



Del Mar Union School District

Signature Verification of Receipt of Documents/Release of Information for 2020-2021

Student Last Name _____

Student First Name _____

Parent Name _____

Grade _____

Visit our website at www.dmusd.org (click on the “Back to School Packet” link) to view all documents.

Parent/Guardian must return the following forms to the school office by Friday, August 28, 2020:

- Confidential Health Information Card (Green cardstock; **COMPLETE BOTH SIDES**)
- This Signature Verification Form/Student Emergency Information on reverse (**COMPLETE BOTH SIDES**)
- Student Technology Acceptable Use Agreement – Parent Acknowledgement

Please read the documents listed below, then sign where indicated.

<p>• Annual Notification to Parents My signature below is an acknowledgment that I, the parent/guardian of the above-named student, have been informed of my rights. It does not indicate that consent to participate in any particular program has either been given or withheld.</p>	<p>Sign Here: </p> <p>_____</p> <p>Parent/Guardian Signature</p>			
<p>• Picture Use and Publishing The District showcases students’ visual images and their work via different mediums including:</p> <ul style="list-style-type: none"> • District website • Superintendent’s Within One Week videos • Printed material • District-sponsored social media pages such as Twitter, Facebook, and Instagram <p>Student last names are never used in conjunction with photographs and work.</p> <ul style="list-style-type: none"> • Please check the appropriate box on the right to grant permission for your child’s visual images and/or work to be used for the purposes listed. 	<p>Check Here: </p> <p>Yearbook? <input type="checkbox"/> Yes <input type="checkbox"/> No District mediums listed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sign Here: </p> <p>_____</p> <p>Parent/Guardian Signature</p>			
<p>• Internet Survey*</p> <ul style="list-style-type: none"> • Do you have access to the internet at home? • Are all students in your house able to access a computer or tablet with internet access for extended periods to do homework? • Do your children have any issues accessing online homework? If yes, please briefly describe here. <p>_____</p> <p>_____</p> <p>*Survey data will inform district staff of student accessibility outside of school.</p>	<p>Check Here: </p> <p>Internet access? <input type="checkbox"/> Yes <input type="checkbox"/> No Computer for homework? <input type="checkbox"/> Yes <input type="checkbox"/> No Issues accessing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>Required Reading (can be found online at https://www.dmusd.org/Page/8588):</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Board Policy - Uniform Complaint Procedures • Pupil Rights Notification • Board Policy – Bullying Prevention • Board Policy – Sexual Harassment • Board Policy – Technology Use </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Board Policy – Immunizations • Administrative Reg. – Residency • P.E. Minutes • Technology Acceptable Use Agreement • Attendance Information Letter </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Peanut Allergy Letter • Student Wellness Policy Letter • Concussion Information • When to Keep Students Home • Pesticide Notification • Student Accident Insurance Letter </td> </tr> </table> <p>I have read and discussed all the required forms and required reading with my student. I understand and will comply with all district policies discussed in these forms.</p> <p>Sign Here: </p> <p>_____</p>		<ul style="list-style-type: none"> • Board Policy - Uniform Complaint Procedures • Pupil Rights Notification • Board Policy – Bullying Prevention • Board Policy – Sexual Harassment • Board Policy – Technology Use 	<ul style="list-style-type: none"> • Board Policy – Immunizations • Administrative Reg. – Residency • P.E. Minutes • Technology Acceptable Use Agreement • Attendance Information Letter 	<ul style="list-style-type: none"> • Peanut Allergy Letter • Student Wellness Policy Letter • Concussion Information • When to Keep Students Home • Pesticide Notification • Student Accident Insurance Letter
<ul style="list-style-type: none"> • Board Policy - Uniform Complaint Procedures • Pupil Rights Notification • Board Policy – Bullying Prevention • Board Policy – Sexual Harassment • Board Policy – Technology Use 	<ul style="list-style-type: none"> • Board Policy – Immunizations • Administrative Reg. – Residency • P.E. Minutes • Technology Acceptable Use Agreement • Attendance Information Letter 	<ul style="list-style-type: none"> • Peanut Allergy Letter • Student Wellness Policy Letter • Concussion Information • When to Keep Students Home • Pesticide Notification • Student Accident Insurance Letter 		
<p>Parent/Guardian Signature</p>	<p>Date</p>			

Student Emergency Information



School Use Only: Date: _____
School of Residence _____ Placement _____
Teacher _____ ID # _____

Student's Name (Last, First, Middle, Suffix) **Note:** The legal name of this student as shown on the original birth certificate/passport will be entered in the student record.

Student's Nickname _____ Birth Date (mm/dd/yy) _____ Gender: Male Female _____ Current Grade _____

Residence of Student - Street Address, City, Zip Code _____ Primary Phone _____ Check if cellular

Mailing Address of Student (if different from above) _____ Are either of these addresses a change from last year? YES

Student lives with: Mother Father Both Parents Court Appointed Guardian Foster Parent(s) Other

Family Information

Mother Father Stepmother Stepfather Guardian

Full Legal Name (Last, First, Middle) _____

Home Address (if different from above) _____

Employer/Occupation Active Military Retired Military
 Reserve/National Guard

Work/Daytime Phone _____ Cell Phone _____

Email Address _____

Mother Father Stepmother Stepfather Guardian

Full Legal Name (Last, First, Middle) _____

Home Address (if different from above) _____

Employer/Occupation Active Military Retired Military
 Reserve/National Guard

Work/Daytime Phone _____ Cell Phone _____

Email Address _____

By providing an email address, you agree to receive important District information via email.

Highest level of education of parent/guardian:

Graduate School (10) College Graduate (11) Some College (12) High school graduate (13) Not a high school graduate (14)

Siblings (List all siblings/children living at home)

Name (Gender: Male Female) Birth Date School

Name (Gender: Male Female) Birth Date School

Name (Gender: Male Female) Birth Date School

Name (Gender: Male Female) Birth Date School

Emergency Information

In an emergency, person to contact first: Name _____ Phone _____

Mother Father Court Appointed Guardian Nanny/Child Care Other

In the event of illness or disaster, you may release my student to one of the following people, if a parent or guardian or person listed above is not available (relatives, friends or neighbors with a car). **↓ Please do not list parent or guardian here.**

Name (Gender: Male Female) Address Daytime Phone/Cell Phone Relationship

Name (Gender: Male Female) Address Daytime Phone/Cell Phone Relationship

Name (Gender: Male Female) Address Daytime Phone/Cell Phone Relationship

Doctor's Name _____ Phone _____ Dentist's Name _____ Phone _____

Health Insurance? Yes No Name of Insurance Company/Policy # _____

In the event paramedics need to be called for your child, please list any medical information you would like paramedics to be made aware of:

Health conditions: _____

Allergies: _____

Medications: _____

Thank you for returning this card promptly. Please notify your school office of any changes that occur mid-year. [Form A-2018]