



The Guidance Charter School

K-12

2017-2018

Student Admission Packet

Application Date/Fecha	
Last Name/Apellido	First Name/Primer Nombre
Date of Birth/Fecha de Nacimiento	Grade/Grado

Kindergarten – 5th Grade Campus

1125-B East Palmdale Blvd.
Palmdale, CA 93550
661.272.1701
661.272.1725 fax

6th – 12th Grade Campus

37230 37th Street East
Palmdale, CA 93550
661.285.1600
661.285.1602 fax

www.thegcs.org

For Kindergarten Entry:

All children must be five years of age on or before September 1, 2017 (EC Section 48000[a])



The Guidance Charter School

Dear Parents/Guardians

Thank you for your interest in The Guidance Charter School. We welcome you to our Gator Family!

For the enrollment process to go adequately, please bring all the required documents.

• Birth Certificate	• Certificado de nacimiento
• Immunization for all grade levels (including the required 7 th grade Tdap Immunization)	• Vacunas para todos los niveles (incluyendo las requeridas para el 7 grado vacuna de Tdap)
• Incoming 10 th -12 th grade students bring transcripts	• Estudiantes ingresando a los grados 10 al 12, deben traer las Transcripciones.
• All incoming students are required to bring a recent report card	• Todos los estudiantes nuevos deben traer sus reportes de sus grados
• CELDT test score for Language Fluency	• Las Puntuaciones del examen CELDT para determinar la fluidez del idioma
• Attendance and Discipline print-out	• Reporte de Asistencia y Disciplina
• Proof of address (water, gas, electricity bill or lease agreement)	• Prueba de vivienda (facturas de agua, gas, luz o Acuerdo de Renta)
• Parent I.D.	• Identificación del Padre/Madre
• Student Medical/Insurance Card	• Tarjeta de seguro o de Medi-Cal
• Guardianship papers (if applicable)	• Documentos de Tutela (si aplica)
• IEP (if applicable)	• Programa de Educacion Individualizado (si aplica)
• Custody papers (if applicable)	• Documentos de Custodia (si aplica)
• Foster Placement papers (if applicable)	• Documentos de Colocación con Padres de Crianza (si aplica)

Waiting List Procedures

If the number of student who wish to attend The Guidance Charter School exceeds the school’s classroom capacity, the student will be placed on a waiting list and will be handled according to the State of California Education Code, Section 47605(b) (5)(h). New attendees will be determined by a public lottery drawing. In the event of a drawing, preference shall be extended to the following groups:

- Sibling of existing students
- Children of employee’s or school Board Members

Parents will be contacted by phone when an open space becomes available.

I have read and understand the Guidance Charter School’s admission and waiting list procedures.

Parent Signature _____

Date: _____



Guide to Immunizations Required for School Entry



The Guidance Charter School

Student Enrollment Form K-12

Student Enrollment Form
Office Use Only

2017-2018

Today's Date

Enrollment Date

K-5 Site

6-12 Site

Please Print Clearly in Black or Blue Ink

Rev. 11.10.16

Student Information

Legal Last Name	Legal First Name	Legal Middle Name	Suffix (Jr., III, etc.)
Grade	Sex	AKA Last Name	AKA First name
Birthdate	Birth City	Birth State/Province	Birth Country
Student's Address			
City		State	Zip
Family Information (not emergency contact information)			
Student lives with <input type="checkbox"/> Both natural parents <input type="checkbox"/> Mother/stepfather <input type="checkbox"/> Legal guardians <input type="checkbox"/> Father/stepmother <input type="checkbox"/> Mother only <input type="checkbox"/> Other <input type="checkbox"/> Father only <input type="checkbox"/> Foster parents			
Name of Father, Stepfather, Foster Father, Guardian		Name of Mother, Stepmother, Foster Mother, Guardian	
Employer of Resident Parent		Employer of Resident Parent	
Work phone of Resident Parent	Mobile Phone	Work phone of Resident Parent	Mobile Phone
Email Address		Primary Phone Number	
Home Correspondence language (language used for district/school mailings): Check one <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other			
State mandated Information (required by the California State Department of Education)			
1. Student Ethnicity: a. Is student Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No b. Please continue to answer the following by marking one or more boxes to indicate the student's race			
<input type="checkbox"/> American Indian or Alaska Native <small>(origins in North, Central and South America)</small> <input type="checkbox"/> Black or African American <small>(origins in any of the Black racial groups of Africa)</small> <input type="checkbox"/> White <small>(origins in any original peoples of Europe, Middle East, North Africa)</small> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander		Asian: (origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	
2. Parent/Guardian Education level (Please check only the Highest education level completed by either parent/guardian) <input type="checkbox"/> Not a High School graduate <input type="checkbox"/> College graduate (4 years of college; Bachelor's Degree) <input type="checkbox"/> High School Graduate <input type="checkbox"/> Graduate school/post graduate training (4+ years of college) <input type="checkbox"/> Some college			



The Guidance Charter School

3. Has your child ever repeated a grade? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, grade repeated				
Disclosure of information REQUIRED by California Education Code 48915.1(b)				
My child <input type="checkbox"/> Is not under an expulsion order or recommended for expulsion for another school district <input type="checkbox"/> Is currently under an expulsion order or has been recommended for expulsion from _____ School District				
Previous School (s) Attended Has your child ever attended Guidance Charter School <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, list below)				
Name of Last School	School District	City	State/Country	Grade
Name of Previous School	School District	City	State/Country	Grade
1.				
2.				
3.				
4.				
5.				
Where is your child/family currently living? (check one box only) This information will be used to determine if your child qualifies for any additional assistance under the No Child Left Behind Act of 2001 <input type="checkbox"/> One family in a house or apartment <input type="checkbox"/> With more than one family in a house or apartment <input type="checkbox"/> With more than one family in a house or apartment due to economic hardship <input type="checkbox"/> In a shelter or transitional housing program <input type="checkbox"/> In a motel, car or campsite <input type="checkbox"/> In a foster care placement				
Please check all programs you believe your child may have received at his/her previous school (s)				
<input type="checkbox"/> Individualized Education Program (IEP) <input type="checkbox"/> Student Study Team Assistance <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Resource Specialists (RSP) <input type="checkbox"/> Special Day Class (SDC) <input type="checkbox"/> Non-Public School (NPS) <input type="checkbox"/> Counseling <input type="checkbox"/> Individualized Health Care Plan <input type="checkbox"/> Occupational therapy <input type="checkbox"/> Physical therapy <input type="checkbox"/> Adaptive P.E. <input type="checkbox"/> 504 Accommodation Plan <input type="checkbox"/> California Children's Services (CPS)		<input type="checkbox"/> Alternative Bilingual Education Plan <input type="checkbox"/> Structured English Immersion Program (SEI) <input type="checkbox"/> English Language Mainstream Program <input type="checkbox"/> Dual Immersion Program <input type="checkbox"/> Migrant Education <input type="checkbox"/> Gifted & Talented (GATE) <input type="checkbox"/> AB3632 <input type="checkbox"/> Other _____ Intermediate Schools Only: <input type="checkbox"/> Band <input type="checkbox"/> Chorus <input type="checkbox"/> Strings <input type="checkbox"/> AVID		
Additional Emergency Contacts:				
Name	Relationship	Home Phone	Mobile Phone	
1.				
2.				
3.				
4.				

