

School Year: _____ Teacher Name: _____ Grade

Student's LEGAL Name: _____ Date of Birth: _____ Female / Male
(from birth certificate) Last Name, First Name Middle Name MM./DD./YYYY

Mailing Address _____ City _____ State _____ Zip _____ Student Email Address _____
 Residence Address (IF DIFFERENT) _____ City _____ State _____ Zip _____

Automated Phone / Email Contacts: Phone: _____ Email: _____
(This is where you will receive automated school/emergency messages.)

Mother's/Guardian's _____
 First Name Last Name Cell Phone Work Phone Home Phone
 Active Duty Military National Guard Reserves
 Address if Different than Student _____ City _____ State _____ Zip _____ Email Address _____

Father's/Guardian's _____
 First Name Last Name Cell Phone Work Phone Home Phone
 Address if Different than Student _____ City _____ State _____ Zip _____ Email Address _____
 Active Duty Military National Guard Reserves

Other Parent/Guardian _____
 First Name Last Name Cell Phone Work Phone Home Phone
 Address if Different than Student _____ City _____ State _____ Zip _____ Relationship to Student _____
 Other Parent/Guardian _____
 First Name Last Name Cell Phone Work Phone Home Phone
 Address if Different than Student _____ City _____ State _____ Zip _____ Relationship to Student _____

My student may be released to the following people when I cannot be reached in case of illness, emergency, school closing, appointments, lunch or other authorized reasons provided by me. I understand that MY CHILD WILL NOT BE RELEASED TO ANYONE UNDER THE AGE OF 18, INCLUDING SIBLINGS, OR ANYONE WHO IS NOT LISTED ON THIS CARD.

Name _____	Phone #'s _____	Relationship to Student _____	Name _____	Phone #'s _____	Relationship to Student _____
Name _____	Phone #'s _____	Relationship to Student _____	Name _____	Phone #'s _____	Relationship to Student _____

HEALTH PROBLEMS (Check all that apply)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Diagnosed ADD or ADHD | <input type="checkbox"/> Bladder Problems | <input type="checkbox"/> Eye Injury | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eczema/Skin Trouble | <input type="checkbox"/> Known Vision Loss | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Heart Problem | <input type="checkbox"/> Wears Contact Lens | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Wears Glasses | |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> History of Fractures | <input type="checkbox"/> For close work <input type="checkbox"/> Distance only <input type="checkbox"/> At all times | |
| <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> History of Hospitalization | <input type="checkbox"/> Color Vision Deficiency | |
| <input type="checkbox"/> Frequent Nosebleeds | <input type="checkbox"/> History of Surgery | <input type="checkbox"/> Known Hearing Loss | |
| <input type="checkbox"/> Scoliosis | | <input type="checkbox"/> History of Ear Problem | |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Physical Limitations (explain below) | | |
| <input type="checkbox"/> Chicken Pox | | | |

Other or further details of above _____

ALLERGIES (Check all that apply)

Animals Food **List specific item(s) student is allergic to:** _____
 Bee Stings Plants Describe allergic reaction and/or treatment: _____
 Insects Other Explain: _____
 Drugs

CURRENT MEDICATION(S) No Yes Epi-Pen

If medication is needed at school, a medication consent form must be picked up from the office and completed.

EMERGENCY MEDICAL AUTHORIZATION: I am/we are the parent/guardian of the above named student. In case I am/we are unable to be reached during any emergency, I/we hereby authorize a representative of the school, pursuant to the provisions of Family Code Section 6910, to act as any agent to consent to the giving of any and all medical, dental, hospital or surgical care to the above named student.

Signature of Parent/Guardian _____ Date _____

MEDIA PERMISSION

I/We give permission for my/our student to be observed, interviewed, photographed and/or filmed when a representative of the media have been permitted by the principal or designee to be on campus. Yes No

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

SSUSD STUDENT ACCEPTABLE USE POLICY OF DISTRICT TECHNOLOGY RESOURCES

_____ I verify that I have accessed and read the **SSUSD Student Acceptable Use Policy of District Technology Resources** for the 2018-2019 School Year on the Sierra Sands website at http://www.ssusd.org/pages/Sierra_Sands_USD/Registration

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Student Agreement

I understand and will abide by the **Sierra Sands Unified School District Student Acceptable Use Policy of District Technology Resources**. I further understand that should I commit any violation, my access privileges will be revoked, and school disciplinary action and/or appropriate legal action may be taken. In consideration for using the District's Internet connection and having access to public networks, I hereby release the District and its School Board members, employees, and agents from any claims and damages arising from my use, or inability to use, the Internet.

STUDENT SIGNATURE: _____ DATE: _____

Parent Agreement

I have read the **Sierra Sands Unified School District Student Acceptable Use Policy of District Technology Resources**, which might, at times, include electronic mail. I understand that access is designed for educational purposes and that the District has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the District to restrict access to all controversial and inappropriate materials. I hereby release the district, its personnel, Board of Education members, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the electronic network. This includes, but is not limited to claims that may arise from the unauthorized use of the network components or harm caused by materials or software obtained via the network. I accept full responsibility for supervision if and when my child's use is not in the school setting. I accept responsibility for setting and conveying standards for my daughter or son to follow when selecting, sharing, or exploring information and media. **I have discussed the terms of this Policy with my child.** I hereby request that my child be allowed access to the District's network and the Internet.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

OR

_____ I do not have access to the Sierra Sands website and would like a hard copy of the **2018-19 Sierra Sands Unified School District Student Acceptable Use Policy of District Technology Resources** sent home with my student. I will sign and return the student/parent agreement form to my student's school.

Office Use:	_____
Date Sent _____	Initials _____

2018-19 Annual Notice to Parents/Guardians Acknowledgment

Education Code Section 48982 requires parents or guardians to sign and return acknowledgment that they have received and read the **2018-19 Annual Notice to Parents/Guardians Acknowledgment** regarding rights relating to activities that might affect their child/children.

_____ I verify that I have accessed and read the **2018-19 Annual Notice to Parents/Guardians Acknowledgment** on the Sierra Sands website at:

http://www.ssusd.org/pages/Sierra_Sands_USD/Registration

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

OR

_____ I do not have access to the Sierra Sands website and would like a hard copy of the **2018-19 Annual Notice to Parents/Guardians Acknowledgment** sent home with my student. I will sign and return the parent acknowledgement form to my student's school.

Office Use:	_____
Date Sent _____	Initials _____

I/We have reviewed this two page document and to the best of my/our knowledge, the information contained herein is true and complete. The undersigned declares under penalty of perjury that they are the parents or legal guardians of the above-named student and grant the above authorizations.

Date: _____ Signature of Parent/Guardian: _____