

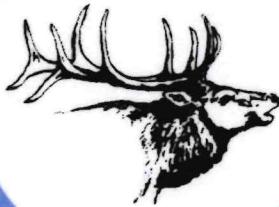
# STONY CREEK JOINT UNIFIED SCHOOL DISTRICT

STUDENT REGISTRATION PACKET

1ST-12TH GRADE

SMALL SCHOOLS,  
BIG DIFFERENCE

REGISTER NOW



(530)968-5361

MORE INFORMATION  
[WWW.SCJUSD.ORG](http://WWW.SCJUSD.ORG)



# WELCOME TO STONY CREEK JOINT UNIFIED SCHOOL DISTRICT

Enrollment paperwork instructions

Dear Parents,

We are delighted to welcome you and your child to our school community! We are excited to partner with you in your child's educational journey. We believe that a strong home-school connection is essential for student success, and we look forward to working together to create a positive and enriching learning environment for your child.

## Enrollment Information

To ensure a smooth enrollment process, please complete the following steps:

- Complete all enrollment paperwork:** You should have received a packet of enrollment forms. Please fill out all forms completely and accurately. Incomplete forms may delay the enrollment process.
- Gather required documents:** Please collect all required documents, such as your child's birth certificate, immunization records, and proof of residency.
- Return paperwork to the District Office:** All completed paperwork and required documents must be returned to the District Office.

**District Office Address:** 3430 County Road 309 Elk Creek, Ca 95939

**District Office Phone Number:** (530) 968-5361

We understand that enrolling your child in a new school can be a busy time. If you have any questions or need assistance with the enrollment process, please do not hesitate to contact the District Office at (530) 968-5361.

We look forward to welcoming your child to our school!

Sincerely,

Emily Pendell  
Superintendent

## Next Steps

- Review the school handbook:** Familiarize yourself with the school's policies, procedures, and expectations.
- Attend orientation:** If there is a new parent orientation, plan to attend. It's a great opportunity to meet school staff and other parents.
- Stay connected:** Check the school website and sign up for any email lists or communication platforms to stay informed about school events, announcements, and important updates.



# Stony Creek Joint Unified School District

Child's Name \_\_\_\_\_

Grade \_\_\_\_\_

Date \_\_\_\_\_

## Get Acquainted Check List

Please answer the following questions:

Child's nickname or name he/she likes to be called \_\_\_\_\_

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
1. Was your child in any special programs?	_____	_____	_____
2. Was your child seeing a speech therapist?	_____	_____	_____
3. Has any special testing been done?	_____	_____	_____
4. Was your child receiving Special Education?	_____	_____	_____
5. Does your child have any special needs, a 504 Plan, a current or past IEP?	_____	_____	_____
6. Does your child wear glasses in class?	_____	_____	_____
7. Has your child had any behavior problems at school?	_____	_____	_____
8. Can your child be released to either parent? If not, are custody papers on file?	_____	_____	_____
9. Are there any concerns that you would like to discuss with our Principal/ Superintendent?	_____	_____	_____

I declare under penalty of perjury, under the laws of the state, that the information provided here is true and correct and of my own personal knowledge.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Phone Number

Email address: \_\_\_\_\_

**Please return completed registration forms with a copy of birth certificate and  
immunization records.**

# STONY CREEK JOINT UNIFIED SCHOOL DISTRICT STUDENT REGISTRATION

GRADE

► Has your student ever attended Stony Creek JUSD public schools before?  Yes  No

## PLEASE PRINT – STUDENT’S LEGAL NAME

Legal First Name	Legal Middle Name	Legal Last Name	Other Legal Name (if applicable)		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth date:	Month	Day	Year
			( )	( )	
Parent/Guardian First Name	Last Name	Home Phone		Work Phone	
			( )	( )	
Parent/Guardian First Name	Last Name	Home Phone		Work Phone	
Mailing Address	Apt#	City	State	Zip	
Residence Address (house # & street name) (IF DIFFERENT)	Apt #	City	State	Zip	
(P.O Box or house # & street name)					

**WHAT IS YOUR CHILD’S ETHNICITY? (Please check one):**  Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)  Not Hispanic or Latino

## WHAT IS YOUR CHILD’S RACE? (Please check up to five racial categories)

*The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.*

<input type="checkbox"/> American Indian or Alaskan Native(100) (Persons having origins in any of the original people of North, Central or South America )	<input type="checkbox"/> Laotian (206)	<input type="checkbox"/> Tahitian (304)
<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Hmong (208)	<input type="checkbox"/> Filipino/Filipino American (400)
<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> African American or Black (600)
<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Hawaiian (301)	<input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)
<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Guamanian (302)	
	<input type="checkbox"/> Samoan (303)	

**PARENT EDUCATION** – Check the response that describes the education level of the most educated parent.

- Graduate Degree or Higher (10)
- College Graduate (11)
- Some College or Associate’s Degree (12)
- High School Graduate (13)
- Not a High School Graduate (14)

Date first attended school in the U.S.