My signature certifies that all information is accurate. In order to keep my child safe, I will report any changes of address, telephone, or emergency information to the school site within 24 hours.

Parent/Legal Guardian Signature

Date



Formulario de Inscripción
K-12

Student Enrollment Form
Office Use Only

2017-2018

Today's Date

Enrollment Date

K-5 Site

6-12 Site

Por favor, escribe en imprenta con tinta negra o azul

Rev. 11.10.16

Datos del Alumno

Apellido Legal	Primer Nombre Legal	Segundo Nombre Legal	Título (Jr., III, etc)
Grado	Sexo	Apodo-Apellido	
Fecha de Nacimiento	Ciudad de Nacimiento	Estado/Provincia	País de Nacimiento
Dirección del Alumno			
Ciudad		Estado	Código Postal
Información familiar (no es información para casos de emergencia)			
El alumno vive con <input type="checkbox"/> Ambos padres biológicos <input type="checkbox"/> Madre y Padrastro <input type="checkbox"/> Tutor (es) legales <input type="checkbox"/> Padre y Madrastra <input type="checkbox"/> Madre solamente <input type="checkbox"/> Otra persona <input type="checkbox"/> Padre solamente <input type="checkbox"/> Padres de crianza			
Nombre del Padre, Padrastro, Padre de crianza o Tutor legal		Nombre de la Madre, Madrastra, Madre de crianza o Tutora legal	
Empleador del Padre con quien vive		Empleador de la madre con quien vive	
Teléfono del trabajo	Celular	Teléfono del trabajo	Celular
Correo electrónico		Correo electrónico	

Idioma en el que desea recibir su correspondencia (idioma usado por el distrito escolar/escuela): Marque uno

- Inglés
- Español
- Otro

Información exigida por la Secretaria de Educación de California

1. Origen étnico del estudiante:

c. Es el estudiante Hispano o Latino Sí No

d. Por favor continúe respondiendo a lo siguiente marcando uno o más casilleros para indicar la raza del alumno

- Indio Americano o Nativo de Alaska
(origina in Norte, Centro y Sur América)
- Negro o África-Americano
(origina en cualquiera de los grupos de negros de África)
- Blanco
(origina en cualquier región Europea, Medio Oriente o África del norte)
- Nativo Hawaiano o Otra Isla del Pacifico
- Guamearían
- Hawaiano
- Samoano
- Tahitiano
- Otra Isla del Pacifico

Asiático: (origina en cualquier región del Oriente, Asia Este o Asia del Sureste o el subcontinente Indio)

- Indio Asiático
 - Camboyano
 - Chino
 - Filipino
 - Hmong
 - Japonés
 - Coreano
 - Laotian
 - Vietnamés
 - Otro
- Asiático _____

2. Nivel Académico del Padre/Madre (Por favor, marque solamente el nivel académico más alto que completo)

- No gradué de la preparatoria
- Graduado de preparatoria
- Algunos cursos universitarios
- Graduado de Universidad (4 años de universidad)
- Estudios de Posgrado/capacitación para posgrado (más de 4 años de universidad)



The Guidance Charter School

3. Ha repetido su niño algún grado? <input type="checkbox"/> Sí <input type="checkbox"/> No	Si respondió Si, indique el grado
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Divulgación de datos Exigida por el Código Educacional de California 48915.1(b)
 Mi hijo (a)
 No se encuentra expulsado o bajo orden de ser expulsado en otro distrito escolar
 Actualmente se encuentra expulsado o se ha recomendado su expulsión de otro distrito escolar

Escuelas a las que ha asistido anteriormente (por favor incluya cualquier preescolar de Headstart o estatal)
 Su estudiante ha asistido a la escuela Guidance Charter anteriormente Si No (Si respondió que si, indique abajo)

Nombre de la Última escuela	Distrito Escolar	Ciudad	Estado/País	Grado
Nombre de las escuelas anteriores	Distrito Escolar	Ciudad	Estado/País	Grado
1.				
2.				
3.				
4.				
5.				

Donde está viviendo actualmente su hijo/familia ? (marque solo un casillero)
 Esta información se usara para determinar si su hijo(a) reúne los requisitos para recibir ayuda suplementaria según la ley 2001 "Que Ningún Niño se Quede Atrás"

Una familia en casa o apartamento
 Con más de una familia en casa o apartamento
 Con más de una familia en casa o apartamento debido a malas situaciones económicas
 En un albergue o programa de vivienda temporal
 En un motel, automóvil o lugar de campamento
 En un lugar de cuidado adoptivo temporal

Por favor marque todos los programas que usted cree que su hijo (a) ha recibido en las escuelas anteriores

