

# Back to School!

## Freshman Orientation/Registration

Thursday August 21<sup>st</sup>, 2014  
Berkeley Community Theater

Thursday August 21 <sup>st</sup>	at 8:30 AM	Last Name A to G
Thursday August 21 <sup>st</sup>	at 10:30 AM	Last Name H to O
Thursday August 21 <sup>st</sup>	at 1:00 PM	Last Name P to Z

Incoming freshmen should report to the Community Theatre 15 minutes before the start time of their orientation. Each orientation assembly will begin promptly at the time shown.

During orientation students will have an opportunity to meet the Berkeley High School administrators and counselors. Students will also receive their first semester schedules, have their school photo ID picture taken, purchase the BHS organizer for a cost of \$4 (all students are required to have an organizer), have an opportunity to sign up for a locker, be given a tour of the school, and turn in required forms. Required forms can be downloaded at <http://bhs.berkeleyschools.net/2014-15-berkeley-high-registration/> Required forms are also available at the front desk beginning August 4, 2014.

## Sophomore, Junior, and Senior Registration

August 18, 19, and 20 BHS Jacket Gym

10<sup>th</sup>, 11<sup>th</sup>, and 12<sup>th</sup> graders are to report to Berkeley High School's Jacket Gym at the time stated on your mailing label on the date listed below. **PLEASE NOTE: SENIORS WILL REGISTER ON MONDAY, AUGUST 18<sup>TH</sup>.**

Seniors	Monday, August 18, 2014
Juniors	Tuesday, August 19, 2014
Sophomores	Wednesday, August 20, 2014

During registration students will have an opportunity to meet the Berkeley High School administration and counselors. Students will also receive their first semester schedules, have their school photo ID picture taken, purchase the BHS organizer for a cost of \$4 (all students are required to have an organizer), have an opportunity to sign up for a locker,

be given a tour of the school, and turn in required forms. Required forms can be downloaded at <http://bhs.berkeleyschools.net/2014-15-berkeley-high-registration/>. Required forms are also available at the front desk for pick up beginning August 4, 2014.

**Note: The time shown on the envelope label is the photo time and ID Card process time only.**

## **Required Forms**

### **Emergency Cards**

All students must submit a completed emergency card on registration day. Emergency cards can be completed online at <https://www.formstack.com/forms/?1107834-sEbZtLrzfg> or downloaded at <http://bhs.berkeleyschools.net/2014-15-berkeley-high-registration/>. Emergency cards are also available in the front office.

### **Health Center Release Form**

All new students should turn in a completed Health Center Release Form on registration day. Health Center Release Forms can also be downloaded at <http://bhs.berkeleyschools.net/2014-15-berkeley-high-registration/> or picked up at the front desk. If you have any questions in regards to our Health center you may refer to the online brochure or contact the Health Center at 510-644-6965.

### **Free and Reduced Lunch Form**

All students must turn in a completed Free and Reduced Lunch Form on registration day. Free and Reduced Lunch Forms can be completed online at <https://secure.ezmealapp.com/> or may be picked up during the registration process.

## **Registration Information**

All Berkeley High School students will go through the following registration process:

### **2014-2015 Photo ID (Required)**

All students will have their picture taken for their picture package, school record and student identification card. **Students are required to carry their identification cards at all times while on campus.**

### **BHS Organizer**

Students will purchase the BHS Organizer for \$4 (**all students are required to have an organizer**).

### **Locker Assignment**

Students will sign up for a locker. In order to secure a locker, students must bring a lock on the first day of school. Please contact David Luu with questions 644-8985.

### **Class Schedule**

Students will pick up their class schedules. Please note, as in the past, the request for a change of schedule is accepted only if the school has made a mistake in the scheduling process—not if a student has changed his or her mind. Counselors will be available August 18<sup>th</sup> through 21<sup>st</sup> to speak with students who spot a mistake in their schedule.

### **Submit Required Forms**

Students will turn in any required forms.

## **First Day of Classes**

### **Wednesday, August 27<sup>th</sup>, 8:27 a.m.**

Classes will begin for all students at 8:27 a.m. on Wednesday, August 27<sup>th</sup>. There will be no “0” period on this day only. The food court will be open for breakfast starting at 7:30 a.m. and lunch is served from 11:38 a.m. – 12:18 p.m. Berkeley High offers free breakfast to any student. Berkeley High School is an open campus therefore students are permitted to leave campus for lunchtime only.





## Welcome to Berkeley High Athletics!

Berkeley High School Athletics includes 27 Varsity sports and covers three seasons of the year (Fall, Winter and Spring). Our mascot is the Yellowjacket, our colors are Red and Gold, and every year approximately one third of the student body competes to represent their school in a sport.

Being on a team at Berkeley High is a great way to be a part of the school community, play a sport and earn your PE credits. Some of the sports are very competitive while others are larger and able to accommodate varied levels of athletic abilities. Student Athletes are required to maintain a 2.0 minimum GPA in order to be eligible. All incoming Freshmen are grade eligible for Fall Sports, for Winter and Spring seasons they must meet the school eligibility standard.

### Fall Sports and Coach Info

<u>Sport</u>	<u>Coach</u>	<u>Contact Info</u>
Cross Country	Bradley Johnson	BradleyJohnson2@gmail.com
Field Hockey	Alison Schoenbeck	alischoenbeck@gmail.com
Football	James Barnes	barnesjc_009@yahoo.com
Girls Golf	Jesse Brown	brownjesse42@berkeley.edu
Girls Tennis	Mary Bedford	marybedford@att.net
Girls Volleyball	TBA	athleticdirector@berkeley.net
Water Polo (Boys and Girls)	William Gaebler	williamgaebler@berkeley.net

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### Tryout Start Dates

**Football - August 11, 2014**

**All other Fall Sports - August 18, 2014**

In order to tryout for a team an Athletic Packet (which includes a current physical examination) must be submitted and cleared by our school's Athletic Director's office, located in J207 directly behind the stands of Jacket Stadium, during the collection period and **PRIOR TO the first day of tryouts**. Athletic Packets are available outside of the AD office, the Front Desk and online at [www.berkeleyhighathletics.org](http://www.berkeleyhighathletics.org)

### **\*\*Packet Collection and Clearing Dates for Fall Sports\*\***

**Football - August 4-8 (10am-12pm)**

**Fall Sports - August 11-15 (10am-12pm) and August 18-21 (10am - 12pm)**





Health, Housing & Community Services  
Berkeley High School Health Center

## WELCOME TO THE BERKELEY HIGH SCHOOL/B-TECH HEALTH CENTERS

We invite your student to take advantage of our free services offered at the Berkeley High School and B-Tech Health Centers. The Health Centers are collaborative programs between the City of Berkeley Health, Housing & Community Services Department and the Berkeley Unified School District.

Since 1991, the BHS Health Center has offered free and confidential medical and mental health services to all high school students enrolled in Berkeley High School, Berkeley Technology Academy, and Independent Studies. The B-Tech Health Center opened in January, 2009. (See bottom of page for description of services).

### WHAT IS IN THIS PACKET?

- **A Parent Consent Form and Medical History Form.** In order for your child to receive many of our services, including treatment by our First Aid Nurse, **YOU MUST COMPLETE AND SIGN BOTH OF THESE FORMS AND RETURN THEM TO THE HEALTH CENTER.**
- **A Health Care Provider's Disclosure** informing parents that your child's Immunization Record is input into the California Immunization Registry. **If you object, please sign and return the form.**

### Please remember:

- 1) ***If you have filled out Parent Consent and Medical History Forms in the past and your child is already receiving medical services at the Berkeley High School Health Center, you do NOT need to complete these forms again, unless any information has changed. If you are not sure, then please go ahead and fill them out again.***
- 2) **You MUST sign the bottom of BOTH the Consent Form and the Medical History Form** for your child to receive First Aid services at the Health Center.
- 3) If you have any questions after reviewing the information enclosed, please call us at (510) 644-6965.

### BERKELEY HIGH SCHOOL/B-TECH HEALTH CENTER SERVICES

#### Medical

- First Aid
- Physicals and Sports Exams for students without medical insurance
- Family Planning and STI prevention, testing and treatment
- Immunizations
- Assistance with referrals for primary care and insurance

#### Health Education

- Pregnancy/STI/ HIV Prevention
- Substance Abuse Prevention
- Positive Decision Making and Communication Skills
- Healthy Nutrition

#### Mental Health (BHS site only)

- Crisis Intervention
- Individual Short Term Counseling
- Support Groups

# BHS/B-TECH HEALTH CARE PROVIDER'S DISCLOSURE TO PATIENT OR PARENT/GUARDIAN ON IMMUNIZATION/TB RECORD SHARING WITH REGISTRIES

(Prepared pursuant to Health and Safety Code Section 120440)

Immunizations or 'shots' prevent serious diseases. Tuberculosis (TB) screening tests help to determine if you may have TB infection and can be required for school or work. Keeping track of shots/TB tests you have received can be hard. It's especially hard if more than one doctor gives them. Today, doctors use a secure computer system called an *immunization registry* to keep track of shots and TB tests. If you change doctors, your new doctor can use the registry to see the shot/TB test record. It's your right to choose if you want shot/TB test records shared in the *California Immunization Registry*.

