



June 1, 2023

Dear Morgan Autism Center School Parents and Group Home Staff,

Please read through the following information carefully and note important dates on your calendar. It is critically important to complete these yearly forms to ensure a seamless return to campus activity and to meet California Department of Education requirements. **All necessary forms should be returned to the office as soon as possible and no later than Wednesday, August 23rd.** The forms in this packet are essential for your student's continued placement at Morgan Autism Center.

STUDENT FORMS

1. **Emergency Information Form** – Please update - a copy of the most current form on file is enclosed.

It is imperative that our emergency and medication information be current.

Information should be updated regularly as information changes.

Medication given at home should be noted on the form.

1a. In case of an earthquake or other disaster we must have a 3-day supply of the client's home medications, and those they take at Morgan Autism Center, along with a Parent's Authorization to Medicate form.

Stopping medication abruptly can often cause serious side effects. We want to be able to care for the student in the event of a serious emergency.

Medicine containers must be correctly labeled from the pharmacy (no handwritten dosage changes, etc.)

2. **Medication Information / Permission to Medicate Form** – If the student has medication administered at our center, **both a "Parent Permission to Medicate" form and a "Physician's Permission to Medicate" form must be completed.** This form **must be updated and signed each year, and/or each time prescriptions change.**
3. **Medical Emergency Authorization/Transportation Authorization Form**
(combined form)
4. **Immunization Record** (with all updated immunizations as required by law)

- **TB Testing** – A current TB test is required for everyone and must be on file. This is California state law.
- **Hepatitis B Vaccination** – California state law requires that any student must have the Hepatitis B-3 – shot series record on file.

5. **Seizure Protocol Form** *(if applicable)*

6. **Peanut Policy** *(signature required)*

7. **My Green Lunch** MAC will be providing free breakfast and lunch for all our students in the school program. Please indicate any dietary restrictions for your student. You are still welcome to send a lunch in for your student if you wish.

8. **Media Consent and Release Form** – *Revised annually*

9. **Student/Client Activity Fund/Donation Form** – This covers the special activities (birthday, holiday gift, field trips, etc.) for each individual student/client throughout the year.

10. **Sexual Harassment Acknowledgement Form** – Please sign, date, and return the acknowledgement form that you have “received, read, and understand” the California State Department of Ed Code Sections 200, 201, 212.5, 220, and 230 guidelines which are included in this packet.

Parent/Caregiver Accessibility: At times it is necessary for us to contact parents or group homes during the day. These calls are usually related to a student’s illness or a behavior issue. The student may need to be picked up from program. It is very important that either the parent or a person authorized to act on your behalf be available to talk to us and respond to the student’s needs, as required. Due to Covid-19, Parent/Caregiver accessibility is more important than ever. Please sign to acknowledge and agree to be available for emergencies on the **Parent/Caregiver Accessibility Form** in this packet.

Absences: When a student is absent for any reason, please call the office to report the absence. We will notify the classroom staff for you. If you need to speak with the teacher, please do so.

Also, please notify transportation services as early as possible to alert them of the absence so they may cancel transportation.

Attendance:

If a student is absent for any reason, the absence is considered unexcused and we will not be able to bill school districts for any dates the student is absent. Your student’s attendance is what pays for our staff’s salaries and other operating costs. Please help us minimize the financial impact of absences by limiting absences to illness/emergencies.

Please try to schedule medical and dental appointments after school hours, or bring your student to school after or before the appointment.

Please also try to schedule family vacations and camps to coincide with the Morgan Autism Center calendar vacation days. *The calendar may be viewed on the Morgan Autism Center's website. You can also find a copy in this packet.*

Proof of Conservatorship: All conserved students **must have a copy of their Letters of Conservatorship on file** at the Morgan Autism Center. Morgan Autism Center will abide by the Letters of Conservatorship in regard to medical issues, and in dealing with district and regional centers. Protect your rights as conservators by ensuring we have the proper documentation. If you are not sure whether or not copies of your Letters of Conservatorship are on file at the Morgan Autism Center, please call the office for verification.

