

Universal Form

SCHOOL DISTRICT			Signature Verification of Receipt of Documents/Release of Information	
Student Name (Last name, first name)		Parent Name (Last name, first name)	Ū	Grade
Address		Home Phone		School
City, Zip Code		Parent/Guardian Work Phone		Teacher (Grades K-5 only)
1.	DISCRIMINATION, HARASSMENT & BULLYING (SECTION A) By checking each circle and signing below, I acknowledge the following: My student and I have read and understand the Discrimination and Harassment Policies section. My student and I understand the consequences should my student violate the policy. I have been informed of these rights.			
2.	 ZERO TOLERANCE (SECTION B) By checking here and signing below, I acknowledge that my student has read and understands the Zero Tolerance Policy, and that my student and I understand the consequences should my student violate the policy. 			
3.	 HEALTH REQUIREMENTS/POLICIES ACKNOWLEDGEMENT (SECTION C) California law requires that parents/guardians of each pupil acknowledge having been informed of rights as explained in Section C "Facts for Parents: Health Requirements." By checking this box and signing below, I acknowledge that I have been informed of these rights. 			
4.	During the school year, schools will have events the news media and the district may want to feature. A representative may be on campus to gather photographs and/or video footage. In addition, parents and students may take photos of events in classrooms or around schools. These photos may be posted on the Internet or otherwise distributed without the permission of the school. Your child's participation in these events is valued, and parent permission is needed to include him or her in events where photography may take place. Parents/Guardians who prefer that their child not be photographed or videotaped must notify their school by using this form. Schools make every effort to ensure the wishes of the parent/guardian. Please be aware that photographing and videotaping by a device such as a cell phone may take place without the knowledge of the teacher, principal or district staff. Please indicate by checking the circle(s) below if your child has your permission to participate. If you do not want your child to be photographed or videotaped at any time, check only the last circle. You can update this form at any time by contacting your school office.			
	Please check all that apply: I give my permission to have my student interviewed and photographed/videotaped by news media. I give my permission to have my student photographed by the district or school. Photos may be used on school or district website or brochure. I give my permission to have my child videotaped by the district or school. Videos may be viewed by district staff or public. The district or school can provide credit to my child if his or her work is highlighted. I DO NOT want my child photographed or videotaped.			
5.	 TECHNOLOGY/NETWORK ACCEPTABLE USE CONTRACT (SECTION J) The "Network Use Guidelines" for San Diego Unified School District is a contract and must be signed before the student is given access to the district's network (SanDiNet) and Student Connect. By checking this box and signing below, I, the student, understand and will abide by the rules and conditions outlined in Section J for access to SanDiNet and/or the Internet. By checking this box and signing below, I, the parent/guardian, give permission for my student to have access to SanDiNet, the Internet and Student Connect. 			
By checking the above boxes and signing to the right, I the student, and I the parent, have read, understand and acknowledge the policies and rights outlined above and described in detail in Facts for Parents.			Student Signature	Date
Student and parent/guardian must check each section, sign and return form to school office.			Parent/Guardian Signature	Date