

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.

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.

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, News Media, 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