The 2023-2024 School Program year will begin on Wednesday, August 23rd.

Please make a special note of the in-service training days scheduled at which time the students will be dismissed at 1:00 p.m.

Phone Numbers: Main office number 408 241-8161

Emails: Josh Drake, Executive Director: joshdrake@morgancenter.org
Mark Nielsen, Program Director: mark@morgancenter.org
Hailey Barker, Assistant Program Director: hailey@morgancenter.org
Sally Hird, Office Manager: sally@morgancenter.org
Nicole Ferguson, Administrative Specialist: nicole@morgancenter.org
Ching Young, Administrative Associate: ching@morgancenter.org

(All Teacher emails are: first name@morgancenter.org)

Save the dates:

Family/Caregiver Night: Wednesday, October. 18th *(tentative time will be 5-7 p.m.)*
A flyer with details will be sent home prior to the date.

We are looking forward to an exciting and productive year, full of growth and progress. We will see everyone back on **Wednesday, August 23rd, 2023.**



MORGAN AUTISM CENTER SCHOOL CALENDAR 2023-2024

Last Day of School Program 2023 ** (1:05 PM dismissal)	June 22, 2023
Summer Session (1 PM dismissal every day)	July 5 - July 31
Staff Inservice Days (no students)	August 21 - 22
First Day of School 2023-2024 School Year	August 23
Labor Day Holiday	September 4
Indigenous Peoples' Day Holiday	October 6 & 9
Family Night	October 18
Veterans' Day Holiday	November 10
**Minimum Day (1:05 PM dismissal)	November 21
Thanksgiving Vacation	November 22 - 24
**Minimum Day (1:05 PM dismissal)	December 21
Holiday Vacation	December 22 – January 3, 2024
Return from Holiday Break	January 4, 2024
Martin Luther King Holiday	January 15
Presidents' Week Holiday	February 19 - 23
Spring Vacation	April 1 - 5
Memorial Day Holiday	May 27
Juneteenth Holiday	June 19
Last Day of School Program 2024 ** (1:05 PM dismissal)	June 21
Summer Session 2024 ** (1 PM dismissal every day)	July 1 - July 30
Fourth of July Holiday	July 4 – 5

MINIMUM DAY EVERY WEDNESDAY OF EACH WEEK: STUDENT DISMISSAL AT 1:05 PM

MORGAN AUTISM CENTER SCHOOL CALENDAR 2023-2024

Number of school days by month

2023

July	19
August	7
September	20
October	20
November	18
December	15

2024

January	19
February	16
March	21
April	17
May	22
June	14

Total: 208

Bell Schedule:

Monday, Tuesday, Thursday, Friday 8:55am Arrival – 2:35pm Dismissal
Wednesday 8:55am Arrival – 1:05pm Dismissal

Summer Session: 8:55am Arrival – 1:00pm Dismissal

MINIMUM DAY EVERY WEDNESDAY OF EACH WEEK: STUDENT DISMISSAL AT 1:05PM

Contact Information

Main Office: (408) 241-8161

Name	Title	Email	Ext.
Josh Drake	Executive Director	joshdrake@morgancenter.org	108
Mark Nielsen	Program Director	mark@morgancenter.org	127
Hailey Barker	Program Director	hailey@morgancenter.org	107
Sun Garcia	Program Specialist/Consultant	sun@morgancenter.org	103
Jonnetta Quesada	Director of Finance & Business	jonnetta@morgancenter.org	
Sally Hird	Office Manager	sally@morgancenter.org	104
Haley Sepulveda	Development & Communications Manager	haley@morgancenter.org	101
Nicole Ferguson	Administrative Specialist	nicole@morgancenter.org	105
Ching Young	Administrative Associate	ching@morgancenter.org	125
Tyler Jakaitis	Specially Designed PE Coordinator	tyler@morgancenter.org	122



Parent Accessibility: At times it is necessary for us to contact parents or group homes during the day. These calls are usually related to a student's illness or a behavior issue. The student may need to be picked up from program. It is very important that either the parent or a person authorized to act on your behalf be available to talk to us and respond to the student's needs, as required.

