Signature Parent/Guardian

ACKNOWLEDGEMENT FORM

PLEASE COMPLETE AND RETURN THIS FORM TO YOUR STUDENT'S SCHOOL AT FALL CHECK-IN

Note: If you have more than one child attending this school site, please list them all o	n this form.
School:	
	Orada
(1) STUDENT'S NAME (Print)	Grade
(2) STUDENT'S NAME (Print)	Grade
(3) STUDENT'S NAME (Print)	Grade
(c) 0.002 0.10 and (c) 1.00	
ANNUAL PARENTAL NOTIFICATION AND INFORMATION	
I acknowledge that information pertaining to parent/student rights and special	
programs are available on-line at .dublinusd . and that printed copies of the A Parental Notification and Information are available for me in the school office.	
Initial	
PARENT/STUDENT HANDBOOK I acknowledge that information pertaining to school policies and specialized	l instructional
programs have been provided to me in the school's Parent/Student Handbo	
Initial I have read and discussed the handbook with my child _	Initial
D,U.S.D. CODE OF CONDUCT I have reviewed and understand the Dublin Unified School District's Code of	Conduct is available
online at .dublinusd., at Fall Check-In, and in the school office.	oonaast is available
Initial	
MEDICAL/DENTAL INSURANCE COVERAGE I understand that the school does not provide medical/dental insurance for s	tudont injurios but
does make voluntary student insurance available. Coverage information is a	_
In and in the school office.	
I will enroll in this program	
Initial	
RESIDENCE VERIFICATION	
Parents and Guardians are required to maintain current residency informatio	n of the parent with
whom your student resides on file at the school of attendance.	·
I certify that verification of my current residence has been provided to the s	school.
will provide updated residence documents at Fall Check-In. (A list of acce	
documentation is available at .dublinusd. and in the school office.)	
Initial	

Date