

ACKNOWLEDGEMENT OF PARENT OR GUARDIAN OF ANNUAL RIGHTS NOTIFICATION

Sign, and return this page to your child's school indicating that you have been notified of the specified activities and whether you have a child on continuing medication.

This annual notification is also available in an electronic format and can be provided to you upon request. If the notice is provided in an electronic format, the parent or guardian shall submit to the school this signed acknowledgement of receipt of the notice.

Student's Name: _____

School: _____ Grade: _____

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

Signature of Parent or Guardian: _____ Date: _____

PLEASE COMPLETE THE FOLLOWING IF APPLICABLE:

1. Student is on a continuing medication program as prescribed by a physician: (Please check one) YES _____ NO _____

If YES, you have my permission to contact student's physician:

Physician's Name: _____ Telephone: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

2. If you do not wish directory information released, please sign where indicated below and ensure receipt of this form by the school office ***within the next 30 days***. Note that this will prohibit the district from providing the student's name and other information to the news media, interested schools, parent-teacher associations, interested employers, and similar parties.

Do NOT release directory information regarding _____
(Pupil's Name) (Date of Birth)

School: _____ Grade: _____

Check if an exception may be made to include student information and photos in the yearbook.

Signature of Parent or Guardian: _____
(Date)

3. By signing below, you give the district **permission to have photographs of your student in the yearbook** and other school related publications.

Student's Name: _____

School: _____ Grade: _____

Signature of Parent or Guardian: _____ Date: _____