

Student's Last Name	First	Middle	Grade	Birth Date	School
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PARENTAL NOTIFICATION REQUIREMENTS

Education Code Section 48980 requires parents or guardians to be notified of their rights concerning the education of their children. The sections mandated by law can be found in the Parent/Student Rights and Responsibilities booklet. It is recommended that you read each section. Explanations regarding any section may be requested from any school administrator.

In compliance with the "Privacy Rights of Parents and Students Act of 1974," we are hereby informing you of your rights regarding student records. The rights apply to the parents of minors and to students 18 years or older (but not to the parents of those 18 years or older unless they are declaring the student as an income tax deduction). You may request an opportunity to inspect any and all official school records, files, and data related to your child (or related to yourself if you are 18 years or older). If information in the file is inaccurate, misleading, or inappropriate, you may request removal of the information or include a statement disputing the material which you challenge.

Your signature as required by Section 48980 indicates you have read the sections of the Education Code in the Parent and Student Rights and Responsibilities booklet, also located at www.tustin.k12.ca.us, and you are therefore informed of your rights. It does not indicate approval has been given or withheld.

RELEASE OF PUPIL INFORMATION

This school does not release information or records concerning your child to non-educational organizations or individuals without your consent. There are a number of organizations associated with education, such as the PTA or PTO, which have a continuing need for names and addresses of pupils they represent. Also, the release of certain information would benefit your child, such as information on athletic or academic awards, information for news releases, or information to organizations and graduates. Your consent is required for the release of such information.

Please circle the appropriate answers and sign where indicated.

- Yes No Student Media Release:** Press; television; other digital and print news media; District, school, and public web sites (information concerning participation in athletics, activities, the winning of honors and awards, and other such information); District and school social media.
- Yes No** Allow student name in **Yearbook**.
- Yes No** Allow release of student information to **classroom directories**.
- Yes No** Allow release of student information to **foundations/booster clubs**.
- Yes No** Allow release of student information for **graduation products/college information**.
- Yes No Allow Release of student information to PTA/PTO:** Your school's PTA or PTO directory (family names, addresses, telephone numbers and email).
- Yes No Medi-Cal Reimbursement:** Allow TUSD to release student data to Medi-Cal for reimbursement: I understand and agree that the Tustin Unified School District may use Medi-Cal, other public benefits, or public insurance programs to offset the District's cost for the provision of Medi-Cal related services. I also agree for this limited purpose, to allow the District to share the following information regarding my child as part of this process: *Student name, *Student date of birth, *Student evaluation and referral informant (for related services), *Student Individual Education Plan (IEP), relevant goals, and progress notes (as appropriate).
- Yes No Allow release of student information for graduate opportunities:** Private business or professional schools or colleges approved by the California State Superintendent of Public Instruction (names and addresses of graduating seniors).
- Yes No Allow release of student information for recruitment opportunities:** Official employment or recruitment representatives of private industry. Federal and State Legislators: federal, state, and local government agencies; and the military forces of the United States (career guidance information, including names, phone numbers, and addresses of 9th through 12th grade students).
- Yes No Allow posting of student's name on class list at the beginning of the school year.**
- Yes No I have moved to a new home or apartment since the last day of school: June 7, 2018.**

X
Parent/Guardian Signature

Date

Please review and sign both sides of this card.



ACCEPTABLE USE OF TECHNOLOGY AGREEMENT

STUDENT USER AGREEMENT

I have read, understand, and will abide by the TUSD Acceptable Use Policy (AUP) located at <http://bit.ly/TUSDTechDevices>, when using computer and other electronic resources owned, leased, or operated by TUSD. I further understand that any violation of the TUSD AUP regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be initiated.

TUSD Connect requires that all District-issued devices be protected while being transported to and from class/school. Please select one of the following:

- I will provide my own laptop bag, padded laptop sleeve, or laptop backpack.
- I will check out and use a TUSD issued laptop sleeve.

X _____ / _____
Student Signature Date

PARENT / GUARDIAN AGREEMENT

I have read the TUSD Acceptable Use Policy. I understand that this access is designed for educational purposes. TUSD has taken reasonable steps to control access to the Internet, but cannot guarantee that all controversial information will be inaccessible to student users. I agree that I will not hold TUSD responsible for materials acquired on the network and/or for damage to my student's personal technology device or loss if brought to school. I accept full responsibility for loss, damage or harm that result from my student's misuse of District technology. I accept full financial responsibility for replacement of the District-issued device due to loss, damage, or theft. I hereby give permission for my child to use network resources, including the Internet, and other technology available through TUSD.

X _____ / _____
Parent or Guardian Signature Date

TUSD TECH INFORMATION ACKNOWLEDGEMENT

Parent Meeting Online Video
<http://bit.ly/TUSDTechDevices>



I understand the material reviewed in the TUSD Technology information session viewable at the link above or in a presentation at my child's school (dates vary by school site).

- I watched the video.
- or -
- I attended a presentation.

I understand that my child is now eligible to receive his/her device.

X _____ / _____
Parent or Guardian Signature Date