



Novato Unified School District 2014-15

ACKNOWLEDGEMENT OF PARENT/GUARDIAN ANNUAL RIGHTS NOTIFICATION

Please sign one form for each child, and return to your child's school by August 28, 2014 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> – Parents – Parent Guide. Please read and review the documents listed below and review the "Student Rights and Responsibilities" with your child.

- Student Acceptable Use Form
- 2014-15 School Calendar
- Annual Notice to Parents 2014-15
- 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

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.

SUPERINTENDENT'S MESSAGE – Dr. Shalee Cunningham, Superintendent

Welcome to Novato Unified School District! In order to continue "green" practices, we are once again using electronic communication for many of our 2014-15 Back to School information. We appreciate your support in this effort.

The purpose of our Annual Notice to Parents and Our Student Rights and Responsibilities handbook is to clearly identify programs, procedures, and uniform standards of behavior and expectations, which have been established by the policies of the Novato Unified School District Board of Education in accordance with the California State Education Code on student responsibilities, rules and notifications to parents.

The information (available on our website <http://www.nusd.org> or at your child's school) describes the rights and responsibilities of individuals which contributes to good conduct and helps to ensure a safe, secure and attractive learning environment. It also describes the various consequences of violating the standards of behavior and attendance.

Parents are encouraged to keep in constant communication with their child's school. This creates better understanding, collaboration, and success. Working in partnership, we can help every student achieve his or her greatest potential in a safe and respectful learning environment. Our motto is, "Achievement for All...Our Call to Action."

STUDENT ACCEPTABLE USE POLICY - School districts are required by law to have a content filter in place to prevent students from accessing inappropriate content. Students who use school technology, access networks, or the Internet must agree to follow all school rules. Students using school technology and equipment must also follow the directions of teachers and school staff. To ensure adherence to policy, students and parents must sign a Student Acceptable Use Form (see BP 6163.4). This year the form has been updated to include equipment brought onto school premises by a student. **This new form must be signed and will remain in effect until a student enters a new school.** Forms are included in the back-to-school packets, are available at your child's school or at <http://www.nusd.org>.

COMPUTER/INTERNET USE AT HOME

We are trying to determine how many of our students have access to computers and/or the internet at home. Please help us by selecting one of the following:

At home my student:

- ☐ has access to a computer with internet.
- ☐ has access to a computer, no internet.
- ☐ has access to internet, no computer.
- ☐ does not have access to a computer or internet.

PLEASE COMPLETE THE REVERSE SIDE OF THE FORM

RELEASE OF DIRECTORY INFORMATION	
<p>Please note: A check 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, and other similar parties.</p> <p>If you <u>DO NOT</u> wish directory 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 28, 2014 or within 5 days of enrollment in NUSD.</p> <p><input type="checkbox"/> DO NOT release directory information regarding _____ (Student's Name)</p> <p>Signature of Parent/Guardian: _____ Date: _____</p>	
<p>PLEASE RESPOND YES OR NO AND INITIAL EACH OF THE FOLLOWING QUESTIONS:</p>	
Please share my student's information with PTA for the Student Directory and School Fuel:	<input type="checkbox"/> Yes <input type="checkbox"/> No Initial: _____
Please include my student's information and photos in the yearbook. 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: _____
My student may be included in group and/or individual photos that may be released to the news media or placed on the school or district website.	<input type="checkbox"/> Yes <input type="checkbox"/> No Initial: _____
My student may be included in videos produced by the school, district, PTA or School Fuel to be shown on local television or placed on the school or district website to highlight/promote school programs.	<input type="checkbox"/> Yes <input type="checkbox"/> No Initial: _____
<p>ELECTRONIC COMMUNICATIONS</p> <p>We would like to communicate with as many households as possible via electronic communications.</p> <p>PLEASE PRINT VERY CLEARLY AND INDICATE UPPER/LOWER CASE</p> <p>Primary Email Address: _____</p> <p>Secondary Email Address: _____</p> <p>I prefer communications in: <input type="checkbox"/> English OR <input type="checkbox"/> Spanish</p>	
<p>CONTINUING MEDICATION PROGRAM</p> <p>Please complete the following:</p> <p>My child is on a continuing medication program as prescribed by a physician: <input type="checkbox"/> Yes <input type="checkbox"/> No (Please check one)</p> <p>If your child needs medication(s) at school, a physician must complete and sign a medication authorization form annually. The parent/guardian must also sign the form. These forms are available in the school office. It is the parent/guardian's responsibility to make sure these forms are updated EACH school year and as needed. School personnel cannot administer any medications to your child, nor can he or she self-administer the medication, without a doctor's authorization. This includes over the counter drugs and occasional antibiotics. (Over the counter medications include Advil, Triaminic, Benadryl, Aspirin, Tylenol, cough drops etc.)</p> <p>Legal Reference: Education Code Section 49423</p>	
<p>VERIFICATION OF HOME ADDRESS AND CONSENT</p> <ul style="list-style-type: none"> - The undersigned declares under penalty of perjury that the address of the student on this form is true and correct and that the undersigned will immediately inform the district of any change in address. - The undersigned has received notification that the District does not provide medical insurance for student injuries. - Emergency Procedure approval: When I cannot be contacted, I authorize the principal or designee to act on my behalf in the event of the illness or accident, and to arrange for examination, diagnosis or emergency treatment. I understand that I am responsible for expenses and that accident insurance is not provided by the district. <p>Student name: _____</p> <p>Home address: _____ City: _____</p> <p>Signature of Parent/Guardian: _____ Date: _____</p>	
<p>PLEASE COMPLETE THE REVERSE SIDE OF THE FORM</p>	

NUSD 600112/E REV 6/14