<input type="checkbox"/> Programa de Educación Individualizado (IEP) <input type="checkbox"/> Ayuda del Comité de Evaluación Pedagógica <input type="checkbox"/> Terapia del Habla <input type="checkbox"/> Programa Especial de Recursos Didácticos (RSP) <input type="checkbox"/> Clases Diurnas Especiales (SDC) <input type="checkbox"/> Escuela Privada (NPS) <input type="checkbox"/> Conseguiría <input type="checkbox"/> Plan Individualizado de Servicios Médicos <input type="checkbox"/> Terapia ocupacional <input type="checkbox"/> Fisioterapia <input type="checkbox"/> Educación física Modificada <input type="checkbox"/> 504 Plan Modificado <input type="checkbox"/> California para Niñez de California (CPS)	<input type="checkbox"/> Programa de Educación Bilingüe Alternativa <input type="checkbox"/> Instrucción de Inglés Contextualizado (SEI) <input type="checkbox"/> Lengua y Literatura en Inglés dentro del programa regular <input type="checkbox"/> Programa de Instrucción Bilingüe <input type="checkbox"/> Programa de Educación para Estudiantes Migratorios <input type="checkbox"/> Estudiantes Dotados y Talentosos (GATE) <input type="checkbox"/> AB3632 <input type="checkbox"/> Otro _____ Solo para escuela secundaria: <input type="checkbox"/> Banda <input type="checkbox"/> Coro <input type="checkbox"/> Cuerdas <input type="checkbox"/> AVID
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Contactos de Emergencia Adicionales

Nombre	Relación al alumno	Teléfono	Celular
1.			
2.			
3.			
4.			

Con mi firma certifico que toda la información es correcta. Por la seguridad de mi hijo (a) informare a la escuela dentro de las 24 horas si han ocurrido cambios de domicilio, teléfono o información de contactos de emergencia.

Firma del Padre, Madre o Tutor Legal _____ Fecha _____



The Guidance Charter School

Home Language Survey

K-5 Campus 6-12 Campus

The California Education Code requires school to determine the language(s) spoken at home by each student. The information is essential in order for school to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested. Please answer the following questions.

Name of Student:	Last:	First:	Middle:
	Grade:	Age:	

- Which language did your son or daughter learn when he or she first began to talk?
Que idioma aprendió a hablar su hijo (a) cuando comenzó a hablar?: _____
- What language does your son or daughter most frequently use at home?
Que idioma usa su hijo (a) con más frecuencia en casa?: _____
- What language do you use most frequently speak to your son or daughter?
Que idioma usa con más frecuencia cuando habla con su hijo (a): _____
- Name the language most often spoken by the adults at home:
Cual idioma hablan los adultos con más frecuencia en casa: _____

Signature of Parent or Guardian/Firma del Padre o Guardian _____ Date _____

Country of Student's Birth/Pais de nacimiento		
When did your child enter the United States? Cuando entro su hijo (a) a los Estados Unidos	Date/Fecha:	
When did your child first enroll in a United States K-12 school Cuando matriculo por primera vez a su hijo (a) en una escuela de K-12 en EU	Date/Fecha:	Grade
When did your child first enroll in a California K-12 school Cuando matriculo por primera vez a su hijo (a) en una escuela de California K-12	Date/Fecha:	Grade

Program for Migrant Education

If you or any member of your immediate family are seasonal agricultural workers and have worked within the last three years, you may qualify for special services. To determine whether you are eligible, please answer the following questionnaire.

During the last three years, has the family traveled (anywhere) to look for work in any of the following occupations? Please check all of that apply)

- Farm activities related to field crops such as grain, fruits or vegetables, including planting, pruning, picking, packing, transporting, soil preparing, irrigating, fumigating, etc.
- Activities related to dairy farming including milking, feeding, transporting, etc.
- Farm activities related to poultry industry or personal subsistence such as raising farm animals such as chickens, goats, pigs, etc., for sale or selling eggs, cheese, etc.
- Orchard activities related to fruit, nut trees, and vines including picking, pruning, sorting, etc.
- Nursery activities related to green houses, cultivating roses, flowers or sod farming.
- Activities related to fishing or forestry
- None of the Above

Programa para Educación de Inmigrantes

Si usted o algún miembro de su familia inmediata son trabajadores por temporada en la agricultura y ha trabajado durante los últimos tres años, puede calificar para servicios especiales. Para determinar si usted es elegible, por favor conteste el siguiente cuestionario.

Durante los últimos tres años, ha viajado la familia (a cualquier lugar) para buscar trabajo en cualquiera de las siguientes ocupaciones? (marque todas las que apliquen)

- Actividades granjeras relacionadas a las cosechas de granos, frutas o vegetales, incluyendo plantar, podar, pisar, empacar, transportar, preparar la tierra, irrigar, fumigar, etc.
- Actividades relacionadas a la ganadería incluyendo ordeñar vacas, alimentar o transportar Ganado, etc.
- Actividades granjeras relacionadas a la industria de aves de corral o para su alimentación personal tal como criar animales como pollos, chivos, marranos, etc. Para la venta o para vender huevos, queso, etc.
- Trabajos en huertas relacionados a las frutas, arboles de nueces y vinas, incluyendo pisar, podar o clasificar, etc.
- Trabajos en viveros, cultivando rosas, flores o césped
- Actividades relacionas a la pesca o silvicultura (el bosque)
- Ninguna de las actividades anteriores



Health Medical Appraisal 2017-2018



The Guidance Charter School

Health Medical Appraisal

Name	Grade
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Will your child be required to take any medications during the school hours? If so, please include all the name of the medication (s) and all the information listed below.
(Medications given at school require the medication form be signed by their physician)

Si su hijo va a requerir tomar alguna medicina durante las horas escolares, por favor incluya todos los nombres de los medicamentos y toda la información listada abajo.
(Los medicamentos que se administran en la escuela requieren que la forma de medicamentos sea firmada por el Doctor)

Medication/Medicamento:		
Reason for Use/Razón para el Uso		
Dose Quantity/Dosis	Amount/Cantidad	Measurement/Medida
Dose Description (<i>capsules, liquid, etc.</i>)/Descripción de la dosis (<i>capsulas, líquido, etc.</i>)		
Method Administered (<i>oral, injection, etc.</i>)/Método de Administración (<i>oral, inyección, etc.</i>)		Dose times/Hora de la Dosis
Obtained <input type="checkbox"/> Over the Counter <input type="checkbox"/> Prescribed	Provider/Doctor:	
Obtenido <input type="checkbox"/> Sin receta <input type="checkbox"/> Con receta		

