



FREE high school diploma completion opportunity for 16-24 year-olds

OYA offers students who have not yet graduated high school a blended program of teacher directed instruction and online courses along with a wide range of support services.

For more information visit our webpage opportunityyouthacademy.org or call 1-844-692-4888

Also find us on FB: The Opportunity Youth Academy, Instagram: OfficialOYA, Twitter: TheOfficialOYA



Eligibility Criteria for Minors:

- ✓ Must have been out of school for *more than 3 months* or show proof of non-attendance
- ✓ Must be officially dis-enrolled from school (provide "Withdrawal Letter")
- ✓ Minors released from the Juvenile Hall, the Ranch or other locked facility *do not qualify* for OYA

Eligibility Criteria for Young Adults:

- ✓ Must enroll before 25th birthday

✓ REQUIRED DOCUMENTS

- Immunization records (shot records)
- Proof of address (utility bill or other mail correspondence)
- Transcripts & IEP (if applicable) if not available we will request them

CHOOSE YOUR SITE OPTIONS (In case your preference is full, number your top 3 choices.

Example: Hub #3, Washington #1, ConXion #2)

The Hub	option #	591 N. King Road, Door #3 (Room 17) - San Jose, CA 95133
Washington	option #	921 S. First Street, Suite B - San Jose, CA 95110
ConXion	option #	749 Story Rd. Suite 10 - San Jose, CA 95122
Sobrato	option #	512 Valley Way, Building 3 - Milpitas, CA 95035
South County	option #	7680 Monterey Road, Suite 101 - Gilroy, CA 95020

TO REGISTER:

- TURN-IN YOUR PACKET AT ANY OYA SITE (NOT THE COUNTY OFFICE on Ridder Park)**
- WALK-INS ARE WELCOME (Mon.-Thurs. 8:30-4:00, Fri. 8:30-12:30)**
- ASK AN OYA STAFF FOR HELP OR IF YOU HAVE ANY QUESTIONS**

	FAQ	Answer
1	What are the benefits of OYA?	Students can earn a high school diploma and also receive workforce training, employment services, transportation assistance and support with child care and housing. You will be assigned an OYA Navigator to connect you with services as needed.
2	I'm a minor (16 or 17 years old) currently attending another high school. Can I transfer to OYA?	No. Although OYA is a charter, the charter petition has been written to address the needs of disengaged youth who have dropped out of school.
3	I'm a minor (16 or 17 years old) currently enrolled in another school but not attending. Can I transfer to OYA?	Yes, if you have proof of non-attendance
4	My teacher, counselor, or principal referred me to OYA. Do I qualify?	A referral from your school staff does not guarantee eligibility; students must meet all eligibility criteria.
5	My Probation Officer, Social Worker, Case Manager referred me to OYA. Do I qualify?	A referral from a Probation Officer, Social Worker, or Case Manager does not guarantee eligibility; students must meet all eligibility criteria.
6	I'm 15 years old, can enroll in OYA?	No. Only students aged 16-24 are eligible.
7	I'm 15 years old but will turn 16 pretty soon. Can I register today?	No. Only students aged 16-24 are eligible.
8	If OYA is a charter school, why can't I transfer from my current school?	OYA is a dependent charter operated by the Santa Clara County of Education and is a re-engagement program for students who have been dis-engaged from school for more than three months. The charter has been written to address the needs of disengaged youth who have dropped out of school.
9	If I am currently attending a high school, do I need to dis-enroll or withdraw from school and wait three months to qualify for OYA?	No. We advise students to remain in school and talk to their school counselor or district for other viable options such as the Alternative Education Department (AED) community schools operated by the Santa Clara County Office of Education.
10	I'm 18 years old. Do I need to be dis-enrolled for more than three months?	Yes, if you are currently a senior in a public or charter high school. No, if you did not graduate high school with your senior class.
11	I just turned 18 and was recently released from Juvenile Hall. Do I qualify?	No, if you are currently a senior in high school, you must return to your previous school. Yes, if you did not graduate high school with your expected senior class or were enrolled in OYA previous to Juvenile Hall.
12	I'm 24 and need lots of credits. Can I enroll?	Yes.
13	Can I continue OYA if I don't graduate by the time I turn 25?	Yes, as long as you are enrolled before your 25 th birthday.
14	How long does registration and enrollment take?	Approximately 1-2 <i>days</i>
15	How do I get the registration forms and enroll?	You can obtain a registration packet at any OYA site or by emailing OYA@sccoe.org . You can also call 1-844-OYA-4UUU (1-844-692-4888) leave a clear, detailed message with name and phone number and our recruiter will get back to you to schedule a registration appointment.
16	What do I need to bring to my registration appointment?	Minors need to bring their immunization records and a parent or legal guardian. All students need to bring a copy of their official transcripts. Students with special education services need to bring a copy of their most current IEP.

