ONLY INTENDED FOR CCA FAMILIES AND STUDENTS.
IT MAY NOT BE USED FOR ANY OTHER PURPOSE.
DIRECTORIES WILL BE DISTRIBUTED TO STUDENTS IN OCTOBER 2010.**