Medication/Medicamento:		
Reason for Use/Razón para el Uso		
Dose Quantity/Dosis	Amount/Cantidad	Measurement/Medida
Dose Description (<i>capsules, liquid, etc.</i>)/Descripción de la dosis (<i>capsulas, líquido, etc.</i>)		
Method Administered (<i>oral, injection, etc.</i>)/Método de Administración (<i>oral, inyección, etc.</i>)		Dose times/Hora de la Dosis
Obtained <input type="checkbox"/> Over the Counter <input type="checkbox"/> Prescribed	Provider/Doctor:	
Obtenido <input type="checkbox"/> Sin receta <input type="checkbox"/> Con receta		

Medication/Medicamento:		
Reason for Use/Razón para el Uso		
Dose Quantity/Dosis	Amount/Cantidad	Measurement/Medida
Dose Description (<i>capsules, liquid, etc.</i>)/Descripción de la dosis (<i>capsulas, líquido, etc.</i>)		
Method Administered (<i>oral, injection, etc.</i>)/Método de Administración (<i>oral, inyección, etc.</i>)		Dose times/Hora de la Dosis
Obtained <input type="checkbox"/> Over the Counter <input type="checkbox"/> Prescribed	Provider/Doctor:	
Obtenido <input type="checkbox"/> Sin receta <input type="checkbox"/> Con receta		

Medication/Medicamento:		
Reason for Use/Razón para el Uso		
Dose Quantity/Dosis	Amount/Cantidad	Measurement/Medida
Dose Description (<i>capsules, liquid, etc.</i>)/Descripción de la dosis (<i>capsulas, líquido, etc.</i>)		
Method Administered (<i>oral, injection, etc.</i>)/Método de Administración (<i>oral, inyección, etc.</i>)		Dose times/Hora de la Dosis
Obtained <input type="checkbox"/> Over the Counter <input type="checkbox"/> Prescribed	Provider/Doctor:	
Obtenido <input type="checkbox"/> Sin receta <input type="checkbox"/> Con receta		



The Guidance Charter School

Is your child under care of a doctor? If yes, please explain further: Esta su niño bajo tratamiento médico? Si su respuesta es sí, por favor explique
Does your child have any activity restrictions? Any restrictions greater than one day in length require a written Physician's note Tiene su niño restricciones en actividades? (<i>restricciones para más de un día necesitan una nota escrita de su doctor</i>)
Does your child have any assistive devices (hearing aids, glasses) Usa su niño aparatos de asistencia (lentes, aparatos auditivos)
Does your child have any emotional, social or other conditions that might affect his/her school performance? Tiene su niño (a) cualquier condición emocional, social u otra que pueda afectar su desempeño en la escuela?
Has our child had any serious accidents? If yes, please explain: Ha tenido su niño algún accidente serio? Si su respuesta es sí, por favor explique
Has your child had any surgeries? Has your child been hospitalized? If yes, please explain: Ha tenido su niño alguna cirugía? Ha estado hospitalizado? Si su respuesta es sí, por favor explique
Is your child covered by Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No (please attach a copy of both sides of insurance card) Tiene su niño Seguro de Salud <input type="checkbox"/> Yes <input type="checkbox"/> No (por favor, provea una copia de ambos lados de la tarjeta de seguro)

If a medical emergency should arise, I agree to assume full financial responsibility for my child's medical care. I understand that I am responsible for updating this information as needed. This information is confidential but may be shared with appropriate school personnel when deemed necessary.

Si sucediera una emergencia médica, estoy de acuerdo en asumir toda responsabilidad financiera por el cuidado de mi hijo. Entiendo que soy responsable de mantener esta información al día. Esta información es confidencial pero puede ser compartida con personal escolar apropiado cuando sea necesario.

Parent Signature/Firma	Date/Fecha
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The Guidance Charter School

Please check off any present or past illness that your child has had:

Measles (10 day) / Sarampión (10 días)	<input type="checkbox"/> Yes/Si	<input type="checkbox"/> No
German Measles (3 day) / Sarampión Alemán (3 días)	<input type="checkbox"/> Yes/Si	<input type="checkbox"/> No
Chickenpox / Viruela	<input type="checkbox"/> Yes/Si	<input type="checkbox"/> No
Mumps / Paperas	<input type="checkbox"/> Yes/Si	<input type="checkbox"/> No
Rheumatic Fever / Fiebre Reumática	<input type="checkbox"/> Yes/Si	<input type="checkbox"/> No
Scarlet Fever / Fiebre Escarlata	<input type="checkbox"/> Yes/Si	<input type="checkbox"/> No
Meningitis/ Meningitis	<input type="checkbox"/> Yes/Si	<input type="checkbox"/> No
Diabetes / Diabetes	<input type="checkbox"/> Yes/Si	<input type="checkbox"/> No
Asthma / Asma	<input type="checkbox"/> Yes/Si	<input type="checkbox"/> No
Convulsions / Convulsiones	<input type="checkbox"/> Yes/Si	<input type="checkbox"/> No
Frequent stomachaches / Dolores de estómago frecuentes	<input type="checkbox"/> Yes/Si	<input type="checkbox"/> No
Frequent nosebleeds / Sagrado de nariz frecuente	<input type="checkbox"/> Yes/Si	<input type="checkbox"/> No
Frequent sore throat and colds / Garganta adolorida o resfriados frecuentes	<input type="checkbox"/> Yes/Si	<input type="checkbox"/> No
Frequent Severe headaches / Dolores de cabeza severos y frecuentes	<input type="checkbox"/> Yes/Si	<input type="checkbox"/> No
Dizziness, Fainting Spells / Mareos o desmayos	<input type="checkbox"/> Yes/Si	<input type="checkbox"/> No
Mouth Breather / Respira por la Boca	<input type="checkbox"/> Yes/Si	<input type="checkbox"/> No
Sucks Thumb / Se Chupa el dedo	<input type="checkbox"/> Yes/Si	<input type="checkbox"/> No
Bed wetting/Urinary problems / Moja la cama o problemas urinarios	<input type="checkbox"/> Yes/Si	<input type="checkbox"/> No
Vision problems / Problemas de la Visión	<input type="checkbox"/> Yes/Si	<input type="checkbox"/> No
Wears glasses – All of the time / Usa lentes todo el tiempo	<input type="checkbox"/> Yes/Si	<input type="checkbox"/> No
Frequent ear infections/aches / Infecciones del oído o dolor frecuente	<input type="checkbox"/> Yes/Si	<input type="checkbox"/> No
Hearing Loss/Under Care / Perdida de la Audición, bajo tratamiento	<input type="checkbox"/> Yes/Si	<input type="checkbox"/> No
Speech difficulties / Dificultades del habla	<input type="checkbox"/> Yes/Si	<input type="checkbox"/> No
Therapy for speech problems / Terapia por problemas del habla	<input type="checkbox"/> Yes/Si	<input type="checkbox"/> No
Allergies / Alergias	<input type="checkbox"/> Yes/Si	<input type="checkbox"/> No
Other conditions / Otras condiciones		



