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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)** | | | | | | | |
|  | |  |  | | |  |  | |  | |  | | | | | |  |  | | | | | | |
| 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** | | | | | | |
|  | | | | | | | | | | | | | | | | |  |  | | | | | | |
| 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 | | | |
|  | | | | | | | | | |  | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | |  |  | | | | | | |
|  | | | | | | | | | | | |  | | **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** | | | | | | |
|  | | | | | | | | | | | | | | | | |  |  | | | | | | |
| **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** | | | | | |  | |

C:\Users\rhonda\_powell\Documents\WORD Files\ENROLLMENT FORMS BUSD\Signature Verification of Receipt of Documents-Release of Information 2014-2015.docx