## How Does a Registry Help You?

- Keeps track of all shots and TB tests (skin tests/chest x-rays), so you don't miss any or get too many
- Sends reminders when you or your child need shots
- Gives you a copy of the shot/TB record from the doctor
- Can show proof about shots/TB tests needed to start child care, school, or a new job

## How Does a Registry Help Your Health Care Team?

Doctors, nurses, health plans, and public health agencies use the registry to:

- See which shots/TB tests are needed
- Remind you about shots needed
- Prevent disease in your community
- Help with record-keeping

## Can Schools or Other Programs See the Registry?

Yes, but this is limited. Schools, childcare, and other agencies allowed under California law may:

- See which shots/TB tests children in their programs need
- Make sure children have all shots/TB tests needed to start child care or school

## What Information Can Be Shared in a Registry?

- Patient's name, sex, and birth place
- Parents' or guardians' names
- Limited information to identify patients
- Details about a patient's shots/TB tests

Information entered in the registry is treated like other private medical information. Misuse of the registry can be punished by law. Under California law, only your doctor's office, health plan, or public health department may see your address and phone number.

## Patient and Parent Rights

It's your legal right to ask:

- not to share your (or your child's) registry shot/TB test records with others besides your doctor
- not to get shot appointment reminders from your doctor's office
- to look at a copy of your or your child's shot/TB test records
- who has seen the records or to have the doctor change any mistakes

If you DO want your child's records in the registry, do nothing. You're all done.

If you declined earlier and now you DO want your child's records in the registry, please check the box below:

### START SHARING

I ALLOW my/my child's immunization /TB test record to be shared with other health care providers, agencies, or schools in the California Immunization Registry.

If you DO NOT want the Berkeley High School/B-Tech Health Center to share your child's immunization/TB test information in the registry:

### DECLINE SHARING

I DECLINE to allow my/my child's immunization/TB test record to be shared with other health care providers, agencies, or schools in the California Immunization Registry. *Note: The immunization record may still be recorded in the registry for use by your physician's office. By law, public health officials can also look at the registry in the case of a public health emergency.*

If you have any questions, please call (510) 644-6859

Child's Name: \_\_\_\_\_ Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



**Berkeley High School Health Center  
PARENT/LEGAL GUARDIAN CONSENT**

**Student Name:** \_\_\_\_\_ **Year of Graduation** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

I/We have read and understand the services offered at the Berkeley High School Health Center as described in the attached information. I/We understand further that the services authorized by my/our signature on this form are simple, common or routine health care services, and treatment will be limited to:

- Diagnosis and treatment of minor illnesses and first aid for minor injuries
- Sports physical examinations for uninsured students
- One-time general medical exams (CHDP exams) for uninsured students
- Short-term assistance with chronic illness management and referrals for ongoing care
- Immunizations (separate consent required)
- Prescription and over-the-counter medications
- Education relating to diet and weight control, drug and alcohol prevention, mental health, sexuality and pregnancy prevention, including abstinence
- Referrals for health care services which cannot be provided at the School Health Center

.....  
**CALIFORNIA MINOR CONSENT LAW** allows a minor who is 12 years of age or older to receive the following services without parental consent:

- **Prevention, diagnosis and treatment of sexually transmitted infections, including HPV and HepB vaccines**
- **Pregnancy testing, contraceptives, options counseling, and referral for pregnancy related services**
- **Crisis mental health counseling**
- **Alcohol and substance abuse prevention education and referrals**

- .....
- I UNDERSTAND THAT NO STUDENT OR HIS/HER FAMILY WILL BE CHARGED DIRECTLY FOR SERVICES DELIVERED AT THE HEALTH CENTER.
  - I/We understand that this consent covers only those services provided at this clinic, and does not authorize services rendered at any other private or public facility
  - I realize that Health Center staff will coordinate with the student's primary care provider to ensure continuity of care and will refer ongoing care needs to the student's regular physician
  - I have completed the attached medical history form to the best of my knowledge. This consent form remains in effect until enrollment at Berkeley High School/B-Tech terminates, or until revoked in writing
  - I/We hereby authorize professional clinic staff to provide necessary and/or advisable treatment for my son/daughter
  - I understand that the BHS/B-Tech Health Centers participate in a county-wide evaluation of School Based Health Centers, conducted by University of CA, SF (UCSF). Information is collected on the students who use our services, and shared with UCSF **without any names or identifying information**. I understand that BHS/B-Tech Health Centers will never share my child/guardian's personal information with the evaluators without my permission
  - I understand that I cannot deny my child the right to receive those services mandated by California Minor Consent Law (above)
  - This student has my/our permission to receive all services offered at Berkeley High School Health Center **EXCEPT those which I have specifically excluded below:**

**THIS FORM MUST BE SIGNED BEFORE YOUR CHILD CAN RECEIVE ANY SERVICES AT THE BSHSC, EXCEPT THOSE ALLOWED BY CALIFORNIA MINOR CONSENT LAWS.**

\_\_\_\_\_  
**PRINT Name of Parent/Legal Guardian**

\_\_\_\_\_  
**Relationship to student**

\_\_\_\_\_  
**SIGNATURE of Parent/Legal Guardian**

\_\_\_\_\_  
**Date**

# MEDICAL HISTORY - Berkeley High School/B-Tech Health Center

*(This needs to be filled out and signed by the student's parent or guardian)*

## PLEASE ATTACH A COPY OF STUDENT'S IMMUNIZATION RECORDS

Student's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: M / F

Parent/Guardian's name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact (name/phone): \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Name of primary medical provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

We have no health insurance:  We would like help obtaining insurance for this student: Yes  No

1. Is this student allergic to any medications? Yes  No  If yes, give name of medication and describe reaction:

\_\_\_\_\_

2. List any medication(s) student is taking now and the problem it is treating.

Medication:	Dose:	Reason:
_____	_____	_____
_____	_____	_____

3. Has student ever been hospitalized overnight? Yes  No  If yes, give the age at time of hospitalization and describe the problem: \_\_\_\_\_

4. Has student had any serious injuries? Yes  No  If yes, please give age at time of injury and describe the injury. \_\_\_\_\_

Please check (✓) whether this student has ever had any of the following health problems.

	Yes	No		Yes	No		Yes	No
Allergies.....	<input type="checkbox"/>	<input type="checkbox"/>	Ear infections .....	<input type="checkbox"/>	<input type="checkbox"/>	Mononucleosis.....	<input type="checkbox"/>	<input type="checkbox"/>
Anemia.....	<input type="checkbox"/>	<input type="checkbox"/>	Fainting .....	<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia.....	<input type="checkbox"/>	<input type="checkbox"/>
Blood disorders.....	<input type="checkbox"/>	<input type="checkbox"/>	Food allergy causing hives	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic fever.....	<input type="checkbox"/>	<input type="checkbox"/>
Asthma .....	<input type="checkbox"/>	<input type="checkbox"/>	Migraines.....	<input type="checkbox"/>	<input type="checkbox"/>	Scoliosis.....	<input type="checkbox"/>	<input type="checkbox"/>
Bladder disease.....	<input type="checkbox"/>	<input type="checkbox"/>	Hearing impairment .....	<input type="checkbox"/>	<input type="checkbox"/>	Seizures.....	<input type="checkbox"/>	<input type="checkbox"/>
Kidney disease.....	<input type="checkbox"/>	<input type="checkbox"/>	Heart murmur.....	<input type="checkbox"/>	<input type="checkbox"/>	Sickle cell anemia	<input type="checkbox"/>	<input type="checkbox"/>
Blood clots/phlebitis.....	<input type="checkbox"/>	<input type="checkbox"/>	Hernia.....	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease.....	<input type="checkbox"/>	<input type="checkbox"/>
Cancer.....	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis.....	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis.....	<input type="checkbox"/>	<input type="checkbox"/>
Depression .....	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure.....	<input type="checkbox"/>	<input type="checkbox"/>			
Diabetes .....	<input type="checkbox"/>	<input type="checkbox"/>	High cholesterol.....	<input type="checkbox"/>	<input type="checkbox"/>			
Chicken pox.....	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>			

Explain conditions checked yes above (age onset, treatment, current status, etc) : \_\_\_\_\_

Family health history: Have any of this student's blood relatives (parents, siblings, aunts, uncles, grandparents) living or deceased, had any of the following problems?