The Guidance Charter School

Authorization for Release of Health Information Autorización Para Compartir Información sobre la Salud

Student/ Patient Information - Información del Estudiante/ Paciente			
<i>Medical Record – Record Medico</i>		<i>Date of Birth – Fecha de Nacimiento</i>	
A. Name/Nombre			
<i>Last/Apellido</i>		<i>First/ Primer Nombre</i>	<i>MI/ Inicial Segundo Nombre</i>
B. Information to be released from (as needed) – Información que puede ser compartida (como sea necesario)			
School District		Children’s Hospital (CHLA) ➔	<input type="checkbox"/> Ortho Clinic <input type="checkbox"/> Endocrinology <input type="checkbox"/> Hematology <input type="checkbox"/> Oncology <input type="checkbox"/> Rheumatology <input type="checkbox"/> GI Clinic
California Children’s Services (CCS)		LA County Department of Children & Family Svs	
CCS Medical Therapy Unit		UCLA Medical Center	
North LA County Regional Center (NLARC)		Kaiser Permanente MC, Lancaster	
LA County Department of Health Services		Kaiser Permanente, Sunset	
LA County Department of Mental Health		Kaiser Permanente, Panorama City	
UCLA Neuropsychiatric Unit		Miller Children’s Hospital	
Physician/Clinic/Other		Telephone	
Physician/Clinic/Other		Telephone	Fax
C. Information to be released to and used by the Guidance Charter School			
School/Department		Contact Person	
Address		City	State Zip
Phone		Fax	
D. Purpose of the requested Information			
<input type="checkbox"/> Authorization forwarded at the request of Parent / Legal Guardian			
<input type="checkbox"/> Assist in determining most appropriate school education program/learning accommodations			
<input type="checkbox"/> Provide safe school environment, address health needs at school			
<input type="checkbox"/> Other			

E. Type/Description of Information Requested			
Immunization Records	Operative Reports	Ambulatory Clinic Summary	
Physician Orders	Lab Results / X-Ray reports	Appointment Dates/Times	
History and Physical	Discharge Summary	Mental Health Records	
Consultation Reports	Other		
Treatment Plan/Progress Notes			

F. Signature Authorizing Release of Information

By signing below, I understand that the information released may include information regarding treatment, hospitalization or outpatient care, including psychological/psychiatric impairment, drug abuse, alcoholism, AIDS or HIV tests, unless otherwise excluded here:

I have read and understand the “Authorization Restrictions and Rights” on the backside of this form which includes my right to refuse to sign this authorization, to revoke this authorization, and to receive a copy of this authorization.

Unless revoked, this authorization will expire in 1 year from the date signed

Signature of Parent or Legal Guardian Date

Signature of Witness Date



Authorization Restrictions and Rights

- Signing this authorization is voluntary. You can refuse to sign it. Refusing to sign it will not affect The Guidance Charter School's commitment to providing a quality education for your child, however, refusing to sign may inhibit the school's ability to implement an optimal plan of education, learning accommodations and/or health care plan for your child.
- This authorization may be revoked at any time. To revoke this authorization, you must provide the organization or individual listed in Section B of this form, with a written request to revoke the authorization. Any information disclosed before your written revocation is received may be used previously permitted.
- You have the right to receive a copy of your "Authorization for Release of Health Information." If you request it, you will receive a copy of this authorization after you sign it.
- The Guidance Charter School is responsible for maintaining confidential files for access and review by involved educational staff only. Academic, psychological and health records are exchanged among California Public Schools. No further disclosure of this information, by _____ School District, should be done without specific, written and informed release by parent/legal guardian.
- If you authorize disclosure of information to a person or entity that is not legally required to keep it confidential, the information may be re-disclosed and may no longer be protected by state or federal law.
- You may inspect or copy the information to be disclosed, as provided in CFR 164.524.

Restricciones y Derechos de la Autorización

- Esta aplicación se firma voluntariamente. Puede reusarse a firmarla. El reusarse a firmar no afectará el compromiso de Guidance Charter School de proveer una educación de calidad para su hijo, sin embargo, el reusarse a firmar puede impedir la habilidad de la escuela para implementar un plan de educación óptimo, recomendaciones para el aprendizaje y/o planes para el cuidado de salud de su niño.
- Esta autorización puede revocarse en cualquier momento. Para revocar esta autorización, debe proveer el nombre de la organización o individuo listado en la Sección B de esta forma, con una petición por escrito para revocar la autorización. Cualquier información divulgada antes de esta revocación es recibida y puede ser usada como antes permitido.
- Tiene el derecho de recibir una copia de su "Autorización Para Compartir su Información de la Salud." Si lo requiere, recibirá una copia de esta autorización después que la firme.
- La Escuela Guidance Charter es responsable de mantener archivos confidenciales para acceso y revisión del personal involucrado en la educación solamente. Records académicos, psicológicos y de salud son intercambiados entre las Escuelas Públicas de California. Ninguna otra divulgación de esta información, por el Distrito Escolar _____, debe hacerse sin el consentimiento por escrito y con entendimiento del padre/tutor legal.
- Si autoriza el divulgar esta información a una persona o entidad que no está legalmente requerida a mantenerla confidencial, esta información puede ser re-divulgada y puede no estar protegida por las leyes estatales o federales.
- Puede inspeccionar o copiar la información que va a ser divulgada, como provista en CFR 164.524.



