

A duplicate of this form has been placed in this book. Please sign and return to your child's school office..

AMADOR COUNTY PUBLIC SCHOOLS ANNUAL NOTIFICATION TO PARENTS/GUARDIANS

ACKNOWLEDGEMENT OF PARENT OR GUARDIAN ANNUAL RIGHTS NOTIFICATION Please sign and return this page to your child's school office indicating that you have been notified of the specified activities and whether you have a child on continuing medication.

The Annual Parent/Guardian Notification is available online at www.amadorcoe.org, or your school site's office or the Amador County Public Schools Superintendent's Office (257-5353).

Student's Name: School:

Teacher: Grade:

I hereby acknowledge receipt of information regarding my rights, responsibilities, and protections.

Signature of Parent or Guardian: Date:

1. Student is on a continuing medication program: (Please check one) YES NO

If YES, you have my permission to contact student's physician:

Physician's Name: Telephone:

Medication: Dosage:

Medication: Dosage:

Over the course of the year pictures are taken at various events and may be posted to the district website. Please check this box if you DO NOT want your child's photo to appear on the district website or district sponsored social media.

2. If you do not wish directory information released (page 1), please sign where indicated below and ensure receipt of this form by the school office within the next 30 days. Note that this will prohibit the district from providing the student's name and other information to the news and social media sites, interested schools, parent-teacher associations, interested employers, and similar parties.

Do NOT release directory information regarding (Pupil's Name)

Check if an exception may be made to include student information and photos in the yearbook.

- 1. Education Code 48980 requires that parents be notified annually with regard to the following programs. If you have any questions regarding these items, please contact the school site administrator for further explanation. If you do not wish your student to participate in the following programs, please check the box to the left. Your student's teacher(s) will be given a copy of this notice as a way of helping to assure that your request is honored. This form is in effect for one school year only.
2. Please discuss with your student those areas checked. You should advise your student that they are not allowed to participate in the programs below or areas of instruction. Students need to know that they can request to be excused from a class should the discussion or presentation be in conflict with their parents' right to have them opted out.

I object to my student's participation in the following programs: 1. Harmful or Destructive Use of Animals 2. Physical Examinations - See Health Services 3. Excuse from Health/Sex Education Due to Religious Beliefs 4. Excuse from HIV/AIDS Education 5. Excuse from Sex Education 6. Excuse from California Healthy Kids Survey Participation 7. Excuse from Vision, Hearing and/or Scoliosis Screening 8. Excuse from Human Trafficking Prevention Education

Signature of Parent or Guardian: Date:

Student Signature: Date: