

MANDATORY SIGNATURE SHEET

PLEASE SIGN AND RETURN TO THE TEACHER AFTER REVIEWING THE RELATED MATERIALS WITH YOUR STUDENT

Student's Name _____ Grade _____

Please Type or Print

Parent's Name _____ Teacher _____

Please Type or Print

SCHOOL SAFETY AND EXPULSION LETTER (ZERO TOLERANCE POLICY)

I have reviewed the information regarding school safety and expulsion with my child.

Parent Initials _____

STUDENT ACCIDENT/HEALTH INSURANCE PROGRAM

I understand that the School does not provide medical insurance. I have received the information on this program for the 2008-09 school year.

I will enroll my child in the program

I will not enroll my child in the program

Parent Initials _____

HEALTH EDUCATION, PUPIL SERVICES, AND PARENTS' OR STUDENTS' RIGHTS REQUIRING ANNUAL NOTIFICATION

Student is on a continuing medication program: (please check) YES NO

If YES, you have my permission to contact my physician.

Physician's Name _____ Telephone _____

Medication _____ Dosage _____

If you do not wish directory information released, please sign below. Note that this will prohibit the district from providing the pupil's name and other information to the news media, parent-teacher associations, and similar parties.

Do not release to the media, parent-teacher associations, and similar parties, information regarding _____

Pupil's Name

I hereby acknowledge receipt of information regarding my rights, responsibilities, and protections. I also attest, under penalty of perjury that I am a resident of the district, as previously verified, or attend under an approved InterDistrict Attendance Agreement. Parent Initials _____

PROCEDURES FOR USE OF THE INTERNET

My child and I have carefully read, understand, and agree to abide by the Procedures for Use of the Internet. My student understands that any violation may result in disciplinary action, the revoking of his/her user account, and any appropriate legal action. I accept full responsibility for my child's use of the Internet account. My child and I agree to hold harmless the teacher, administrator, school site, Encinitas Union School District, and the Board of Trustees for materials distributed to or acquired from the network. We also agree to report any misuse of the information systems to the site administrator or teacher.

Parent Initials _____ Student Initials _____

PESTICIDE NOTIFICATION

Parents are required to read this notification in accordance with the California Healthy Schools Act of 2000/AB2260. If you desire individual pesticide application notification, please complete the request on the Notification and return it to your school.

Parent Initials _____ Student Initials _____

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

SIGNATURE OF STUDENT _____ DATE _____