Please print and sign your name that you understand and agree to be available or have an authorized person available to make decisions/pick up your client if needed.

Please print

Parent/Guardian name _____

Signature _____

Date _____



MORGAN AUTISM CENTER

Emergency Information Form

Last Name

First Name

M.I.

D.O.B.

Room/School

ADDRESS:

Modified

PHONE:

CONSERVED: ☐ Yes

CONSERVATOR[S]:

Father's Name

Mother's Name

Phone Type

Phone Number

Phone Type

Phone Number

email

email

EmergencyContact

Emergency Phone Numbers

Doctor/ Dentist

Doctor's Phone #

Meds (with Dosage and Time)

EmergencyCardComments (Diagnosis, Seizure Info, Allergies, Diagnosis, Choking, Shunt, Heart, etc.)

Preferred Hospital

Insurance

Policy #

MediCal

Group Home

Group #

Plan Code

Group HomeAddress

City

State

Zip

Phone

Contact

Consent for emergency treatment: (If it is deemed necessary by the program authorities, your son/daughter will be taken by ambulance at parent's expense to the nearest emergency facility).

I authorize and direct the attending physicians or dentist on duty to perform emergency treatment on my son/daughter.

Parent or Guardian

Date

Earthquake/Emergency Medication Form

I hereby give my permission for the staff of Morgan Autism Center to give my child/client medication, in the event of an earthquake (or other emergency) in which the student/client is unable to get home and must remain at the school site.

Medication may be legally given at school **only** in the original container, labeled by the pharmacist. A new prescription bottle must accompany prescription changes.

(please print information below)

Name of Child/Client: _____

Parent(s): _____

Medication: _____

Daily dosage: _____

Prescription number: _____

Physician: _____

Pharmacy: _____

Parent/Legal Guardian Signature:

Date: _____

Medicine disposal (not to be filled out until medication expires or is disposed of)

Signed: _____ Date: _____



EMERGENCY MEDICAL CARE - and -
TRANSPORTATION PERMISSION *(please print)*

Student/Client's Name: _____

Birth Date: _____

Parent's Address: _____

Home Phone: _____

Father's Name: _____

Cell Phone: _____ Business Phone: _____

Employer: _____ Dept./Position: _____

Mother's Name: _____

Cell Phone: _____ Business Phone: _____

Employer: _____ Dept./Position: _____

Child's/Client's Physician: _____

Address: _____

Telephone Number(s): _____

.....
In the event of an emergency, I hereby authorize the personnel of Morgan Autism Center to obtain medical help for *(pls. print name)*

Signature: _____ Date: _____

.....
I hereby authorize the personnel of Morgan Autism Center to provide transportation for _____ to and from activities related to the program.

Signature: _____ Date: _____

950 St. Elizabeth Drive, San Jose, CA 95126-3900 • P(408) 241-8161 F(408) 241-8231

Email info@morgancenter.org • Website www.morgancenter.org

Seizure Protocol

Date: _____

Name _____

Age: _____

Preferred hospital _____

Preferred doctor _____

If seizure continues beyond _____ minutes, CALL 911

Current medication:

Dosage:

Last Change:

Please complete the following checklist, giving us as much information about the seizure activity of your child / client.