The Guidance Charter School

Medication Form for School

Request for Assistance with medication during school hours Petición de Asistencia con los medicamentos durante horas escolares

Parent(s)/Guardians (s):

This information must be completed by your doctor before any medication can be given to your child at school. This includes all over-the-counter drugs such as:

Esta información debe ser completada por su doctor antes que cualquier medicamento pueda ser administrado a su niño en la escuela. Esto incluye toda medicina sin receta tales como:

- Aspirin/Aspirina
- Cough syrup/jarabe para la toz
- Allergy/Alergias
- Cold tablets/pastillas para el resfrió
- Anti-histamine/antihistamínicos
- Throat lozenges, etc./pastillas para la garganta, etc.

If your child needs medication during the school day, please bring a completed Medication Form and the necessary medication to the school's office.

Si su hijo necesita medicamentos durante horas escolares, por favor traiga la forma de medicamentos y las medicinas a la oficina de la escuela.

Do No Send It with Your Child/No Envie con su Hijo

Student Last Name		First Name	
Date of Birth		Gender	
Address			
City		State	Zip
Home Phone		Cell phone	
Parent Signature			Date
To be Completed by a Licensed Physician			
Medication		Purpose of Medication	
Dosage		Time Schedule	
Method of Administering		Precautions	
The Pupil named above for whom this medication is prescribed for is under my care.			
Name of Physician		Signature	
<input type="checkbox"/> K-6 th Campus 1125-B E. Palmdale Blvd. Palmdale, CA 93550 Phone: (661) 272-1701 Fax: (661) 272-1728		<input type="checkbox"/> 7 th to 12 th Campus 37230 37 th St. East Palmdale, CA 93550 Phone: (661) 285-1600 Fax: (661) 285-1602	



Forms to Sign K-12

- Media Pathways Release Page 17
- Family/School Agreement Page 18
- Student Acceptable Technology Use Policy Page 19-23
- Tablet Use Agreement Page 24-25



Media Release Form

Consent to Photograph, film or videotape a student for non-profit use (e.g. educational, public service, health awareness purposes or as participant in the media Pathway course assignments or classwork.)

Student Name: _____

I hereby consent to my child's participation in interviews, the use of quotes, and as the subject of photographs, movies or video tapes of the Student name above by

Parent Name (print).

I also grant to Guidance Charter School and their employees and /or representatives; the right to edit, use, and reuse said products for non-profit purposes including use in print, or the internet, and all other forms of media. I also hereby release the California Department of Education and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian (if student is under 18)		Date
Address		
City	State	Zip



Family/School Agreement
2017-2018 School Year

Kindergarten – 6th Grade Campus

1125-B East Palmdale Blvd.
Palmdale, CA 93550
661.272.1701
661.272.1725 fax

7th – 12th Grade Campus

37230 37th Street East
Palmdale, CA 93550
661.285.1600
661.285.1602 fax

I understand that my involvement in my child’s education will help his/her achievement, attitude and behavior. Therefore, I agree to carry out the following responsibilities to the best of my ability. I have been informed of the following essential items:

1. The Aeries grade portal; and how to access my child’s grades
2. Student Code of Conduct/Discipline Policy
3. Dress Code and Non-Uniform Friday Guidelines
4. Homework/Grading Policy

Parent name _____

Parent Signature _____

Student’s name * _____

Grade _____

Student’s name _____

Grade _____

Student’s name _____

Grade _____

Student’s name _____

Grade _____

**Only one handbook will be given to each family.*

K-6 Principal
Robin MooreZaid

7-12 Principal
Mr. Suresh Bajnath



STUDENT ACCEPTABLE TECHNOLOGY USE POLICY

This Student Acceptable Use Policy was adopted by the Board on March 6, 2014.

The School's Acceptable Use Policy ("AUP") is to prevent unauthorized access and other unlawful activities by users online, prevent unauthorized disclosure of or access to sensitive information, and to comply with the Children's Internet Protection Act ("CIPA"). This AUP covers the use of computing devices that may include, but are not limited to, cell phones, smart phones, digital cameras and video recorders, digital audio recording devices, netbooks, laptops, tablets, iPads and desktop computers or any other technology that contains a computer or network capabilities.

As used in this policy, "user" includes any student and/or minor using the computers, Internet, email, chat rooms, social media and other forms of direct electronic communications or equipment provided by the School (the "network.") regardless of the physical location of the user.

THIS AUP APPLIES EVEN WHEN SCHOOL PROVIDED EQUIPMENT (IPAD, DESKTOP COMPUTER, LAPTOP, LEARNPAD ETC.) IS USED OUTSIDE SCHOOL PROPERTY.

The School will use technology protection measures to block or filter, to the extent practicable, access of visual depictions that are obscene, pornographic, and harmful to minors over the network. The School reserves the right to monitor users' online activities and to access, review, copy, and store or delete any electronic communication or files and disclose them to others as it deems necessary to ensure compliance with the terms and conditions of this AUP as well as for network and device maintenance.

The School may use and disclose data found on the School's network and/or School owned devices in order to further the health, safety, discipline or security of any student or other person, or to protect property. The School may also use data/information contained on its network and/or devices in disciplinary actions, to collect monetary payment or to protect property and will furnish evidence of crime to law enforcement.

USERS HAVE NO EXPECTATION OF PRIVACY REGARDING THEIR USE OF SCHOOL PROPERTY, NETWORK AND/OR INTERNET ACCESS OR FILES, INCLUDING BUT NOT LIMITED TO EMAIL.

The School will take all necessary measures to fortify the network against potential cyber security threats. This may include blocking access to School applications-including but not limited to email, data management and reporting tools, and other web applications-outside the United States and Canada.

In addition to signing this AUP students are required to complete School training relating to the use of the School Network, the Internet and School owned devices.



Acceptable Uses of the School's Computer Network or the Internet

Schools will verify each year that students using the computer network, School owned devices and/or Internet access for that specific school year have a signed page acknowledging this policy. Students who are under 18 must have their parents or guardians sign this page which shall be kept on file with the School.

Once signed that permission/acknowledgement page remains in effect until revoked by the parent, or the student loses the privilege of using the School technology due to a violation of this policy or is no longer a School student.

Even without signature, all users must follow this policy and report any misuse of the network or Internet to a teacher, supervisor or other appropriate School personnel. Access is provided primarily for education and School business. By using the network, users have agreed to this policy. If a user is uncertain about whether a particular use is acceptable or appropriate, he or she should consult a teacher, supervisor or other appropriate School personnel.

School Ban on Personal Mobile Electronic Devices

Consistent with the provisions of California Education Code § 48901.5, absent a need essential to health, students are prohibited from possessing on School property any non-School owned portable device that is capable of creating, receiving, accessing, or storing electronic data or communications including but not limited to cell phones, smart phones, iPads, tablets, netbooks, google chrome books and iPods. Additionally students are specifically prohibited from possessing any non-School owned electronic device capable of creating an ad-hoc network such as a "hot spot" or use of peer to peer technology including but not limited to "air drop."

A violation of this rule will result in an immediate confiscation of the device which shall be securely store at the main office of the school site and will only be released to the student's parent/guardian. The School shall bear no responsibility for any personal mobile electronic device brought to school that is lost, destroyed, and/or stolen.

In the event that a School employee possesses reasonable suspicion that a student has used or is using a personal mobile electronic device to commit a violation of a school rule or a criminal statute, said device may be susceptible to search.

Personal Social Media Accounts, Instant Messaging Accounts, Videoconferencing Accounts, VOIP Accounts, Cloud Computing Accounts and Private E-mail Accounts

Personal social media accounts, including but not limited to Facebook, google plus, Myspace, twitter, YouTube, tumblr, Instagram, Pinterest and Snapchat shall not be accessed by students via the School Networks and/or School owned device. Students shall not access instant messaging applications including but not limited to Gmail, and yahoo mail, shall not be accessed over the School Network and/or School owned devices. Students shall not access personal videoconferencing accounts or voice over internet (VOIP) accounts over the School Network and/or School owned devices, including but not limited to services such as Skype. Furthermore, students are prohibited from accessing any personal cloud based service accounts, including but not limited to Google drive and/or iCloud over the School Network and/or School owned devices.



Unacceptable Uses of the Computer Network, School Mobile Devices or Internet

The School reserves the right to take immediate action regarding activities (1) that create security and/or safety issues for the School, students, employees, schools, network or computer resources, or (2) that expend School resources on content the School in its sole discretion determines lacks legitimate educational content/purpose, or (3) other activities as determined by School as inappropriate. Examples of unacceptable uses of the School and/or School Mobile Devices and/or Internet include but are not limited to:

- Violating any state or federal law or municipal ordinance, such as: Accessing or transmitting pornography of any kind, obscene depictions, harmful materials, materials that encourage others to violate the law, confidential information or copyrighted materials;
- Criminal activities that can be punished under law;
- Selling or purchasing illegal items or substances;
- The unauthorized collection of email addresses ("harvesting") of e-mail addresses from the Global Address;
- List and other School directories;
- Obtaining and/or using anonymous email sites; spamming; spreading viruses;
- Causing harm to others or damage to their property, such as:
 1. Using profane, abusive, or impolite language; threatening, harassing, or making damaging or false statements about others or accessing, transmitting, or downloading offensive, harassing, or disparaging materials;
 2. Deleting, copying, modifying, or forging other users' names, emails, files, or data; disguising one's identity, impersonating other users, or sending anonymous email;
 3. Damaging computer equipment, files, data or the network in any way, including intentionally accessing, transmitting or downloading computer viruses or other harmful files or programs, or disrupting any computer system performance;
 4. Using any School computer to pursue "hacking," internal or external to the School, or attempting to access information protected by privacy laws;
 5. The intentional altering of operating systems on School owned devices (also commonly referred to as "Jail Breaking") for purposes of circumventing restrictions, filters, or evade monitoring;
 6. Accessing, transmitting or downloading large amounts of data for the purpose of fabricating density on the School Network and/or School owned devices.
- Engaging in uses that jeopardize access or lead to unauthorized access into others' accounts or other computer networks, such as:
 1. Using another's account password(s) or identifier(s);
 2. Interfering with other users' ability to access their account(s); or
 3. Disclosing your own or anyone's password to others or allowing them to use your or another's account (s)
- Using the network or Internet or School owned device for Commercial purposes:
 1. Using the Internet for personal financial gain;
 2. Using the Internet for personal advertising, promotion, or financial gain; or
 3. Conducting for-profit business activities and/or engaging in non-government related fundraising or public relations activities such as solicitation
 4. for religious purposes, lobbying for personal political purposes.
- Using the network, internet and/or School owned devices for cheating:
 1. Students shall refrain from plagiarism.



Student Internet Safety

1. Students under the age of eighteen should only access School accounts outside of school if a parent or legal guardian supervises their usage at all times. The student's parent or guardian is responsible for monitoring the minor's use;
2. Students shall not reveal on the Internet personal information about themselves or other persons. For example, students should not reveal their name, home address, telephone number, or display photographs of themselves or others;
3. Students shall not meet in person anyone they have met only on the Internet; and
4. Students must abide by all laws, this Acceptable Use Policy and all School security policies.

Penalties for Improper Use

The use of the School Network as well as use of a School owned device is a privilege, not a right, and misuse will result in the restriction or cancellation of said privilege. Misuse may also lead to disciplinary and/or legal action for both students and employees, including suspension, expulsion, dismissal from School employment, or criminal prosecution by government authorities. The School will tailor any disciplinary action to the specific issues related to each violation.

(Parental Notice, Consent, and Access to Data Collected (Cloud Computing: Optional Provision))

Disclaimer

The School makes no guarantees about the quality of the services provided and is not responsible for any claims, losses, damages, costs, or other obligations arising from use of the network or accounts. Any additional charges a user accrues due to the use of the School's network are to be borne by the user. The School also denies any responsibility for the accuracy or quality of the information obtained through user access. Any statement, accessible on the computer network or the Internet, is understood to be the author's individual point of view and not that of the School, its affiliates, or employees.



Student Signature

I have read, understand, and agree to abide by the provisions of the Acceptable Use Policy of The Guidance Charter School. I understand that breaking the rules of this AUP can lead to the loss of my use of School computers, School owned devices, the School network and internet access privileges at school. I also understand that I could face school disciplinary action, and may be reported to law enforcement should I fail to abide by the provisions of the Acceptable Use Policy.

