San Diego Unified
SCHOOL DISTRICT

Universal Form

Signature Verification of Receipt of Documents/Release of Information

Student Name (Last name, first name)	Parent Name (Last name, first name)	Grade
Address	Home Phone	School
City, Zip Code	Parent/Guardian Work Phone	Teacher (Grades K-5 only)

1. ZERO TOLERANCE

The Zero Tolerance Policy is designed to make school a safe environment and to provide an appropriate learning environment for all students. There is no acceptable reason for violating the rules detailed in Section 2. We acknowledge that our student has read and understands the Zero Tolerance Policy. My signature indicates that my student and I understand the consequences should my student violate the policy.

_____
Student Name

_____
Parent/Guardian Signature Date

2. HEALTH POLICIES ACKNOWLEDGEMENT

California law requires that parents/guardians of each pupil acknowledge having been informed of your rights as explained in Section C "Facts for Parents: Health Requirements, 2011-12 School Year." My signature acknowledges that I have been informed of these rights.

_____
Parent/Guardian Signature Date

3. PHOTOGRAPHY/VIDEO/MEDIA RELEASE

During the school year, schools will have events the news media and the district may want to feature. A representative may be on campus to gather photographs and/or video footage.

In addition, parents and students may take photos of events in classrooms or around schools. These photos may be posted on the Internet or otherwise distributed without the permission of the school. Your child's participation in these events is valued, and parent permission is needed to include him or her in events where photography may take place.

Parents/Guardians who prefer that their child not be photographed or videotaped must notify their school by using this form. Schools make every effort to ensure the wishes of the parent/guardian. Please be aware that photographing and videotaping by a device such as a cell phone may take place without the knowledge of the teacher, principal or district staff.

Please indicate by checking the box(es) at right whether your child has your permission to participate or if you do not want your child to be photographed or videotaped at any time. You can update this form at any time by contacting your school office.

Please check all that apply:

- ☐ I give my permission to have my student interviewed and photographed/videotaped by news media.
- ☐ I give my permission to have my student photographed by the district or school. Photos may be used on school or district website or brochure.
- ☐ I give my permission to have my child videotaped by the district or school. Videos may be viewed by district staff or public.
- ☐ The district or school can provide credit to my child if his or her work is highlighted.
- ☐ **I DO NOT want my child photographed or videotaped.**

_____
Parent/Guardian signature Date

4. NETWORK ACCEPTABLE USE CONTRACT

Please read the "Network Use Guidelines" for San Diego Unified School District in Section 10 before signing this document. This is a contract and must be signed before given access to the district's network (SanDiNet) and Student Connect.

I, the student, understand and will abide by the above items, and conditions for access to SanDiNet and/or the Internet. I, the parent/guardian, give permission for my student to have access to SanDiNet, the Internet and Student Connect.

_____
Student Signature Date

_____
Parent/Guardian Signature Date

STUDENT AND PARENT/GUARDIAN MUST SIGN ALL SECTIONS AND RETURN TO SCHOOL OFFICE