

Loma Prieta Joint Union School District
Response Form

Acknowledgement of Parent or Guardian Annual Rights Notification

I acknowledge receipt of information regarding my rights, responsibilities and protections.

Signed: _____ Date _____
Signature of Parent/Guardian (Required by Education Code 10923)

Acknowledgement of Rules and Regulations for Bus Riders

Buses are used for field trips and home-to-school transportation. My child and I have reviewed and understand the bus rules.

_____ Date _____
Name of Student Signature of Parent/Guardian

Acknowledgement of Information Service Agreement and Acceptable Use Policy

I have reviewed and understand the Information Service Agreement and Acceptable Use Policy. I grant the District my consent to search District-owned devices in any disciplinary matter.

_____ Date _____
Signature of Student Signature of Parent/Guardian

Use of Student Photo/Video/Work

I hereby permit use of my child’s photograph/video/student work within the limitations explained on page 18 of the Parents/Students Rights Handbook.

I do not permit use of my child’s photograph/video within the limitations explained on page 18 of the Parents/Students Rights Handbook.

Signed: _____ Date _____
Signature of Parent/Guardian

Use of Videos

I hereby permit use of videos within the limitations explained on page 18 of the Parents/Students Rights Handbook.

Signed: _____ Date _____
Signature of Parent/Guardian

Declaration of Residency

My residential address is: _____

My assessors parcel number is: _____

I understand that if it is determined that a registered child is not a resident of the Loma Prieta Joint Union School District and does not have a valid interdistrict agreement allowing attendance, the child may be removed from the district immediately and may be denied all services by the district.

Signed: _____ Date _____

Signature of Parent/Guardian

Is there an active member of the Armed Forces residing in your home?

Yes

No

Current Medical Alerts: _____

Medical Release: If I/we cannot be reached during an emergency, I/we authorize a representative of the school, pursuant to Family Code Section 6910, to act as our agent and consent to the giving of medical care to our child.

Signed: _____

Signature of Parent/Guardian

Yes

No

Date _____

Additional Enrollment Information Does your child have or ever had?

- IEP Yes No
- 504 Plan Yes No
- Special Education Yes No
- Resource Specialist Program (RSP) ... Yes No
- Speech and Language Program Yes No
- Visually Impaired Program Yes No
- English Language Development (ELD) Yes No
- Other _____

Correspondence

I hereby authorize the district to use my email address to receive correspondence regarding my student(s) including grades, homework, behavior, and general information regarding School and/or District activities.

Email address: _____