Student's Full Name	Date
Student Signature	

Parent/Guardian Signature

As a parent or legal guardian of the above named student, I have read, understand and agree to the provisions of the Acceptable Use Policy of the Guidance Charter School. I understand that it is impossible for the School to entirely restrict access to controversial materials, and I will not hold the School or its employees responsible for materials found on the School Network or School owned devices. I also agree to report any misuse of the School Network, or School owned devices to the student's teachers and/or administrator at the student's school site. I give my permission for my child to have access to the internet at school and use School owned devices at school.

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

Please return this form to the school where it will be kept on file with the School. An executed AUP is required for all students that will be using a School owned electronic device, the School Network and/or Internet access on School Property.



Tablet/Chrome Book Use Agreement

PLEASE READ THIS DOCUMENT CAREFULLY. STUDENT AND PARENT SIGNATURES ARE REQUIRED.

This Tablet/Chrome Book Use Agreement ("Agreement") allows the undersigned student to temporarily use a mobile Tablet/Chrome book device ("device") owned by The Guidance Charter School ("GCS") for educational activities as well as a technology package including technical support and licensed software. Under this Agreement, GCS will provide tablets/chrome books for students to use during school hours. Tablets/chrome books are provided at no cost to the student or parent.

GCS promotes the use of networked computer technology in its educational program in order to facilitate learning and teaching through GCS' 1 to 1 Tablet/Chrome Book Device Program. GCS will make every effort to ensure that the Tablet/Chrome book and information technology services are used responsibly by students. Students are expected to act in a responsible, ethical and legal manner in accordance with this Agreement, GCS' Acceptable Use Policy for internet access, accepted rules of network etiquette, and Federal and State law.

Acknowledgment and Agreement with GCS' Acceptable Use Policy: In addition to this Tablet/Chrome Book Use Agreement, students who use GCS' Tablet/Chrome book and information technology services are expected to understand and agree with GCS' Acceptable Use Policy for internet access. Please make sure that you have read and understand that agreement as well. By signing this Agreement, you also acknowledge and agree to comply with GCS' Acceptable Use Policy.

Use and Alterations: Students and Parents shall not make any alternations, additions, or improvements to the Tablet/Chrome book. Under no circumstances may a student alter or upload personal data onto the Tablet/Chrome book. Tablet/Chrome books will be scanned daily for any and all content.

Ownership: GCS is the sole owner of the GCS Tablet/Chrome book and accessories, components, and/or peripherals. Nothing in this Agreement shall be interpreted in a manner that transfers ownership to the Student or Parents. Student's use is granted temporarily and may be revoked by GCS at any time with or without cause.

STANDARDS FOR MOBILE TABLET/CHROME BOOK DEVICE CARE

Student is responsible for safekeeping of the GCS Tablet/Chrome book in accordance with these standards. Students Shall:

- Never- loan-the GCS-Tablet/Chrome book to-other -individuals;
- Adhere to GCS' Acceptable Use Policy and, when in doubt, ask the classroom teacher;
- Not remove the Tablet/Chrome book ID Number or other school property identifiers;
- Keep food and beverages away from the GCS Tablet/Chrome book;
- Not disassemble any part of the GCS Tablet/Chrome book or attempt any repairs;
- Not place decorations (such as stickers, markers, etc.) on the GCS Tablet/Chrome book;
- Understand that the GCS Tablet/Chrome book is subject to inspection at any time without notice and remains the property of GCS;
- Report any problems, loss, damage, or theft to the classroom teacher, Executive Director or designee immediately and no later than the next school day;
- Pay for the replacement of all GCS Tablet/Chrome book accessories, including, but not limited to, power cords, battery, and stylus (if applicable), and Tablet/Chrome book case, in the event any of these items are willfully damaged, lost, or stolen;
- Be financially responsible for all willful damage, loss, or theft of the GCS Tablet/Chrome book; and
- Be aware that GCS' insurance provider may deny coverage for damage to a Tablet/Chrome book resulting from "user abuse." Examples of "user abuse" include, but are not limited to, the following: leaving cables plugged in when storing the Tablet/Chrome book in the carrying case, which can cause broken connectors or ports; using the carrying case/sleeve for carrying textbooks, etc.; eating or drinking while using the Tablet/Chrome book, resulting in damage to the Tablet/Chrome book; storing the Tablet/Chrome book for prolonged periods while in "stand by" or "sleep" mode (overheating can occur).



LIABILITY FOR LOSS OR DAMAGE

Pursuant to Education Code Section 48904, the parent or guardian of a minor student shall be liable for the replacement cost for the GCS Tablet/Chrome book or other GCS property loaned to the student that the student fails to return or that is willfully cut, defaced or otherwise injured in any way, up to an amount not to exceed ten thousand dollars (\$10,000), adjusted annually for inflation. GCS may, after affording a pupil who has willfully cut, defaced, or otherwise injured a GCS Tablet/Chrome book or property or who has willfully not returned GCS Tablet/Chrome book or property upon demand by GCS, withhold the grades, diploma, and transcripts of the pupil responsible for the damage until the pupil or the pupils parent or guardian has paid for the damages. When the minor and parent are unable to pay for the damages, GCS will provide a program of voluntary work for the minor in lieu of the payment of monetary damages. A student over the age of majority shall be liable for the same and shall have the same voluntary work option.

WAIVER OF PRIVACY RIGHTS

Users understand that GCS monitors the use of its computer resources. Users of the GCS Tablet/Chrome book and information technology services expressly waive any right of privacy in anything they create, store, send, or receive on the GCS Tablet/Chrome book or through the internet or any other computer network. Users consent to allowing GCS to access and review all materials users create, store, send, or receive on the Tablet/Chrome book or through the internet or any other computer network.

DISCLAIMER

Electronic information available to students does not imply endorsement of the content by GCS, nor can GCS guarantee the accuracy of information obtained on the internet.

GCS makes no warranties of any kind, whether expressed or implied, with respect to the information technology services it provides. GCS will not be responsible for damages resulting from the use of GCS Tablet/Chrome book and GCS information technology services including, but not limited to, loss of data resulting from delays, non-deliveries, missed deliveries, and/or service interruptions.

GCS shall not be responsible for any charges or fees resulting from access to the internet or internet resources which are not authorized in writing by GCS.