	Yes	No	Who		Yes	No	Who
Alcoholism.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Heart attack/stroke after age 55...	<input type="checkbox"/>	<input type="checkbox"/>	_____
Substance Abuse: type _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	High blood pressure .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	High cholesterol .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Lung disease.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Birth defects .....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Mental health/Depression.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Blood disorders .....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Seizures.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cancer: type _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Smoking .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes .....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Tuberculosis.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart attack/stroke before age 55	<input type="checkbox"/>	<input type="checkbox"/>	_____	Other: _____			

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*DON'T FORGET TO ALSO SIGN THE PREVIOUS CONSENT PAGE\*\*\*\*\*



Departamento de Salud, Vivienda  
y Servicios Comunitarios  
Berkeley High School Health Center

## BIENVENIDOS A LOS CENTROS DE SALUD DE BERKELEY HIGH SCHOOL Y BERKELEY TECHNOLOGY ACADEMY

Invitamos al estudiante a que tome ventaja de los servicios clínicos gratuitos de nuestros Centros de Salud de Berkeley High School y Berkeley Technology Academy (B-Tech). Los Centros de Salud son programas colaborativos entre el Departamento de Salud, Vivienda y Servicios Comunitarios de la Ciudad de Berkeley y el Distrito Escolar Unificado de Berkeley

Desde 1991, El Centro de Salud Berkeley High School a ofrecido servicios médicos y de salud mental gratuitos y confidenciales a estudiantes matriculados en Berkeley High School, B-Tech y Estudios Independientes. El Centro de Salud de B-Tech abrió sus puertas en Enero del 2009. (Al final de la hoja esta la descripción sobre los servicios que ofrece)

### EN ESTE PAQUETE ENCONTRARA LAS SIGUIENTES FORMAS:

- ❑ **Forma de Consentimiento Legal y Forma de Historial Médico.** Para que su hijo(a) reciba varios de nuestros servicios, incluso acceso diario a nuestra enfermera de primeros auxilios, **ES NECESARIO CONTESTAR Y FIRMAR AMBAS FORMAS Y ENTREGARLAS AL CENTRO DE SALUD.**
- ❑ **Declaración de Proveedores Médicos** informa a los padres que las vacunas de su hijo(a) serán reportadas al Registro de Inmunización de California. Si usted está en desacuerdo, por favor firme y devuélvanos esta forma.

### POR FAVOR RECUERDE:

- 1) Si usted ya ha llenado las formas de Consentimiento Legal e Historial Médico y su hija(o) ya está recibiendo servicios médicos en el Centro de Salud, usted **NO** necesita completar estas formas nuevamente, al menos que la información haya cambiado. Si no está seguro(a), por favor llénelas nuevamente.
- 2) **DEBE firmar AMBAS formas de Consentimiento e Historial Médico** para que su hijo(a) pueda recibir servicio de primeros auxilios en el Centro de Salud.
- 3) Si tiene alguna pregunta después de haber leído o revisado las formas adjuntas, por favor llámenos al (510) 644-6965.

### SERVICIOS EN EL CENTRO DE SALUD DE BERKELEY HIGH SCHOOL

#### **Servicios Médicos:**

- Primeros auxilios.
- Exámenes médicos y físicos para estudiantes sin seguro médico.
- Planificación familiar.
- Prevención y diagnóstico en el tratamiento de infecciones transmitidas sexualmente
- Inmunizaciones/Vacunas
- Asistencia con transferencias a otros proveedores/servicios y adquirir seguro médico.

#### **Educación de Salud:**

- Prevención del Embarazo/ETS/VIH
- Prevención del Abuso de Drogas y Alcohol
- Tomar Decisiones Positivas y Aprender a Comunicarse
- Nutrición Saludable

#### **Servicios de Salud Mental: (Solamente en BHS)**

- Intervención en caso de crisis.
- Consejería Individual de Corto Plazo.
- Grupos de Apoyo.

**REVELACION DE PROVEEDORES MEDICOS DEL BHS/B-Tech HEALTH CENTER AL PACIENTE O PADRES/GUARDIANES PARA COMPARTIR INFORMACION CON LOS REGISTROS DE INMUNIZACIONES/TB**

(Preparado como indica la Sección 120440 del Código de Salud y Seguridad)

Las vacunas previenen enfermedades graves. Las pruebas para detectar la tuberculosis (TB) pueden ayudar a determinar si está infecto(a) con tuberculosis, y es posible que su empleador o escuela también requieran estas pruebas. Mantenerse al tanto de las vacunas que la han puesto y las pruebas de TB que le han hecho puede ser difícil. Es especialmente difícil si las obtuvo de más de un doctor. Hoy en día, los doctores usan un sistema computarizado seguro llamado *registro de vacunación* para mantener al día los datos de vacunación y las pruebas de TB al día. Si cambia de doctor, su nuevo doctor podrá ver los datos de vacunación y los resultados de las pruebas de tuberculosis. Usted tiene derecho a decidir si quiere que sus datos de vacunación/resultados de la prueba de TB se compartan en el *Registro de Vacunación de California*.

**¿Cómo le ayuda el registro?**

- Está al tanto de todas las vacunas y pruebas de tuberculosis (pruebas de la piel/radiografía del pecho), para que no le falte ninguna ni le den demasiadas
- Manda recordatorios cuando usted o su hijo(a) necesitan vacunarse
- Le da una copia de los datos de vacunación y los resultados de las pruebas de TB que tiene su doctor
- Sirve como comprobante de las vacunas o pruebas de TB necesarias para asistir a una guardería o la escuela, o para comenzar un nuevo trabajo

**¿Cómo ayuda el registro a su equipo de atención de la salud?**

Los doctores, enfermeras, planes de salud y entidades de salud pública usan el registro para:

- Ver cuáles vacunas o pruebas de TB se necesitan
- Recordarle sobre las vacunas que necesita
- Prevenir enfermedades en su comunidad
- Ayudar a mantener los datos

**¿Pueden las escuelas u otros programas ver el registro?**

Sí, pero de manera limitada. Las escuelas, las guarderías y otras entidades permitidas por ley de California pueden:

- Ver cuáles vacunas o pruebas de TB necesitan los niños en sus programas
- Asegurar que los niños tengan todas las vacunas o pruebas de TB necesarias para comenzar la guardería o escuela

**¿Qué información se puede compartir en un registro?**

- El nombre, el sexo y la fecha de nacimiento
- Los nombres de los padres o de los tutores
- Información limitada para identificar a un paciente
- Detalles sobre las vacunas o pruebas de TB de los pacientes

Lo que se introduce en el registro se trata como cualquier otra información médica privada. El mal uso del registro puede ser castigado por ley. La ley de California dice que sólo el consultorio médico, su plan de salud o el departamento de salud pública pueden ver su dirección y número de teléfono.

**Los derechos del paciente y de los padres**

Tiene derecho legal a pedir que:

- no se compartan sus datos (o los de su hijo[a]) de vacunación/pruebas de TB en el registro con otros, aparte de su doctor
- su doctor no le mande recordatorios de vacunación
- le den una copia de los datos de vacunación/pruebas de TB que ha obtenido usted o su hijo(a)
- le digan quiénes han visto los datos o que su doctor corrija cualquier error

**SI QUIERE que los datos de su hijo estén en el registro, no haga nada. Ya terminó.**

**Si usted rechazó anteriormente y ahora quiere que los datos de su hijo estén en el registro por favor ponga una X en el cuadro de abajo. Empezar a compartir (rechacé antes, ahora cambio de opinión y deseo compartir.)**

**PERMITO que mis datos de vacunación/los datos de vacunación/pruebas de TB de mi hijo se compartan con otros profesionales de la salud, entidades o escuelas en el Registro de Vacunación de California.**

**Si NO QUIERE que el Centro de Salud de BHS/B-Tech comparta los datos de vacunación de su hijo en el registro por favor ponga una X en el cuadro de abajo.**

**Rechazar compartir**

**Rechazo permitir que mis datos de vacunación/los datos de vacunación /pruebas de TB de mi hijo se compartan con otros profesionales de salud, entidades o escuelas en el Registro de Vacunación de California\* \* Nota: Los datos de vacunación aún se pueden documentar en el registro para el uso del consultorio de su médico. Por ley, los funcionarios de salud pública también pueden tener acceso a los datos de vacunación en caso de una emergencia de salud pública.**

Si tiene algunas preguntas, llame sin cargo al (510) 644-6859

Nombre del niño(a): \_\_\_\_\_

Escribir Nombre de Padre/Guardián: \_\_\_\_\_

Firma del Padres o Guardián: \_\_\_\_\_ Fecha: \_\_\_\_\_

**Centro de Salud de Berkeley High School/B-Tech**  
**CONSENTIMIENTO DE PADRES/GUARDIANES LEGALES**

**NOMBRE DEL ESTUDIANTE** \_\_\_\_\_ **AÑO DE GRADUACIÓN** \_\_\_\_\_

**FECHA DE NACIMIENTO:** \_\_\_\_\_

Yo he/Nosotros hemos leído y entiendo/entendemos los servicios que se ofrecen en el Centro de Salud en Berkeley High School descritos en las hojas adjuntas. Además, entiendo/nosotros entendemos que los servicios autorizados por mi firma en este documento son para servicios médicos básicos, comunes o de rutina, y que el cuidado será limitado o reducido solo a:

- El diagnóstico y tratamiento médico de enfermedades leves y primeros auxilios para lastimaduras menores
- Exámenes físicos para estudiantes sin seguro medico
- Exámenes médicos generales para estudiantes sin seguro medico (límite 1 por estudiante)
- Asistencia de corto plazo en el manejo de enfermedades crónicas y referencias para continuar con el cuidado en curso.
- Asistencia para obtener seguro médico
- Inmunizaciones /Vacunas (requiere autorización separada)
- Examen básico de la visión y referencias
- Medicamento con receta y sin receta médica.
- Educación sobre dietas y control de peso como también prevención de alcoholismo, drogadicción, salud mental, sexualidad, embarazo y abstinencia.
- Referencias a servicios médicos que no se ofrecen en el Centro de Salud de Berkeley High School

**NOTA: LA LEY DE CONSENTIMIENTO DE MENORES DEL ESTADO DE CALIFORNIA permite a un menor de 12 años o mayor recibir los siguientes servicios con o sin el consentimiento o permiso de los padres.**

- Prevención, diagnóstico y tratamiento de infecciones transmitidas sexualmente, incluyendo las vacunas del HPV (virus de papiloma humano) y Hepatitis B
- Exámenes de embarazo, anticonceptivos, consejería sobre opciones y referencias a servicios relacionados con el embarazo
- Consejería en crisis de salud mental.
- Consejería y referencias sobre el abuso del alcohol y drogas

- **ENTIENDO QUE A NINGUN ESTUDIANTE O A SU FAMILIA SE LE COBRARA DIRECTAMENTE POR SERVICIOS RECIBIDOS EN EL CENTRO DE SALUD.**
- Entiendo/entendemos que este consentimiento cubre solo servicios recibidos únicamente en esta clínica, y no autoriza servicios ofrecidos o proporcionados por cualquier otra agencia, pública o privada.
- Tengo en cuenta que el personal del Centro de Salud coordinará directamente con el doctor primario del estudiante para asegurar seguimiento en su cuidado como también otras necesidades acerca de su salud como sea necesario.
- He completado la forma adjunta de Historial Médico de la mejor manera posible de acuerdo a mis habilidades. Este consentimiento quedará en efecto hasta que la matrícula en Berkeley High School termine, o sea revocada por escrito.
- Yo/Nosotros autorizamos al personal profesional de la clínica en dar el tratamiento necesario o aconsejable a mi hijo (a)
- Entiendo que el Centro de Salud de BHS/B-Tech participa en una evaluación del condado entero llevada a cabo por la Universidad de CA, SF (UCSF) de los Centros de Salud fundados en las Escuelas y juntan información sobre los estudiantes que utilizan los servicios y después comparte esta información con UCSF **sin nombres o información que identifiquen al individuo.** Entiendo que el Centro de Salud nunca compartirá información personal de los padres, guardianes legales o de mi hijo(a) sin mi permiso.
- Entiendo que no puedo negarle el derecho a mi hijo(a) en recibir servicios mandatorios por la ley de consentimiento de menores (lea arriba).
- El estudiante tiene mi permiso en recibir todos los servicios que se ofrezcan en el Centro de Salud de Berkeley High School/B-Tech **MENOS aquellos servicios que claramente especifico se excluyan a continuación:**

**ESTA FORMA DEBE SER FIRMADA ANTES QUE SU HIJO(A) PUEDA RECIBIR CUALQUIER TIPO DE SERVICIO EN EL CENTRO DE SALUD DE BERKELEY HIGH SCHOOL/B-TECH, MENOS AQUELLOS SERVICIOS PERMITIDOS POR LA LEY DE CONSENTIMIENTO DE MENORES.**

Nombre del Padre/Guardián Legal (letra de molde)

Relación al Estudiante

FIRMA del Padre/Guardián Legal

Fecha

\*\*\*\*\*Por Favor De Entregarla En El Centro De Salud De Berkeley High School\*\*\*\*\*

# HISTORIAL MEDICO – Los Centros de Salud de Berkeley High School Y B-Tech

*(El formulario tiene que ser contestado y firmado por el padre o guardián del estudiante)*

## **POR FAVOR INCLUYA UNA COPIA DEL REGISTRO DE VACUNAS DEL ESTUDIANTE**

Nombre del Estudiante: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_ Sexo: M / F

Nombre de Padre/Guardián: \_\_\_\_\_ Relación con el Estudiante: \_\_\_\_\_

Dirección: \_\_\_\_\_

Teléfono de Casa: \_\_\_\_\_ Trabajo: \_\_\_\_\_ Celular: \_\_\_\_\_

Contacto de Emergencias (Nombre/Teléfono): \_\_\_\_\_

Seguro Medico: \_\_\_\_\_

Nombre del Proveedor Medico Primario: \_\_\_\_\_ Teléfono: \_\_\_\_\_

No tenemos Seguro Medico:  Nos gustaría obtener Seguro Medico: Si  No

1. Es el estudiante alérgico a alguna medicina? Si  No  Si es así, indicar nombre de medicamento y describir reacción:

\_\_\_\_\_

2. Escriba todas las medicinas que el estudiante este tomando ahora y la condición que esté tratando/curando:

Medicación:	Dosis:	Razonamiento:
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Ha sido el estudiante hospitalizado por una noche? Si  No  Si es así, de la edad de hospitalización y describir el problema:

\_\_\_\_\_

4. Ha tenido el estudiante lesiones graves? Si  No  Si es así, por favor de la edad cuando se lesionó y describir la lesión:

\_\_\_\_\_

Por Favor marque (✓) si el estudiante ha tenido alguna vez cualquier de los siguientes problemas de salud:

	Si	No		Si	No		Si	No
Alergias.....	<input type="checkbox"/>	<input type="checkbox"/>	Infección del Oído.....	<input type="checkbox"/>	<input type="checkbox"/>	Colesterol Alto.....	<input type="checkbox"/>	<input type="checkbox"/>
Anemia.....	<input type="checkbox"/>	<input type="checkbox"/>	Desmayos.....	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis Salud Mental	<input type="checkbox"/>	<input type="checkbox"/>
Trastornos sanguíneos.....	<input type="checkbox"/>	<input type="checkbox"/>	Alergia alimentaria.....	<input type="checkbox"/>	<input type="checkbox"/>	Mononucleosis.....	<input type="checkbox"/>	<input type="checkbox"/>
Asma.....	<input type="checkbox"/>	<input type="checkbox"/>	Migrañas	<input type="checkbox"/>	<input type="checkbox"/>	Neumonía.....	<input type="checkbox"/>	<input type="checkbox"/>
Mal de los riñones.....	<input type="checkbox"/>	<input type="checkbox"/>	Deficiencia Auditiva.....	<input type="checkbox"/>	<input type="checkbox"/>	Fiebre Reumática.....	<input type="checkbox"/>	<input type="checkbox"/>
Flebitis/Coágulos de sangre ...	<input type="checkbox"/>	<input type="checkbox"/>	Soplo Cardíaco.....	<input type="checkbox"/>	<input type="checkbox"/>	Escoliosis.....	<input type="checkbox"/>	<input type="checkbox"/>
Cáncer.....	<input type="checkbox"/>	<input type="checkbox"/>	Palpitaciones Cardíacas....	<input type="checkbox"/>	<input type="checkbox"/>	Convulsiones.....	<input type="checkbox"/>	<input type="checkbox"/>
Depresión.....	<input type="checkbox"/>	<input type="checkbox"/>	Hernia.....	<input type="checkbox"/>	<input type="checkbox"/>	Células Falciformes/Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes.....	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis.....	<input type="checkbox"/>	<input type="checkbox"/>	Enfermedad de Tiroides...	<input type="checkbox"/>	<input type="checkbox"/>
Mal de la vejiga.....	<input type="checkbox"/>	<input type="checkbox"/>	Presión Arterial Alta.....	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis.....	<input type="checkbox"/>	<input type="checkbox"/>
						Varicela.....	<input type="checkbox"/>	<input type="checkbox"/>

Explique las condiciones marcadas arriba (edad de inicio, el tratamiento, el estado actual, etc):

\_\_\_\_\_

**Historial Medico Familiar:** Tiene el estudiante familiares o parientes (padres, hermanos, tías, tíos, abuelos) vivos o muertos, que hayan tenido unos de los siguientes problemas de salud?