Consciousness:

- ☐ Fully conscious throughout
- ☐ Partially conscious (incoherent, dreamy)
- ☐ Loses consciousness (at least part of the time)
- ☐ Stopped all activity

Activity:

- | | |
|--|---|
| <input type="checkbox"/> Repetitious or pointless movements or actions (e.g. picking at clothing, opening or closing doors, jumping, etc.) | <input type="checkbox"/> Mild twitching |
| <input type="checkbox"/> Clenching or grinding teeth | <input type="checkbox"/> Trembling, shaking |
| <input type="checkbox"/> Staring into space (not at anything) | <input type="checkbox"/> Drooling |
| <input type="checkbox"/> Jerking of arms, legs, and/or whole part | <input type="checkbox"/> Falls-rigid |
| <input type="checkbox"/> Twitching/jerking-only one body part | <input type="checkbox"/> Falls-limp |
| <input type="checkbox"/> Rapid blinking | <input type="checkbox"/> Sits |
| | <input type="checkbox"/> Body stiff, rigid |

☐ Other (*specify*)

Appearance:

☐ Normal

☐ Pale Skin

☐ Flushed

☐ Turned blue briefly

☐ Sweaty

☐ Blank look on face

Breathing:

☐ Normal

☐ Rapid

☐ Irregular

☐ Stopped

☐ Choked

Verbalization:

☐ Odd Sounds

☐ Screamed

☐ Lip-smacked

☐ Made odd or
incoherent statements
or requests

Post Seizure:

Is the person generally confused after a seizure?

Does the person need to sleep?

Do you want to be notified immediately in every case?

Only if unusual?

Additional information:

Parent Permission to Medicate at School

To: Parent/Guardian and Attending Physician,

California Education Code section 49423 provides statutory authority for providing assistance in administering medication in California schools. These regulations apply to “over the counter” as well as prescription medications. The requirements of this section are as follows:

a written statement from the California licensed Health Care Provider (Physician) detailing the medication, dosage, time and delivery method (see details below)

- signed statement from parents/guardians giving Morgan Center permission to assist in medication administration

To that end, parents must secure a supply of medication to be administered at school. **This must be in a pharmacy labeled container that contains the following information: pupil's name, physician's name, medication name and dosage, prescription number, time and frequency of administration, as well as the pharmacy name and phone number.** Each new supply of medication should contain the above information.

“Over the Counter” medication must also be kept in the original manufacturers labeled container, **with a prescription** if it is to be administered in a manner other than the directions on the label.

In compliance with these regulations, we request the following information.

Student/Client Name

Birthdate

Physician Name

I request that Morgan Autism Center assist me with the administration of medication during school hours. I give my consent to the school and Physician named below to exchange any information needed concerning my child.

Signature of Parent/Guardian

Date

950 St. Elizabeth Drive, San Jose, CA 95126-3900 • P(408) 241-8161 F(408) 241-8231
Email info@morgancenter.org • Website www.morgancenter.org



Physician's Authorization to Medicate at School

Student/Client _____

Medical Record # _____

Medical Facility (Kaiser, PAMF, etc) _____

MEDICATION	DOSAGE	TIME

Over the Counter medications – please circle all that apply:

Allergy Medication - yes/no _____

Pain relievers - yes/no _____

Supplements – yes/no _____

Other _____ (as needed)

Physician's signature

Date

Please use stamp of print Physician's name, address and telephone number below.

950 St. Elizabeth Drive, San Jose, CA 95126-3900 • P(408) 241-8161 F(408) 241-8231

Email info@morgancenter.org • Website www.morgancenter.org



Morgan Autism Center Peanut Policy

Morgan Autism Center recognizes that peanut allergies can pose a significant health and safety hazard to those affected by such allergies. **In order to protect these students and/or clients** throughout our shared environment we have adopted the following Peanut Allergy Policy.

All Students / Clients Peanut Allergy Policy

As part of our overall safety practices and policies at Morgan Autism Center, we adhere to a total peanut free policy throughout the school/adult program. This includes all campus environments (indoor and outdoor), all program related activities (on or off campus) and all school/adult program personnel.

It is essential for us to provide a safe environment for all. Please check food product labels and help us screen all potentially harmful snack and lunch items. Should any peanut products mistakenly make it to school, we will return them to you in the lunch box unused.