OPPORTUNITY YOUTH ACADEMY - STUDENT REGISTRATION FORM

NEW
 RE-ENROLL

Site: Sobrato Washington Hub ConXion South County

LEGAL Last Name: _____ First: _____ Middle: _____
 Birthplace: _____ Birthdate: _____ Age: _____ Gender: M F
 (If A Minor) Parent(s)/Guardian(s) Name: _____
 Proof of Guardianship: Court Documents Affidavit
 Ethnicity/Race: White Hispanic Black Asian Pacific Islander Other _____
 Do you most frequently speak a language other than English? Yes No If yes, what language? _____
 Parent Education Level College High School Elementary Not Available

Street Address _____ Apt _____ City _____ State _____ Zip _____
 Mailing Address _____ APT _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Student Cell _____
 Email Address _____

Are you now, or have you been in Foster Care? Yes, currently Yes, in the past Never Group Home
 Are you now, or have you ever been considered yourself homeless? Yes, currently Yes, in the past Never
 Are you now, or have you ever been on Probation? Yes, currently Yes, in the past Never
 Name of Probation Officer: _____ Probation Officer Contact # _____
 Do you have children? How many? _____ Are you expecting? Yes

Are you currently enrolled in school? Yes No Are you attending? Yes No SARB/Tuancy
 Name of school(s) last attended:
 1. _____ City/State/Zip _____
 2. _____ City/State/Zip _____
 3. _____ City/State/Zip _____
 4. _____ City/State/Zip _____
 Last grade you attended in school: 9th 10th 11th 12th Month/Year Last Attended: _____
 Do you have an active or prior I.E.P.? Yes No Do you an active or prior 504 Plan? Yes No

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Intake by Staff: (PRINT NAME) _____ DATE: _____

FORM C - Required

Name: _____ Date: _____ Site: WJYC The Hub ConXion
 Sobrato South County

*SIATech

SIATech Career Awareness - Intake Form

Phone: _____ DOB: _____ Address: _____

What do you do for fun?				
What extra-curricular activities were/are you involved in?				
Who has influenced your career interests and why?				
What skills or gifts do you believe you have?				
If you could design your ideal job, what would it include?				
I would like assistance in the following area(s):	<input type="checkbox"/> researching jobs/careers in high demand in my area <input type="checkbox"/> obtaining information about salaries for high demand positions <input type="checkbox"/> choosing my career <input type="checkbox"/> other (please describe) _____			
What challenges or obstacles are you facing in your career planning? (Check all that apply)	<input type="checkbox"/> lack of career information <input type="checkbox"/> academic <input type="checkbox"/> too many interests <input type="checkbox"/> motivation <input type="checkbox"/> indecisiveness <input type="checkbox"/> self-esteem/confidence <input type="checkbox"/> no interests <input type="checkbox"/> pressure from others <input type="checkbox"/> other (please list) _____			
Have you ever had a job before? If so, what was your job title?	<input type="checkbox"/> Yes, _____ <input type="checkbox"/> No			
NEXT STEP: Meet with Ms. Yolanda Tapia, Student Support Specialist. Date: _____ Time: _____	<p style="text-align: center;"><i>To be completed during meeting with Ms. Tapia.</i></p> <input type="checkbox"/> Go to: http://virtualjobshadow.com , and take the interest survey. <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 33%; text-align: center;">Career Cluster 1</td> <td style="width: 33%; text-align: center;">Career Cluster 2</td> <td style="width: 33%; text-align: center;">Career Cluster 3</td> </tr> </table> Username: _____@siatechstudent.org Password: _____	Career Cluster 1	Career Cluster 2	Career Cluster 3
Career Cluster 1	Career Cluster 2	Career Cluster 3		