	Yes	No	Quien		Yes	No	Quien
Alcoholismo.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Presión Arterial Alta.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Abuso de sustancias: tipo: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Colesterol Alto.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alergias.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Enfermedad Pulmonar.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asma .....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Diagnosis Salud Mental /Depresión...	<input type="checkbox"/>	<input type="checkbox"/>	_____
Defectos de Nacimiento/Congénitos	<input type="checkbox"/>	<input type="checkbox"/>	_____	Obesidad.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sanguíneos Anormal .....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Convulsiones/Epilepsia.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cáncer: tipo _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Fumar/Tabaco.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Tuberculosis.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ataque Cardíaco/Derrame Cerebral <55	<input type="checkbox"/>	<input type="checkbox"/>	_____	Otras: _____			_____
Ataque Cardíaco/Derrame Cerebral >55	<input type="checkbox"/>	<input type="checkbox"/>	_____				_____

Firma del Padre/Guardián: \_\_\_\_\_ Fecha \_\_\_\_\_

\*\*\*\*\* NO SE OLVIDE EN FIRMAR EL CONSENTIMIENTO EN LA PAGINA ANTERIOR \*\*\*\*\*

## Transportation Options

### ~~Getting safely to and from Berkeley High School~~

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To promote a safe, healthy environment for BHS, to reduce traffic in downtown Berkeley and to reduce emissions around campus, all families should plan for safe transportation to, from and around Berkeley High School.

Traffic near Berkeley High can be highly congested. Students should be especially aware and cautious during these times:

1. **BEFORE SCHOOL** -- between 8:00 and 8:40 when BHS students and staff are arriving for the day and numerous others are commuting to downtown for work and to nearby schools such as BCC and UC Berkeley;
2. **DURING LUNCH** -- from 11:38 a.m. to 12:18 p.m. when approximately 2000 students and staff leave campus for lunch;
3. **AFTER SCHOOL** -- from approximately 3:15 to 3:45 when students and staff depart campus.

Students are encouraged to use active & shared transportation to Berkeley High: walking, biking, public transit &/or carpooling to school. Using these options instead of driving each day can be fun while encouraging independence, exercise, sustainable habits. Good habits formed during teen years are often carried into adulthood. Each car coming to downtown Berkeley increases risks to students and commuters. **By not driving, parents and teens improve safety for everyone.**

#### Walking

Walking to and from school is good for teen's health and independence. Public health officials agree that everyone should have *at least 30 minutes of physical activity daily*, with teens needing even more. Walking to school helps students build physical activity into the day. If you live within a mile of campus, walking is the best way to get to school. Encourage your student to walk with one or more other students to make the walk safer and more fun. Help students time their walk to arrive to campus by 8:20 AM. The walking feature on Google Maps can help plot the time it takes to walk.

Parents/guardians and teens should discuss how to **walk *safely and courteously***, especially when **crossing streets in Downtown Berkeley** before school, during lunch and after school:

- Cross streets in crosswalks or at signalized intersections
- At un-signalized intersections, make eye contact with drivers before crossing
- NEVER cross the street against a red or yellow light
- Always put phones and other digital devices away before crossing streets

#### Biking

Many BHS students have found that riding a bicycle to Berkeley High is a quick, easy and reliable way to get to school. If you live 2-3 miles from BHS, it's likely the fastest way to get to school. Riding a bicycle to downtown Berkeley during commute hours can be challenging. Parents/guardians should ensure their students have been trained in urban cycling. Information on urban cycling classes can be found on the Bike East Bay website, <https://www.ebbc.org/education#UC101>. Bike East Bay also has information on obtaining maps to help students find the safest route along a Bicycle Boulevard from home to Berkeley High. See <https://www.ebbc.org/maps/map.html>. There's also a bike route feature on Google maps.

Bicyclists must observe the rules of the road. Ride on the right side of the street and follow all traffic safety signals. Cyclists should wear a helmet when biking, plus have lights and reflective gear if riding in the dark. Bicycles should be maintained so that they are safe to ride, with minimum once a year tune ups. Teens can also learn to maintain their own bikes, giving them skills and confidence to ride bikes safely.

Please note that there are bike racks on campus for about 150 bicycles which may not be enough bike parking to meet needs of all students wanting to lock bikes at BHS. Students wishing to lock bikes on campus should arrive early. There are additional racks in downtown locations such as the Post Office and the Public Library. For more secure bike parking, students should consider purchasing inexpensive



BikeLink cards for self-service, secure bike parking near the downtown BART station. Learn more at [www.BikeLink.org](http://www.BikeLink.org). Free online bike registration is available at <https://bikeindex.org/>.

### **Riding the Bus & taking BART**

Transit is a good option for students that can't walk or bike. Riding transit allows teens to practice independence, and gives time for reading or homework. There are a number of AC Transit bus lines that travel to close to Berkeley High. Students can obtain discounted AC Transit fares by using Clipper Cards which allow parents to add money and check accounts online, and even check what time their students board the bus! Information on youth Clipper Cards is at <http://www.clippercard.com/ClipperWeb/discounts/youth.do>. Berkeley High's Parent Resource Center can help students purchase discount BART tickets. Please remind your students to ride BART & AC Transit safely and courteously, to respect the drivers and other passengers. Below is a listing of AC Transit line schedules timed to arrive in downtown Berkeley with time to get to first period. Next to each listed bus route is a major bus stop along the route and the latest time student would need to board the bus at that stop. 511.org also has a transit trip planner.

From [www.actransit.org/maps/index.php](http://www.actransit.org/maps/index.php) -- schedules effective as of 6/22/2014 (subject to change)

AC Transit Line #	Major stop on route to Downtown Berkeley	Scheduled time to board bus to arrive on time at BHS
1	Telegraph/Alcatraz	7:58
18	Solano/The Alameda	8:06
49A	Ashby/San Pablo	7:44
49B	Rockridge BART Dwight Way/Piedmont	7:38 7:48
51B	Rockridge BART Telegraph/Bancroft	7:52 8:06
52	Cedar/SanPablo North Berkeley BART	7:50 7:54
67	Vassar/Spruce	8:02
88	Sacramento/Ashby	8:06

### **Carpooling**

If your student needs to drive or be driven to school, set up a carpool. More carpooling means fewer cars in downtown Berkeley. Talk to other BHS families in your neighborhood to arrange a carpool; [www.schoolpool.511.org](http://www.schoolpool.511.org) is another great resource for families looking for carpools to school.

Because of congestion in downtown Berkeley during commute times, you are encouraged to take extra care if you need to drive to BHS to drop off or to pick up students. Consider dropping (or picking up) students a block or more away from the campus, in order to avoid areas most congested with pedestrians and cyclists closer to campus.

When driving students to school, be sure to follow all traffic rules:

- Always pull to the curb into a legal spot before allowing students to exit a vehicle.
- Only allow students to exit the vehicle onto a sidewalk, not into the street
- Never allow students to exit a vehicle that is double-parked or is in a driving lane.
- Don't stop at corners or in red zones to let students out of vehicles.

Remind students to watch for pedestrians and cyclists before opening a car door. Also, when driving, remember that Milvia Street is a designated Bicycle Boulevard. Watch for bicyclists and avoid dropping students from vehicles along Milvia unless at a designated (white curb) loading or unloading zone. Drivers should always watch for bicyclists when re-entering the driving lane.

Thank you for your help in promoting a safe and healthy environment around Berkeley High!



**BEGINNING FALL 2015**

**SAVE \$\$\$ ON  
YEARBOOK & PROM!!!**

**SUPPORT BERKELEY HIGH  
ATHLETICS & ACTIVITIES!!!**

**JOIN THE HIVE  
STUDENT CHEERING  
SECTION**

**BUY AN ASB STICKER**

**\$40 RED level / \$100 GOLD level**







**On sale during registration week or  
in the Leadership Office until Oct. 10.**

**Mr. V: [johnvillavicencio@berkeley.net](mailto:johnvillavicencio@berkeley.net)**

# SAVE \$\$\$ ALL YEAR!!!

## BUY an ASB STICKER

**Create the loudest student cheering section in the conference and receive these BENEFITS:**

-  Free or discounted yearbook!
-  Discounts to Prom & school dances!
-  Free SWARM the HIVE t-shirt!
-  Free or discounted entry to home athletic games!
-  Discounts to local businesses!
-  Exclusive ASB-only giveaways!

### **SUPPORT THE HIVE!**

Create the loudest student cheering section at every Yellow Jacket home game. Swarm the HIVE and buzz away the competition!

### **TO PURCHASE**

Available during Registration Week August 18-22 or  
At lunch or after school in the Leadership Office until October 10

RED \$40 or GOLD \$100 (includes free yearbook!)