We appreciate full cooperation and apologize for any inconvenience.

Please sign below and return indicating that you have received, understand, and will adhere to the Morgan Autism Center's Peanut Allergy Policy.

Parent/guardian Signature

Name of Student/Client: _____ (Pls. print)

Date

950 St. Elizabeth Drive, San Jose, CA 95126-3900 • P(408) 241-8161 F(408) 241-8231

Email info@morgancenter.org • Website www.morgancenter.org

Peanut Policy



Free Breakfast/Lunch Program

Morgan Autism Center offers free breakfast and lunch for our students, per California Assembly Bill 167: The California Universal Meals Program. This is a service that will be provided for all students in our school program and billed to school districts. You are still welcome to send in a lunch with your student if you prefer.

Morgan Autism Center will provide a range of breakfast items that may include: oatmeal, granola, fruit, yogurt, almond milk, and eggs. The lunch meals will be provided by the company My Green Lunch, who will provide a set menu that will consider individual student dietary requirements. **Please check any box(es) below to inform us of your student's dietary restrictions.**

Student's Name _____

Please check any applicable boxes for your student:

- ☐ No dietary restrictions
- ☐ Gluten Free
- ☐ Dairy Free
- ☐ Vegetarian
- ☐ Vegan
- ☐ Nut Free
- ☐ Other _____

Media Consent and Release Form

Morgan Autism Center (MAC) is proud of the work of its students and adult clients. Throughout the school year, MAC may want to promote some of our many activities and achievements. For example, we may feature students or adult clients in materials to train teachers and/or increase public awareness of our organization and autism. Please consider giving MAC permission to highlight the achievements of your student or adult client by giving your consent below.

I hereby give Morgan Autism Center permission to use my student/adult client for the following (please accept by placing checkmarks in the applicable boxes below.)

IDENTIFICATION: ☐ First name only ☐ Full Name

MORGAN AUTISM CENTER'S USE OF PHOTOGRAPHS/VIDEO INCLUDES:

Promotional/fundraising material-printed material, DVD, Video, MAC website and authorized media such as TV, newspaper, magazine, or radio.

SOCIAL MEDIA: Facebook, Twitter, Instagram, LinkedIn, YouTube, Vimeo and any future social media channels.

Morgan Autism Center ☐ **MAY/** ☐ **MAY NOT**
use my student's/adult client's photo for the above.

1. I am aware that I will not receive monetary compensation for my child/adult client's participation.
2. I further release and relieve Morgan Autism Center, its Board of Trustees, employees and other representatives from any liabilities, known or unknown, arising out of the use of this material.

I certify that I have read the Media Consent and Release Form, and fully understand its terms and conditions. For more information, contact the office at (408) 241-8161. **Please complete this form and return to Morgan Autism Center.** Thank you for your cooperation.

Please print

Student or adult client name _____

Parent or guardian name _____

Signature _____ Date _____

For more information, contact Administrative Specialist, Nicole Ferguson at nicole@morgancenter.org or call (408) 241-8161.

950 St. Elizabeth Drive • San Jose, CA 95126-3900 (408) 241-8161 • Fax (408) 241-8231

info@morgancenter.org

www.morgancenter.org



**Morgan Autism Center
Student/Client Activity Fund/Donation
School Year 2023-2024**

This covers the special activities (birthday, holiday gift, field trips, etc.)
for each individual student/client throughout the year.

Please consider a donation of \$150.00

Student/Client's Name:
(Please print)

Room #

Thank you

For office use only:

Received: Check # _____

Currency _____

Date: _____

950 St. Elizabeth Drive, San Jose, CA 95126-3900 • P(408) 241-8161 F(408) 241-8231
Email info@morgancenter.org • Website www.morgancenter.org



Dear Parent / Guardian / Conservator:

The State Department of Education requires that each student “receive, read, and understand” Ed Code Sections 200, 201, 212.5, 220, and 230 guidelines on sexual harassment. They will check our compliance with this in our Certification Review, which occurs annually.

