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| **2015/2016 Barstow Unified School District****Signature Verification of Receipts of Documents & Release of Information** |
|  |  |  |  |  |  |  |  |  |
| **Student LAST Name (PRINT**) |  | **Student FIRST Name (PRINT)** |  | **Parent/Guardian Name (PRINT)** |  | **School** |  | **Grade** |
|  |  |  |  |  |  |  |  |  |
|  |  | **Student ID# (Required for Grades 9-12)** |  | **Teacher (Grades K-6 only)** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **PLEASE REVIEW AND INITIAL THE BOX NEXT TO EACH SECTION AS INDICATED-RETURN TO SCHOOL OFFICE** |
| **1. I hereby acknowledge receipt of the handbook (available on the website a**t [www.barstow.k12.ca.us](http://www.barstow.k12.ca.us) **and/or the school packet given to me). 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 /Guardian Initials** |
|  |  | **Student Initials (Required K-12)** |
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| 2. **RULES OF STUDENT DISCIPLINE IN THE BARSTOW UNIFIED SCHOOL DISTRICT:** I have received a copy of the Rules of Student Discipline in the Barstow Unified School District Bus Safety Rules. I understand it is my responsibility to read and follow these rules.  |  |  |
|  | **Parent /Guardian Initials** |
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| 3. **ANNUAL NOTIFICATION OF PARENT’S/STUDENT’S RIGHTS & UNIFORMS COMPLAINT PROCEDURES:**  *(State law required signed acknowledgement of your receipt of this notification).* I hereby acknowledge receipt of the Annual Notification of Parents Rights & Uniform Compliant Procedures which contains information regarding the rights, responsibilities, and protection regarding the above-named student.  |  |
|  | **Parent/Guardian Initials** |
| 4. **SEXUAL HARRASSMENT POLICY:** I have reviewed and discussed Barstow Unified School District’s sexual harassment policy with my students. |  |  |
|  |  |  |  |  |  |  |  | **Parent /Guardian Initials** |
|  |  |  |  |  |  |  |  |  |
| **REALEASE OF DIRECTORY INFORMATION** |  |  |  |  |  |  |  |  |
| 5. **SCHOOL/DISTRICT YEARBOOK/PRINT:**  I permit the above-named student’s name and photos to be used in the school/district’s yearbook/print media, including school newspapers.  | School /District Yearbook Print  | [ ]  YES [ ]  NO |
|  |  |  |
| 6. **SCHOOL DISTRICT/WEB:** I permit pupil information and photos to be used in the school/district’s web pages and publications, including video productions.  | School/District Web | [ ]  YES [ ]  NO |
|  |  |  |
| 7. **NEWS MEDIA:** I permit directory information and photos for the above named student to be release to news media/press, including academic and athletic recognitions.  | News Media  | [ ]  YES [ ]  NO |
|  |  |  |
| 8. **INTERESTED PARTIES:** I permit directory information for the above named student to be release to interested parties including parent-teacher organizations, colleges, universities, educational institutions, and prospective employers.  | Interested Parties | [ ]  YES [ ]  NO |
|  |  |  |
| 9. **MILITARY (High School Only):** I permit directory information for the above named student to be release to the U.S. Military and military schools.  | Military (High Sch Only) | [ ]  YES [ ]  NO |
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|  |  | **Parent/Guardian Signature** **(Student if 18 or older)** |
|  |  |  |
| 10. **STUDENT ACCIDENT AND HEALTH INSURANCE:** As parent/guardianof the above-named student, I understand that the school does not provide medical insurance for student injuries but does make voluntary student insurance available.  |  |  |  |
|  |  | **Parent/Guardian Signature** |
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| **My signature verified receipt of documents and given permissions as indicated above.** |  | **My signature indicated I agree to follow all BUSD rules and regulations.**  |  |
|  |  |  |  |  |  |  |
| **√** | **Parent/Guardian Signature** |  | **Date** |  | **√** | **Student Signature (Required for Grades 6-12** |  | **Date** |  |

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