



Novato Unified School District 2017-18

ACKNOWLEDGEMENT OF PARENT/GUARDIAN ANNUAL RIGHTS NOTIFICATION

Please sign one form for each child, and return to your child's school by August 25, 2017 or within 5 days of enrollment.

Student's Name: _____

School: _____ Grade: _____

The following information is available in an electronic format on the district's website at: <http://www.nusd.org>. Please read and review the documents listed below and review the "Student Rights and Responsibilities" with your child.

- Student Acceptable Use Form
- 2017-18 School Calendar
- Annual Notice to Parents 2017-18
- Student Rights & Responsibilities
- Annual Pesticide Notice
- Uniform Complaint Procedures BP 1312.3
- Fees and Charges BP 3260
- Visitors/Outsiders BP 1250
- Sexual Harassment BP 5145.7
- Bullying – Harassment BP 5131.2

I hereby acknowledge receipt of information regarding my rights, responsibilities, and protections in an electronic format.

Signature of Parent/Guardian: _____ Date: _____

If you do not have access to the internet, computers are available at the NUSD district office at 1015 Seventh Street, at your neighborhood school or at the public library. Hard copies of these documents may also be reviewed at your child's school.

RELEASE STUDENT INFORMATION:

Okay to SHARE my student's information with PTA for the Student <u>Directory</u> and School Fuel:	<input type="checkbox"/> Yes <input type="checkbox"/> No Initial: _____
Okay to INCLUDE my student's information and photos in the <u>yearbook</u> . I understand this requires the release of my child's name and address to the yearbook photographer.	<input type="checkbox"/> Yes <input type="checkbox"/> No Initial: _____
Okay to INCLUDE my student in group and/or individual photos that may be released to the <u>news media, placed on the school or district website</u> , or posted on social media, or used in printed material.	<input type="checkbox"/> Yes <input type="checkbox"/> No Initial: _____
Okay to INCLUDE my student in <u>videos</u> produced by the school, district, PTA or School Fuel to be shown on local television, placed on the school or district website, or posted on social media to highlight/promote school programs.	<input type="checkbox"/> Yes <input type="checkbox"/> No Initial: _____

DO NOT RELEASE STUDENT INFORMATION

If you **DO NOT** wish information released (student's name, address and email address) please sign below where indicated and ensure receipt of this form by the school office **by August 25, 2017** or within 5 days of enrollment in NUSD.

DO NOT release directory information regarding _____ **DO NOT RELEASE** _____ (X)
(Student's Name)

Signature of Parent/Guardian: _____ Date _____

Note: An "X" in the box below will prohibit the district from providing your student's name and other information to the news media, (e.g. honor rolls), interested schools/colleges, graduation apparel companies, scholarship organizations, interested employers, **THE ARMED SERVICES** and similar parties.

