

OUSD Policies Signature Page

Please print TWO copies for each student: one to turn in and one for your records.

1. Acknowledgement of Policies

Please initial each box indicating that you have reviewed the policy.

Initial	Attendance
	I understand that I am responsible for my child's attendance.
Initial	Responsibility for Textbooks
	I accept responsibility for any lost textbooks or any damage to textbooks that have been issued to my child.
	I agree to reimburse the District for the cost of replacing all lost, unreturned, or damaged books.
	I understand that all grades, diplomas, and transcripts will be withheld if payment is not made for unreturned or damaged books.
Initial	OUSD Parent Guide
	I have received a copy of the Oakland Unified School District Parent Guide (sent via mail in July). Ask your school for another copy, if needed.
Initial	Bay Area Regional Immunization Registry
	I have received information about the Immunization Registry and will call if I do NOT want my child's information in the Registry.

2. Does your child have a current IEP (Individualized Education Program)? Yes No

3. Student Acceptable Use of Technology

Student Consent

I understand that my computer use, the use of other technologies while at school or connected to the District, and any electronic communication and storage systems (including email and student folders, digital lockers, and student/class websites) are not private and the District has the right to monitor my activity.

I have read the District's Acceptable Use of Technology Policy and regulations and agree to abide by these rules. I understand that violation of the policy or regulations may result in disciplinary action, including loss of technology privileges, suspension or expulsion, or legal action.

Student Signature: _____ **Date:** _____

Parental Consent

I have read the District's Acceptable Use of Technology Policy and regulations. In consideration for the privilege of my child's using the District's electronic communications system, and in consideration for having access to the public networks, **I hereby release the Oakland Unified School District, its operators, employees, or agents and institutions with which they are affiliated from any and all claims and damages arising from my child's use of, or inability to use, the system, including, without limitation, the types of damage identified in the District's Acceptable Use of Technology Policy and administrative regulation.**

Parent/Guardian Signature: _____ **Date:** _____

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OUSD Policies Signature Page Continued

4. Attendance Calling System

Attendance Calling System	
Evening phone to be called	
Select a four digit PIN Please do not share your PIN with your children.	
Please indicate the preferred language for the calling system.	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Cambodian <input type="checkbox"/> Cantonese <input type="checkbox"/> Laotian <input type="checkbox"/> Mien <input type="checkbox"/> Vietnamese

Staff: Enter information under the Supplemental screen of Aeries to activate student in system.

5. Decline Release of Directory Information (Note: most parents do NOT choose this option.)

Decline Release of Directory Information	
I do not want the District to release “directory information” (see Packet for examples) to qualified individuals or groups, such as official parent-teacher organizations, college recruiters, or employers.	
Student’s Name	
Parent/Guardian’s Signature	

Staff: Put data code A in “Rcd Rel” slot in Aeries.

6. Military Exemption – Students 16 years old and above only.

Military Exemption – Students 16 years old and above only	
I do not want the District to release “directory information” (name, home address, and home telephone number) for the secondary student named below to military recruiters.	
Student’s Name	
Parent/Guardian or Student’s Signature	

Staff: Put data code A in “Rcd Rel” slot in Aeries.

Name of Student _____ Date of Birth ____/____/____

School _____ Grade _____

Home Street Address _____

Email Address _____

Home Telephone _____ Work or Cell Phone _____

Parent/Guardian’s Name _____

Parent/Guardian’s Signature _____ Date _____

Student’s Signature (if over 18) _____ Date _____