ICT/DM Adv.Manuf.

OFFICE: Inputted In PS Minor



Santa Clara County  Office of Education
Alternative Education Department

INTERNET AND SCHOOL COMPUTER ACCEPTABLE USE CONTRACT

Instructions to Student: Initial the line by each item to indicate that you have read it, and then sign at the bottom of the contract form. Your parent/guardian must also sign at the bottom of the form.

- Initial _____ I will use the internet and school computer system only for educational purposes. I will not use the school's systems for commercial, political or personal purposes.
- Initial _____ I will be considerate. I will not send messages which are abusive or threatening or contain offensive language; destroy data through uploading or creating computer viruses; or read, copy, or modify another user's mail.
- Initial _____ I will only use the files, accounts, or passwords that are assigned to me. I will respect the privacy and confidentiality of others.
- Initial _____ I will be careful. I will not reveal my home address or personal phone number or the home addresses and phone numbers of others on the Internet or school network systems.
- Initial _____ I will not hold the SCCOE responsible for damages or inaccuracies on the systems. I understand the following: that the SCCOE makes no warranties for the services it is providing; that the SCCOE will not be responsible for any damages suffered while on the systems; and that the SCCOE does not have responsibility for the accuracy of information obtained through its services.
- Initial _____ I will not access harmful matter and misuse the systems. I understand that "harmful matter" means that which shows or describes sexual conduct in an offensive way and which has no literary, artistic, political or scientific value for minors. I understand that "misuse the systems" means sending or receiving data which is discriminatory or which promotes illegal or unethical activities.
- Initial _____ I may lose access to the systems if I do not follow the rules. I understand that the use of the systems is a privilege and not a right. Inappropriate use may result in cancellation of this privilege.

Instructions to Students and Parents/Guardians: Please sign and return this contract to your school. Signatures from the student and parent/guardian are required so that the student may access the school's computer systems.

Student Signature

I understand that any violations of the above provisions may result in disciplinary or legal action. I agree to report any access to harmful matter and misuse of the systems to the principal or designee.

Student Signature _____ Date _____

Parent/Guardian Signature

As the parent/guardian, I understand that it is impossible for the SCCOE to restrict access to all controversial material, and I will not hold the SCCOE responsible for materials acquired on the systems. I agree to report any access to harmful matter and misuse of the systems to the principal or designee.

Parent/Guardian Signature _____ Date _____



MEDICAL INFORMATION FORM

Student Name: _____ Grade: _____

1. Do you have any health problems of which the school should be aware? Yes___ No___
If yes, please describe: _____
2. Do you wear glasses or contacts? Yes___ No___
If yes, all the time? Yes___ No___ Just for the classroom? Yes___ No___
3. Should your activities be limited in any way, please indicate and explain: _____

4. Please indicate if you have any of the following conditions:

<input type="checkbox"/> Meningitis	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Chicken Pox
<input type="checkbox"/> Polio	<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Measles
<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> German Measles
5. Please indicate if you have any of the following conditions:

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Sore Throats
<input type="checkbox"/> Joint Pains	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Headaches
<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Tire Easily	<input type="checkbox"/> Convulsions
<input type="checkbox"/> Asthma	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Nightmares
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Eczema	<input type="checkbox"/> Nosebleeds
6. Do you have severe allergic reactions to bee stings, peanuts, fish, etc.? Yes___ No___
If yes, what specific actions should be taken? _____

7. Do you need medication? Yes___ No___ (If so, and medication needs to be administered during school hours, a Medication Request Form must be completed by parent and physician.)
 I am NOT on a continuing medication regimen
 I am on a continuing medication regimen

Medication is _____ Condition: _____
Dosage: _____ Physicians Name: _____
Address: _____ City/Zip: _____
8. The above physician may be advised of my progress at school. Yes___ No___
9. Health Insurance Carrier: _____ I.D. number: _____
10. **All students must provide copy of their immunization before starting classes.**



Student Name _____

CONSENT FOR FIELD TRIP AND WAIVER OF SCHOOL RESPONSIBILITY

I give my child permission to participate in field trips. I understand and acknowledge that my child's participation in field trips is not required by the Santa Clara County Office of Education and is completely voluntary. I further understand and acknowledge that pursuant to Education Code §35330, my child is deemed to have waived any and all claims against the Santa Clara County Office of Education or the State of California for "injury, accident, illness or death occurring during or by reason of the field trip or excursion." I, as parent or guardian in granting my child permission to participate in school related field trips, hereby release and hold harmless from any demands, losses, claims, actions, suits, or any liability of any nature or kind whatsoever, the Santa Clara County Superintendent of School, the Santa Clara County Board of Education and any and all officers, employees, and agents of the Santa Clara County Office of Education for any and all illness, accidents, injuries, or death which may occur during such time that my (our) child is transported to, from, or during school functions, excursions or field trips. Should it be necessary to incur additional expenses and/or medical treatment during the trip, I give the teachers permission to use their judgment in such matters and will reimburse them for any reasonable expenses. I, as parent/guardian, have decided (with or without medical assistance) that my child is physically able to participate and I acknowledge that any accident insurance I consider necessary will be my responsibility to locate and purchase.

Yes No

SCHOOL INTERVIEW / MEDIA RELEASE

On occasion, representatives from the media, from the Santa Clara County Office of Education, or from other education related groups wish to photograph and/or interview students in connection with school programs or events. In order to release student photos and comments, we need written permission from you.

I hereby give permission for my child to be photographed, videotaped, and/or interviewed by representatives from the media, the Santa Clara County Office of Education, or other education-related groups for the purpose of publicizing Office Of Education programs, development of educational materials, or reporting on events of community interest. I fully relinquish right of interest in any film, tape, or photograph which may be used for any legitimate purpose.

Yes No

ACCESS TO STUDENT RECORDS

Provisions of the California Education Code have authorized that parents or legal guardians, in consultation with school personnel, have the right to inspect and review the school records of their children. If, at any time, you wish to inspect the school records of your child(ren), please notify the school administrator at your child(ren)'s school site and schedule an appointment. In accordance with Section 49069 of the California of the California Education Code, your request for access to pupil records will be granted no later than five (5) school days following the date of the request. If, after review, you feel that any information contained in the records is inaccurate, misleading, or otherwise inappropriate as defined by federal and state law, you will be given an opportunity to file a written request to have the objectionable material removed. You also have the right to include, as part of the records, a statement of your objections to information in the records or to any record of disciplinary action taken by the school.

Initial: _____

CONSENT FOR FAMILY LIFE INSTRUCTION

The Education Code requires that parents/guardians be notified in advance of any course(s) covering family values, anatomy and physiology regarding sex, birth control, venereal disease*, abortion, parenting, sex roles, education*, and how drugs effect pregnancy*. (*Mandated by the State Department of Education.)

I give permission for my child to take courses which contain the above contents while in attendance in an alternative schools program.

Yes No

SIGNATURE

DATE