

**San Dieguito Union High School District
ANNUAL NOTIFICATION 2010-2011
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DIRECTORY INFORMATION:

The District makes student directory information available in accordance with state and federal laws. This means that each student's name, birthdate, birthplace, address, telephone number, major course of study, participation in school activities, dates of attendance, awards, and previous school attendance may be released in accordance with board policy. In addition, height and weight of athletes may be made available. Appropriate directory information may be provided to any agency or person except private, profit-making organizations. Names and addresses of seniors or terminating students may be given to public or private schools, colleges, employers and military recruiters.

Upon written request from the parent of a student age 17 or younger, the District will withhold directory information about the student. If the student is 18 or older or enrolled in an institution of post-secondary instruction and makes a written request, the pupil's request to deny access to directory information will be honored. Requests must be submitted within 30 calendar days of the receipt of this notification.

If you **DO NOT** elect to allow directory information to be released to any outside agency, including the military, please sign below and return to the school attendance office within 30 days. Parent signature will prohibit the District from providing directory information to the military, news media, schools, parent-teacher organizations, employers, and similar parties.

OPTIONAL SIGNATURE: Please check if you DO NOT want information regarding your student released to:

Military Colleges & Universities Employers
 Internet (photos and interviews on school's web site regarding school activities/athletics)
 News Media (photos and/or interviews regarding school activities/athletics)
 Yearbook ("no release" indicates that you do not want your child's photo in the yearbook)

Student Name (print): _____ School of Attendance/Grade Level: _____
Parent/Guardian Name (print): _____
Parent/Guardian Signature: _____ Date: _____

MEDICAL INFORMATION (EC §49423):

Name of Student's Physician/Clinic: _____
Name Address Phone #Physician/Clinic

I give my consent for school personnel to communicate with my son/daughter's physician: NO YES
Does the student take continuing medication: NO YES
Will it be necessary to take medication at school? NO YES

If student requires administration of medication during school hours: Parent must **complete** and deliver to the school's Health Office the "**Authorization for Administration of Medication**" form signed **by parent and physician**. The form is available at: <http://www.sduhsd.net/downloads/>

PARENT/GUARDIAN ACKNOWLEDGEMENT OF SPECIFIC SCHOOL ACTIVITIES:

Education Code Section 48982 **REQUIRES** parents to sign and return this acknowledgement to the school attendance office indicating you have been informed of your rights; however, your signature does not authorize consent to participate in any particular program that has either been given or withheld.

I hereby acknowledge receipt of information regarding my rights, responsibilities and protections. I also attest, under penalty of perjury, that I am a resident of the District, as previously verified, or attend under an approved Inter-district Agreement.

Parent Name (print): _____ Student Name (print): _____

Required Parent Signature: _____ **Date:** _____

RETURN THIS SIGNED PAGE TO YOUR STUDENT'S SCHOOL