

## SIGNATURE PAGE

### ACKNOWLEDGEMENT OF RECEIPT OF PARENT/GUARDIAN RIGHTS

I, as parent/guardian of the student named below, acknowledge receipt of the annual notification, as required by the California Education Code sections of parent/guardian rights.

[A]

Student's Name: \_\_\_\_\_  
 Student's address/City/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Student's School: \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_  
 Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ACKNOWLEDGEMENT OF RECEIPT OF POLICY ON STUDENT DISCIPLINE & UNIFORM COMPLAINT PROCEDURES

I, as parent/guardian of the student named below, acknowledge receipt of Travis Unified School District Board Policy 5144 on Student Discipline and Board Policy/Administrative Regulations 1312.3 on Uniform Complaint Procedures

[B]

Student's Name: \_\_\_\_\_  
 Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ACKNOWLEDGEMENT OF RECEIPT OF POLICY ON PROMOTION / ACCELERATION / RETENTION

I, as parent/guardian of the student named below, acknowledge receipt of Travis Unified School District Board Policy 5123 on Promotion/Acceleration/Retention..

[C]

Student's Name: \_\_\_\_\_  
 Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### REQUEST TO WITHHOLD DIRECTORY INFORMATION AS PROVIDED BY THE EDUCATION CODE

Do not release directory information regarding:

[D]

Requested by:            Parent/Guardian of Student, age 17 or younger  
                                    Student, age 18 or older

Signature of Student, age 18 or older: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Student's signature necessary only when he or she requests that directory information be withheld.)*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

As the parent/legal guardian of \_\_\_\_\_,  
*(full name of student)*

[E]

A minor, I hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care which may be rendered to the above-named student in an emergency. This authorization shall remain in effect for the 2002-03 school year unless revoked in writing and delivered to the principal of the school my student attends.  
 I understand the school district does not provide medical or accident insurance for my student. I understand that all costs of paramedic transportation, hospitalization, medical examination, x-rays, or treatment provided will be the responsibility of the parent/legal guardian.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CONTINUED (OVER)

**ACKNOWLEDGEMENT OF RECEIPT OF  
ACCEPTABLE USE OF ELECTRONIC INFORMATION RESOURCES AGREEMENT**

The Travis Unified School District believes in the educational value of technology and recognizes its importance for supporting curriculum, instruction and management. The district network and Internet connection have been developed as tools to promote educational excellence, innovation and communication for students, staff and district volunteers. Due to its open nature, there is information available on the Internet which is inappropriate for district use. It is the district's intent to protect students, staff and volunteers from inappropriate information by:

- meeting or exceeding all state and federal content filtering guidelines;
- requiring adult supervision and monitoring of student Internet use;
- directing each user to accept personal responsibility for managing the resources appropriately.

The following provisions specify the expectations for all users of Travis Unified School District network. Inappropriate use may result in the in the cancellation of the user's privileges, disciplinary action and/or legal action.

**Basic Terms of Use:**

**Personal Responsibility:** I accept personal responsibility for my use of the district network. I understand that all school and district rules of conduct apply when I am on the district network or connected to the Internet through the district. I also accept personal responsibility for reporting any misuse of the network to an appropriate district staff member. I understand that no technology is perfect and I will not hold the district or district personnel responsible for the failure of any technology protection measure.

**Acceptable Use:** I understand my use of the district network is to be limited to educational activities, research, communication, and it will support the educational goals and objectives of the Travis Unified School District. In addition, I will follow these guidelines:

[F]

- a. I will not transmit any material in violation of the law, including copyrighted, threatening or obscene material.
- b. I will not use the TUSD network for personal financial gain, advertising, or political activities.
- c. I will not use another person's account or password, nor allow another person to use mine.
- d. I will not interfere with or bypass the security or filtering systems used to protect the TUSD network.
- e. I will not send chain letters, annoying or unnecessary messages. Nor will I send unnecessary mail to a large number of people.
- e. I will be polite and never send or encourage others to send abusive messages.
- f. I will use appropriate language and never swear, use suggestive, threatening, obscene or other offensive language.

**Network Behavior and Privacy:** I understand and will follow the generally accepted rules of network behavior:

- a. Privacy: never reveal any person's home address, phone number or other important personal information. Never ask for personal information from another person.
- b. Disruptions: do not use the district network in any way that would disrupt others.
- c. Harassment: never send messages, images, or other files or links to harass another person or organization.
- d. E-mail: all district network systems and files are district property. E-mail is not guaranteed to be private. Sending or receiving encrypted or encoded messages is strictly forbidden.
- e. Abusive or threatening e-mail messages may be turned over to law enforcement.

I have read and agree to abide by this Acceptable Use Agreement.

**User Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:**

*(Required for all minors)*

**PLEASE RETURN THIS PAGE  
TO YOUR STUDENT'S SCHOOL OFFICE ON August 27<sup>th</sup>. THANK YOU**