Bring cash or check payable to "BHS ASB"

For more information email [johnvillavicencio@berkeley.net](mailto:johnvillavicencio@berkeley.net)

**BEGINNING FALL 2015**

# ASB STICKER MEMBERSHIP

## Berkeley High School ASB Sticker

**Support your Yellow Jackets!** Berkeley High School is launching a program that will save your student money while supporting school activities. The Associated Student Body (ASB), also known as BHS Leadership, will oversee this program. The ASB Sticker will save you money *all year long* at all home athletic games, Senior Prom and other school dances, and for purchase of your yearbook.

With the purchase of the ASB sticker, placed on the student ID card, your student will be able to receive discounts on yearbook, home athletic games, school dances, as well as exclusive entry to raffles and a free Jacket Pride t-shirt. These funds will support the BHS yearbook, the BHS Athletic Department, and to BHS Leadership. BHS Leadership plans on holding Senior Ball as well as another school dance, many lunchtime activities, and other events that will raise the spirit of the student body.

The ASB Sticker will become available during Registration Week in August. Please visit the Leadership table to pay for it by check or with cash. ASB stickers will then be available for purchase in the Leadership Office throughout the school year until the program ends in mid-October.

There are two levels of stickers. The GOLD Level sticker will cost \$100. Students with the GOLD LEVEL sticker will be able to attend ALL HOME games for football and basketball for FREE! Not to mention you get a FREE YEARBOOK.

The RED Level sticker will cost \$40. RED LEVEL stickers get you \$10 off the price at the time you purchase a yearbook.

BOTH LEVELS allow you to receive a JACKET PRIDE t-shirt, discount to all school dances, a discount card for local businesses, and exclusive entry into raffles.

## **BERKELEY HIGH ASB STICKER FAQ**

### **1. Why should I purchase an ASB Sticker?**

The savings with an Associated Student Body (ASB) sticker will save you money all year long! There are discounts for school dances, home football & basketball games as well as exclusive raffles. BHS has a rich tradition of athletic success and we believe that increasing student participation in athletics will renew JACKET PRIDE. We want to encourage more students to get involved with athletics whether as an athlete or fan. *ASB funds are managed by the BHS Student Leadership, as elected by the student body. Go Jackets!*

### **2. Where & when can I purchase an ASB Sticker?**

ASB stickers will be available beginning REGISTRATION WEEK in August. Once school starts, you may purchase your ASB sticker in the Leadership Office during lunch or after school. Sales will end in Mid-October. This will allow you to receive your JACKET PRIDE t-shirt before the Homecoming Game.

### **3. What is the difference between the RED Level and the GOLD LEVEL?**

Students with the GOLD LEVEL sticker will be able to attend ALL HOME games for football and basketball for FREE! Not to mention you get a FREE YEARBOOK.

RED LEVEL stickers get you \$10 off the price at the time you purchase a yearbook.

BOTH LEVEL'S allow you to receive a JACKET PRIDE t-shirt, discount to all school dances, a discount card for local businesses, and exclusive entry into giveaways.

### **4. What happens if I lose my student ID card?**

Students who lost their ID card will be able to receive another ID card from the Counseling Center and ASB Sticker from the Leadership Office. Each ASB Sticker is individually numbered so that they cannot be duplicated or used by another student.

### **5. What games can I attend with the ASB sticker?**

You can attend all regular season home games at Donahue Gym or Jacket Stadium for either \$1 (RED LEVEL) or for FREE (GOLD LEVEL). You will still need to get a ticket at the box office. Simply present your ID card with ASB sticker to the box office. Unfortunately, all home PLAYOFF games ARE NOT included in either level due to league rules.

### **6. Why should I support BHS Athletics?**

Berkeley High has as many as 1/3 of the student body participating on an athletic team each year. That equals about 1100 students competing for the pride of BERKELEY HIGH! As a member of THE HIVE, our student-cheering section, you will create a supportive atmosphere that will give our teams a competitive advantage. Wear RED & GOLD to every home game to represent THE HIVE to the fullest!

### **7. I'm not a senior, so why should I care about the discount for dances?**

If you are a JUNIOR or SENIOR you can purchase tickets to the Prom in the spring. We do plan on holding another dance in the fall that is open to ALL GRADES. Simply present your ID card with ASB sticker to receive discounts to either of the two school-sponsored dances (Winter Ball & Prom) at the time of purchase. Your ASB sticker entitles you to ONE discounted ticket.

### **8. When do I receive my t-shirt?**

All students that purchase an ASB sticker will receive a JACKET PRIDE t-shirt in sizes ranging from small to triple-extra large. We will order the t-shirts after you have purchased an ASB sticker. ASB sticker sales end in Mid-October. You should receive your t-shirt before the last week of October.

### **9. What is THE HIVE?**

THE HIVE is a student cheering section. This section along with our cheer squad and pep band will create a competitive advantage for our teams at all games. GO JACKETS!

### **10. When do I receive my yearbook?**

All students with a GOLD LEVEL ASB sticker will receive a free yearbook. Yearbooks represent all of the amazing accomplishments from the past year and the yearbook staff does a tremendous job of covering the events at BHS. They become available towards the end of the school year. We will work with the yearbook staff to ensure that your name is included on the list of students that purchased a yearbook. Yearbook orders tend to arrive in late May. Mr. Berent, faculty sponsor of yearbook, will announce via E-tree and the school bulletin *when, where, and how* to pick-up a yearbook.

# ASB STICKER MEMBERSHIP

## GET STUNG with JACKET PRIDE!

Bring this form to Registration Week, August 18-22, or to the Leadership Office with cash or check payable to "BHS ASB"  
Contact Mr. Villavicencio for more information [johnvillavicencio@berkeley.net](mailto:johnvillavicencio@berkeley.net)

### GOLD LEVEL \$100

- Free yearbook!!!
- Prom & school dance discounts!
- Free Swarm the Hive t-shirt
- Free entry to all home games (football & basketball)\*  
\*does not include NCS or NORCAL PLAYOFF games
- Discounts to local businesses
- Exclusive ASB-only giveaways for prizes all year!
- Over \$210 value!

### RED LEVEL \$40

- \$10 off yearbook
- Prom & school dance discounts!
- Free Swarm the Hive t-shirt
- \$1 entry to all home games (football & basketball)\*  
\*does not include NCS or NORCAL PLAYOFF games
- Discounts to local businesses
- Exclusive ASB-only giveaways for prizes all year!
- Over \$125 value!

#### SAVE MONEY ALL YEAR!

Average yearbook price is \$80,  
Average prom ticket is \$80,  
Athletic tickets are \$4,  
T-shirt is a \$10 value!

**SWARM THE HIVE!!!** BHS Athletics has a rich tradition: Girl's Basketball have been in the last 4 NorCal STATE Finals, Boy's BBall is ranked in the top 25 & Ultimate Frisbee won the 2013 STATE title. Girl's Volleyball & Soccer have 3 consecutive playoff runs, while Varsity Football looks to get back into the playoff picture. We want **THE HIVE** to be the loudest, more supportive student cheering section in the West Alameda County Conference. Follow the action on twitter @thejackethive

\*Support school activities such as student recognition programs, talent shows, dances, lunchtime activities, leadership conferences, & all athletic events.

My name is \_\_\_\_\_ & I'm purchasing: RED level / GOLD level

ID #: \_\_\_\_\_

GRADE: 9 10 11 12

T-shirt size: S M L XL 2XL 3XL

Mobile Number: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

#### FOR OFFICE USE ONLY

T-Shirt Received \_\_\_\_\_ ASB Sticker #: \_\_\_\_\_

Method of Payment \_\_\_\_\_ Receipt #: \_\_\_\_\_

ALL FUNDS ARE DEPOSITED INTO THE Associated Student Body (ASB) ACCOUNT AT BHS



## Frequently-Asked Questions

### What's an Excused Absence?

Absences are excused for illness, medical appointments, religious holidays, jury duty, or death in the immediate family. Family travel is not excused. If student is out for illness three consecutive days or 30 periods in one quarter we require a medical note. For planned absences of five days or more, get a "Notice of Planned Absence" sheet from the Attendance Office and submit two weeks before the absence.

### How Should I Excuse Absences?

- Bring a **note** to the Attendance Office in D134.
- or **call us...**
  - if last name begins with A – G, call 644-6341.
  - if last name begins with G – N (or to speak in Spanish), call 644-6194.
  - if last name begins with O - Z, call 644-6209.
- or **email us** at [attendanceoffice@berkeley.net](mailto:attendanceoffice@berkeley.net)
- Please tell us the student's full name, grade, your name, your relationship to the student, your home or work phone number, days or periods of absence, and the reason for the absence.
- Absences must be excused within **five days** of returning to school. Upon return to school, student should stop by our office for a clearance slip to show to teachers and to give to parent/guardian to keep for your records.

### What Are the Attendance Office Hours?

- ❖ The attendance office is open to **adults** Tuesday to Friday between 8:00 am and 4:00 pm, and Mondays from 9:30 am to 4:00 pm, except from 2-3:30 pm when the office is closed daily.
- ❖ The attendance office is open to **students** before school, during lunch and after school only.