Because our students are generally not able to meet this requirement, we may satisfy it by providing you with a copy of the policy as it pertains to students, and having you acknowledge that you have received it.

Please note: We are not asking you to share this information with your student/client. Just acknowledge that you have received it on their behalf.

Please sign the form below, detach and return to the Morgan Autism Center.

Thank you.

.....

I have received a copy of the State Department of Education Ed Code Sections 200, 201, 212.5, 220, and 230 guidelines on sexual harassment. I understand that the Morgan Autism Center adheres to this policy as it pertains to students/clients.

Parent’s/Guardian’s /Conservator’s Signature

Date

Student’s / Client’s Name

Please Print

950 St. Elizabeth Drive, San Jose, CA 95126-3900 • P(408) 241-8161 F(408) 241-8231
Email info@morgancenter.org • Website www.morgancenter.org

California Law – State Department of Education – Ed Code

ARTICLE 1. Declaration of Purpose [200 - 201]

(Article 1 added by Stats. 1982, Ch. 1117, Sec. 1)

200.

It is the policy of the State of California to afford all persons in public schools, regardless of their disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sexual orientation, or any other characteristic that is contained in the definition of hate crimes set forth in Section 422.55 of the Penal Code, including immigration status, equal rights, and opportunities in the educational institutions of the state. The purpose of this chapter is to prohibit acts that are contrary to that policy and to provide remedies therefor.

(Amended by Stats. 2017, Ch. 493, Sec. 2. (AB 699) Effective January 1, 2018.)

201.

(a) All pupils have the right to participate fully in the educational process, free from discrimination and harassment.

(b) California's public schools have an affirmative obligation to combat racism, sexism, and other forms of bias, and a responsibility to provide equal educational opportunity.

(c) Harassment on school grounds directed at an individual on the basis of personal characteristics or status creates a hostile environment and jeopardizes equal educational opportunity as guaranteed by the California Constitution and the United States Constitution.

(d) There is an urgent need to prevent and respond to acts of hate violence and bias-related incidents that are occurring at an increasing rate in California's public schools.

(e) There is an urgent need to teach and inform pupils in the public schools about their rights, as guaranteed by the federal and state constitutions, in order to increase pupils' awareness and understanding of their rights and the rights of others, with the intention of promoting tolerance and sensitivity in public schools and in society as a means of responding to potential harassment and hate violence.

(f) It is the intent of the Legislature that each public school undertake educational activities to counter discriminatory incidents on school grounds and, within constitutional bounds, to minimize and eliminate a hostile environment on school grounds that impairs the access of pupils to equal educational opportunity.

(g) It is the intent of the Legislature that this chapter shall be interpreted as consistent with Article 9.5 (commencing with Section 11135) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code, Title VI of the federal Civil Rights Act of 1964 (42 U.S.C. Sec. 1981, et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. Sec. 1681, et seq.), Section 504 of the federal Rehabilitation Act of 1973 (29 U.S.C. Sec. 794(a)), the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.), the federal Equal Educational Opportunities Act (20 U.S.C. Sec. 1701, et seq.), the Unruh Civil Rights Act (Secs. 51 to 53, incl., Civ. C.), and the Fair Employment and Housing Act (Pt. 2.8 (commencing with Sec. 12900), Div. 3, Gov. C.), except where this chapter may grant more protections or impose additional obligations, and that the remedies provided herein shall not be the exclusive remedies, but may be combined with remedies that may be provided by the above statutes.

(Added by renumbering Section 45 by Stats. 1998, Ch. 914, Sec. 5. Effective January 1, 1999.)

Article 2. Definitions

212.5.

“Sexual harassment” means unwelcome sexual advances, requests for sexual favors, and other verbal, visual, or physical conduct of a sexual nature, made by someone from or in the work or educational setting, under any of the following conditions:

- (a) Submission to the conduct is explicitly or implicitly made a term or a condition of an individual’s employment, academic status, or progress.
- (b) Submission to, or rejection of, the conduct by the individual is used as the basis of employment or academic decisions affecting the individual.
- (c) The conduct has the purpose or effect of having a negative impact upon the individual’s work or academic performance, or of creating an intimidating, hostile, or offensive work or educational environment.
- (d) Submission to, or rejection of, the conduct by the individual is used as the basis for any decision affecting the individual regarding benefits and services, honors, programs, or activities available at or through the educational institution.

(Amended by Stats. 1998, Ch. 914, Sec. 12. Effective January 1, 1999.)

Article 3. Prohibition of Discrimination

220.

No person shall be subjected to discrimination on the basis of disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sexual orientation, or any other characteristic that is contained in the definition of hate crimes set forth in Section 422.55 of the Penal Code, including immigration status, in any program or activity conducted by an educational institution that receives, or benefits from, state financial assistance, or enrolls pupils who receive state student financial aid.

(Amended by Stats. 2017, Ch. 493, Sec. 3. (AB 699) Effective January 1, 2018.)

Article 4. Sex Equity in Education Act

230.

For purposes of this chapter, harassment and other discrimination on the basis of sex include, but are not limited to, the following practices:

- (a) On the basis of sex, exclusion of a person or persons from participation in, denial of the benefits of, or subjection to harassment or other discrimination in, any academic, extracurricular, research, occupational training, or other program or activity.
- (b) On the basis of sex, provision of different amounts or types of student financial aid, limitation of eligibility for student financial aid, or the application of different criteria to applicants for student financial aid or for participation in the provision of student financial aid by others. Nothing in this subdivision shall be construed to prohibit an educational institution from administering, or assisting in the administration of, scholarships, fellowships, or other forms of student financial aid, established pursuant to domestic or foreign wills, bequests, trusts, or similar legal instruments or by acts of a foreign government, which require that awards be made to members of a particular sex; provided, that the

overall effect of the award of these sex-restricted scholarships, fellowships, and other forms of student financial aid does not discriminate on the basis of sex.

(c) On the basis of sex, exclusion from participation in, or denial of equivalent opportunity in, athletic programs. For purposes of this subdivision, "equivalent" means equal or equal in effect.

(d) An educational institution may be found to have effectively accommodated the interests and abilities in athletics of both sexes within the meaning of Section 4922 of Title 5 of the California Code of Regulations as that section exists on January 1, 2003, using any one of the following tests:

(1) Whether interscholastic level participation opportunities for male and female pupils are provided in numbers substantially proportionate to their respective enrollments.

(2) Where the members of one sex have been and are underrepresented among interscholastic athletes, whether the school district can show a history and continuing practice of program expansion that is demonstrably responsive to the developing interest and abilities of the members of that sex.

(3) Where the members of one sex are underrepresented among interscholastic athletes, and the institution cannot show a history and continuing practice of program expansion as required in paragraph (2), whether the school district can demonstrate that the interest and abilities of the members of that sex have been fully and effectively accommodated by the present program.

(e) If an educational institution must cut its athletic budget, the educational institution shall do so consistently with its legal obligation to comply with both state and federal gender equity laws.

(f) It is the intent of the Legislature that the three-part test articulated in subdivision (d) be interpreted as it has been in the policies and regulations of the Office of Civil Rights in effect on January 1, 2003.

(g) On the basis of sex, harassment or other discrimination among persons, including, but not limited to, students and nonstudents, or academic and nonacademic personnel, in employment and the conditions thereof, except as it relates to a bona fide occupational qualification.

(h) On the basis of sex, the application of any rule concerning the actual or potential parental, family, or marital status of a person, or the exclusion of any person from any program or activity or employment because of pregnancy or related conditions.

(Amended by Stats. 2003, Ch. 660, Sec. 1. Effective January 1, 2004.)