### How Can I Monitor My Daughter's / Son's Attendance?

Go to the BHS website at <http://www.bhs.berkeley.net/> On the left-hand tab, click on "Information" and then the dropdown option of "PowerSchool Parent Portal". If you need help accessing PowerSchool, or if you don't have a computer, call the Parent Resource Center at (510) 644-8524.

### What Do Those Attendance Codes Mean?

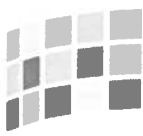
**T = Tardy** Student entered classroom after the bell rang, without a pass, less than 30 minutes late.  
**LAT = Late After Tardy** Student arrived more than 30 minutes late. (New code for 2012-13)  
**ILL = Illness** Excused by a parent or guardian      **MED = Medical** Excused by a doctor  
**ACT = Activity** Excused for school activity, such as field trip, assembly, standardized testing, etc.  
**UNV = Unverified Absence** Student did not attend class. No contact from parent or guardian.  
**UNX = Unexcused Absence** Parent/guardian contacted us, but the reason did not fall within one of the 'excused' categories.  
**CUT = Cutting class.** Student was observed leaving school without permission.

### What is Saturday School?

Students who accumulate 30 or more unexcused period absences will be required to attend Saturday school from 9 am to noon. This will give students a chance to make up some of the work missed in class. Each day of Saturday school attended will clear six periods of unexcused absences.







## OFICINA DE ASISTENCIA (FALTAS Y ATRASOS)

*Nuestro objetivo es apoyar a los estudiantes en su rendimiento académico mediante el aumento de asistencia a clases.*

### ¿Qué es una ausencia justificada?

Las ausencias son justificadas por enfermedad, citas médicas, feriados religiosos, deber cívico (jury duty), or fallecimiento en la familia inmediata. Viajes con la familia no son justificadas.

Si planea una ausencia de cinco días o más, favor de obtener la forma "Notice of Planned Absence" de la oficina de asistencia or la oficina de consejeros antes de dicha ausencia.

### ¿Qué es una tardanza?

Un estudiante es considerado tarde si no está en clase cuando suena la campana, a menos que entre con un pase. Si el estudiante llega después de 30 minutos es equivalente a una ausencia.

### ¿Cómo puedo justificar las ausencias?

- Traiga una nota a la Oficina de Asistencia en D134. Adultos pueden venir entre las 8:00 am y las 4pm. Los estudiantes pueden antes or después de la escuela, y durante la hora del almuerzo.
- Llámenos... si su apellido comienza con A-Gi, llame al 644-6341  
si su apellido comienza con Go-N, llame al 644-6194  
si su apellido comienza con O-Z, llame al 644-6209
- Envíe un correo electrónico a [attendanceoffice@berkeley.net](mailto:attendanceoffice@berkeley.net)

Por favor déjenos saber el nombre completo de su estudiante, el grado, su nombre y la relación con el estudiante, su número de teléfono, el número de días que su estudiante estuvo ausente, y la razón por la ausencia. Las ausencias deben ser excusadas dentro de cinco días de haber regresado a la escuela.

### ¿Cómo puedo saber que la ausencia fue aceptada por la oficina?

Al volver a la escuela, su hijo/a necesita pasar por la oficina y recoger una comprobante de su ausencia. Pídale a su hijo/a que le entregue esta hoja y guárdela usted.

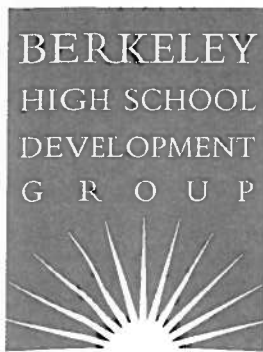
### ¿Cómo puedo controlar la asistencia de mi hijo o hija?

Puede ir a la página de internet de Berkeley High <http://www.bhs.berkeley.net/> A mano izquierda, pulse en "Information". Luego seleccione "PowerSchool Parent Portal."

En la próxima página, si pulsa en la frase *PowerSchool Parent and Student Portal*, eso lo llevará al portal donde se le pedirá su código. Si no tiene código, primero pulse en la frase <http://pspasswords.berkeley.net>. Una vez que entre al sitio de PowerSchool, usted puede ver la asistencia para cada clase.

Si necesita ayuda con PowerSchool, puede llamar al 510.644.8524





Raising Funds to  
Support Excellence

## Have an impact at Berkeley High -- **SUPPORT THE BHS DEVELOPMENT GROUP IN 2014-15!**

### What is the Berkeley High School Development Group (BHSDG)?

We are an independent non-profit and the major fundraising organization at Berkeley High. Our mission is to *support and strengthen the educational experience of all students by raising and distributing funds to enhance academic and other projects.*

BHSDG's all-volunteer board of directors is made up of current BHS parents. We rely on donations from the families of BHS students, and from the Berkeley community. By giving to our Annual Fund you can be confident your dollars will go where they are most needed. We also accept donations earmarked for specific projects/programs. Thank you to all who gave to the BHSDG in 2012-13!

### What do we do for the school? Where does your donated money go?

Our grant process focuses on school-wide activities that serve *all students* no matter which small school or program they are in. Examples of what we fund:

- ✓ Classroom grants for all teachers
- ✓ Free drop-in after-school tutoring for all students
- ✓ Substance Use Prevention Program through BHS Health Center
- ✓ Science classroom equipment & LCD projectors for classrooms
- ✓ Student Organizers
- ✓ College Handbooks for 10<sup>th</sup>, 11<sup>th</sup> and 12<sup>th</sup> graders
- ✓ Equipment for Ceramics Studio
- ✓ First Step Scholarships
- ✓ 25% of e-scrip revenues to the Berkeley Athletic Fund

**Consider joining us! Come to our first meeting for 2014-15  
Tuesday, Sept. 2nd, 7-9 PM  
in the BHS Library.**

We look forward to working with you on behalf of all our students this year.  
Thank you,

Carole Ungvarsky & Betsy Bigelow-Teller  
BHSDG Co-Presidents

**P.S.:** Learn more and see great photos at <http://bhsdg.org/>.

Berkeley High School  
Development Group  
P.O. Box 519  
Berkeley, CA 94701-0519

*The Berkeley High School Development Group is an independent, nonprofit, IRS recognized 501 (c)(3) corporation.*  
NON-PROFIT TAX ID #94-3173406



# Connecting to Berkeley High

Lisa Sibony, Outreach and Volunteer Coordinator

This year is Berkeley High's 131st as an accredited high school. We have roughly 3,200 students and over 280 teachers, counselors, and support staff. As a school it *is* big and *can be* confusing—especially for first year families. As parents, grandparents, and guardians we can make a significant difference to our children's education by helping guide and advise them through high school. But, in order to do so, we must first decipher the school ourselves. We hope the suggestions below are a helpful start.

Berkeley High has technology in an effort to enhance school-to-home communication. **PowerSchool** has become a powerful tool allowing parents and guardians to track their student's attendance and grades on a daily basis, the **etree** with over 3,300 subscribers posts important information every school day, **all teachers** are accessible via email.

While many important items are mailed home (to a student's BHS-registered address only), a great deal of communication assumes access to the Internet. Families without Internet access should take advantage of the **Parent Resource Center** operated by Irma Parker and Leticia Amezcua. Located in the Administration Building on the second floor between the Library and the College and Career Center, the Parent Resource Center—open during the school day—has a bank of computers for parent use. If you need help setting up PowerSchool or communicating with a teacher, Irma and Leticia are there to help you.

## USEFUL INFORMATION

- 1. About the etree:** The PTSA funds the Berkeley High School etree. This invaluable communication tool posts the Daily Bulletin, the College Advisor's weekly bulletin, news, volunteer opportunities, messages from the Principal and the Berkeley Unified School District. The etree—moderated by parent volunteers Marguerite Fa-Kaji and Catherine Ference—works closely with the Berkeley High administrative team to ensure accuracy. We urge you to subscribe to the etree.
- 2. How to subscribe to the etree: Send a blank email (no ads or signature lines) to [bhs-request@lmi.net](mailto:bhs-request@lmi.net) with one word only in the subject: subscribe.**  
If you have any difficulty subscribing, please email [bhs-owner@lmi.net](mailto:bhs-owner@lmi.net) for assistance.
- 3. Managing the etree:** The etree sends out an average of five messages a day. Experienced readers learn they do not have to open all postings as the contents for each message are clearly stated in the subject line. If the posting does not apply to your child, feel free to delete. Other readers manage the volume by having postings sent directly to a folder and then checking the folder once a day. Finally, when you subscribe you may opt to receive a "digest version" of the etree twice a day—at noon and 10 p.m.
- 4. etree Archives:** At the bottom of each etree message there are several links. The last connects to the etree archives: <http://lists.lmi.net/pipermail/bhs/>. The archives contain every etree posting since April 2004—including the one last week with the vital information you already forgot...
- 5. PowerSchool:** Enables parents and students to track grades and attendance online. Information on using this essential tool may be found at <http://bhs.berkeleyschools.net/resources/powerschool-access/>.

If you have trouble setting up your account the Parent Resource Center is prepared to help. Please call 644-4814. Finally, the BHS Technology Department will be available for support at Back to School Night, Thursday, September 18 for troubleshooting.

**6. Subscribe to the Jacket.** The students of Berkeley High produce an award-winning student paper packed with information and insight. It is distributed free to students on a biweekly schedule and mailed home to subscribers. If you would like to subscribe to the Jacket, fill out the form included in this mailing and return it to the school during registration.

**7. Volunteer.** There is nothing like being on-site—if only for an occasional hour or two. There are any number of opportunities to volunteer: at registration, during the first weeks of school, mailings, the Athletic Fund, the Development Fund, test monitoring, chaperoning dances or field trips, helping in the library. Volunteer opportunities are posted on the etree (see above). If you see a chance to help, take it! You will receive more than you give.

**8. Attend the PTSA meetings.** The meetings are packed with information and a great place to network. The date of the first meeting (traditionally held the first few weeks of September) had not been set by the time we went to press. The date will be posted on the etree as soon as available. This first meeting is particularly important—not only to hear from the Principal—but to vote for representatives to the important BSEP and School Site Council (see below).

**9. Serve on a committee.** There are two important school-wide committees at Berkeley High: the **Berkeley Schools Enrichment Project (BSEP) Site Committee and the School Site Council (SSC).**

BSEP spends close to \$750,000 annually—our site share of the city parcel task, which also pays for 20 percent of our teachers, maintenance, music and more. Our college counselors, the Parent Resource Center, the Afro Haitian dance drummer, Outreach and Volunteer Coordinators, Student Court, and after school tutors are just a few items paid for by the Site Committee.

The **School Site Council** spends some money but more importantly makes policy decisions for the school.

Both committees are composed of teachers, students, administrators and elected parent/guardians or community members. Elections for parent/guardians are held during the first PTSA meeting of the year (see PTSA above). Please plan on attending—if not to run, then to vote.

**11. Support your child's learning community.** Each of the six learning communities has a governing board with parent involvement. If you have not received information on how to be involved in your learning community, please call the office 644-6121 to get the contact information for the program's lead teacher, or check one of the websites listed below.

**12. Use the Internet.**

Please note that most of the learning communities operate a list-serv, similar to the BHS school-wide etree, which sends out supplementary news and notices of particular interest to their

community. Directions to subscribe to most of the individual etrees may be found on their community website. Below are many useful and important websites.

Academic Choice; <http://bhsacademicchoice.com/>

AHA: [aha.bhs.berkeleypta.org](http://aha.bhs.berkeleypta.org)

BHS: <http://www.berkeleyschools.net/>

BHS PTSA: [berkeleyhighptsa.blogspot.com/](http://berkeleyhighptsa.blogspot.com/)

Berkeley High Athletic Fund: <http://www.berkeleyhighathletics.org/>

Berkeley High Development Group: <http://bhsdg.org/>

Berkeley High Jazz: <http://bhsdg.org/>

Berkeley High Jacket: <http://www.bhsjacket.com/>

Berkeley High Library: <https://sites.google.com/a/berkeley.net/bhslibrary/>

Berkeley International High School <http://bihs.berkeleyschools.net/>

CAS: [www.cas.bhs.berkeleypta.org](http://www.cas.bhs.berkeleypta.org)

Parents of Teens: [parents.berkeley.edu/subscribers.html](http://parents.berkeley.edu/subscribers.html)

Power School: <http://ps.berkeley.net/public/>

**13. Contacting a teacher, counselor or staff member:** There are three ways to contact a teacher, counselor, or administrator -- email, phone, or note.

a. Notes may be left in the Teachers' Boxes located just across from the Front Desk.

b. To leave a phone message, call the front office (510) 644-6120 and ask for information on connecting to Voice Mail. Please note however, many teachers do not have voice mail. In those cases, the Front Desk Volunteer will take down a message and leave a note in the teacher's box.

c. Teacher and staff email addresses can be found on the BHS website (see above). Here's a shortcut to most staff addresses: [firstnamelastname@berkeley.net](mailto:firstname.lastname@berkeley.net)

**14. Financial Support:** Giving money (and time) is always important. There are three main school-wide organizations that need your financial support: the **Berkeley High School Development Group (BHSDG)**, the **Berkeley High Athletic Fund** and the **Parent Teacher Student Association (PTSA)**. The Development Fund supports a wide variety of activities from the Health Center to teacher grants to the Student Organizer. The money the BHSDG raises makes an enormous difference at the school. The Berkeley Athletic Fund purchases equipment and uniforms for the more than 1,000 students participating on teams as well as helps with transportation, fees, etc. The PTSA focuses on communications (the etree, for instance) and hospitality.

**15. Back to School Night! Thursday, September 18 at 7 p.m.** This is a special evening for parents to meet their students' teachers. Count on attending.

**16. Double Addresses:** Many students have parents living at separate addresses. Unfortunately it is not possible to send report cards and other student specific letters to two addresses. However, for non-specific letters, Lisa Sibony, [lisasibony@berkeley.net](mailto:lisasibony@berkeley.net) the Volunteer and Outreach Coordinator keeps an informal list of students with double addresses. If you wish to be on this list please contact her directly. Include both of the student's addresses (please indicate which one is NOT in the BHS data base) and the student's year of graduation. **Please note, while you may not receive a report card at two addresses, you may access the same information via PowerSchool.**

**17. Leaving school for an appointment** If your student has a medical appointment during the day, it is not necessary or even desirable, for a parent to come to the front desk to collect their student. Give your child a note asking the teacher to release him or her at the appropriate time. Your child may leave school on his or her own and meet you outside. Before your child returns, please call the appropriate attendance number or send a note for the student to give to the attendance office to clear the missed time. Attendance details are in a separate letter included in this packet.

**18. Forgotten items:** As a policy the school does not interrupt classrooms to deliver messages or forgotten items. However, you may leave messages and items for your student at the front desk and have them picked up between classes. It is however, your child's responsibility to collect the items.

**19. Call the Front Office at 644-6121.** If you have questions that are unanswered and you do not know where to go, a member of our front office staff will help direct you. They are experienced and know the school. They will help you!



# STUDENT EMERGENCY CARD

## Berkeley Unified School District

<b>Medical Alert</b> <input type="checkbox"/>
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STUDENT First Name		Last Name		
Middle Name	Birthdate	Grade	Room Number	Teacher
Home Address (Not updated by school)		City	Zip	Mailing Address
				City Zip

### PARENT - GUARDIAN

Parent 1/Guardian 1	Home Phone	Parent 2/Guardian 2	Home Phone
Daytime Phone	Cell Phone	Daytime Phone	Cell Phone
E-mail address		E-mail address	
Employer Name/City		Employer Name/City	

Does someone other than the Parent/Guardian provide afterschool care for your child? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> LEARNS <input type="checkbox"/> BEARS <input type="checkbox"/> Other			
Name	Phone	Daily or: Mo Tu We Th Fr (circle days at afterschool)	Student takes the SCHOOL BUS afterschool <input type="checkbox"/>

### EMERGENCY CONTACTS

List local emergency guardians who have *agreed to take responsibility* for picking up and providing either temporary or extended care of your child in case of illness, minor injury or a natural disaster if a parent or primary guardian cannot be reached:

Name(s)	Phone	Alternate Phone	Relationship

Emergency third party phone contact outside of the Bay Area who can be contacted in the event of a local disaster:

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### HEALTH & MEDICAL

Health concerns: <input type="checkbox"/> Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Other:		
Medications to be taken at school require a <i>physician-signed Medication Authorization Form</i> . Forms are available from the school office or district website. List all—including emergency—medications:		
Physician	Phone	Address
Health Plan Provider	Member Number	Group Number
Dentist	Phone	Address

I, the undersigned legal parent or guardian of the student shown above, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care to be rendered under the general or special supervision and upon the advise of a physician, surgeon, or dentist under the provisions of the Medical Practice Act, or Dental Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care but is given to provide authority and power for the physician/dentist to render care which in his/her best judgement may be deemed advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

**It is the responsibility of the parent/guardian to immediately notify the school in writing of any changes in the information on this card. A new card must be completed every school year.**

<b>PARENT/GUARDIAN SIGNATURE</b>		<b>DATE</b>
<b>Official Use Only</b> To be completed ONLY when releasing a child to an emergency guardian or medical personnel following a natural disaster.		
Student released to	Date/Time	Student release coordinator's signature