Month Day Year

Date first attended school in California

Month Day Year

**BIRTHPLACE:** City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

U.S. Citizen:  Yes  No

**PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM (REV 2/09)**

Student Last Name:

First Name:

Permanent ID:

**HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:**

1. What language/dialect does your son/daughter most frequently use at home? \_\_\_\_\_
2. Which language/dialect did your son/daughter learn when he/she first began to talk? \_\_\_\_\_
3. What language/dialect do you most frequently speak to your child? \_\_\_\_\_
4. Has your child ever been given the CELDT Test (Calif English Language Development Test)?  Yes  No  I don't know \_\_\_\_\_

In which language do you wish to receive written communications from the school?  English  Spanish

**Residence – where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:**

<input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home)	<input type="checkbox"/> In a motel/hotel (09)
<input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11)	<input type="checkbox"/> Unsheltered (car/campsite) (12)
<input type="checkbox"/> In a shelter or transitional housing program (10)	<input type="checkbox"/> Other (15) (please specify) _____

**Parent/Guardianship Information (with whom the student lives) – check all that apply**

Father  Mother  Both  Step-Father  Step-Mother  Guardian  Foster/Group Home  Other \_\_\_\_\_

Is the above (checked) person (s) the student's LEGAL guardian?  Yes  No If No, please complete a "Caregiver Affidavit" If there is a legal custody agreement regarding this student, please check one:  Joint Custody  Sole Custody  Guardian

**PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:**

1.  Father  Step Father/Guardian (check one) Full Name: \_\_\_\_\_

Employer: \_\_\_\_\_ City: \_\_\_\_\_ Daytime Phone # (\_\_\_\_) \_\_\_\_\_

**Check box if a member of Armed Forces on Active**

**Duty or full time National Guard Duty**

2.  Mother  Step Mother/Guardian (check one) Full Name: \_\_\_\_\_

Employer: \_\_\_\_\_ City: \_\_\_\_\_ Daytime Phone # (\_\_\_\_) \_\_\_\_\_

**Check box if a member of Armed Forces on Active**

**Duty or full time National Guard Duty**

**DUPLICATE MAILING** – If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, Please include their name, address, and phone number:

Full Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**MOST RECENT SCHOOL ATTENDED:**

School	Address/City/State/Zip	Grade(s)	Date(s)

Are there psychological or confidential reports available from your child's former school?  Yes  No

Has your child been suspended?  Yes  No Has your child ever been expelled?  Yes  No

What special services has your child received? (please check all boxes that apply)

**Special Education:**  Resource (RSP)  Special Day Class (SDC)  Speech/Language  504

**Other:**  Gifted (GATE)  Remedial Math  Remedial Reading  Counseling  English Language Development

Help to Improve Attendance/ Behavior  Other (Specify) \_\_\_\_\_

Signature of Parent/Guardian:

Date:

Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Entry Reason:	Enroll Date:	Assigned Grade:	Permanent ID:	Blank <input type="checkbox"/> ET <input type="checkbox"/> RC

**PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM (REV 2/09)**

## REGISTRATION HEALTH RECORD

This is a permanent record

### FOR OFFICIAL USE:

School Year: \_\_\_\_\_

Verified By: B.C.: \_\_\_\_\_ Baptismal: \_\_\_\_\_ Affidavit: \_\_\_\_\_

### PARENTS TO COMPLETE REMAINING PORTION OF THIS FORM:

Child's Legal Name:

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
Circle One: Male Female School: \_\_\_\_\_

Child's birth date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ zip \_\_\_\_\_

Physical Address of home: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Number of children living at home \_\_\_\_\_ Child lives with  Father  Mother  Both  Guardian

### MOTHER'S PRE-NATAL HISTORY:

Received prenatal care in \_\_\_\_\_ month. Medications used during pregnancy: \_\_\_\_\_

Illness or accidents during pregnancy: \_\_\_\_\_

Health during pregnancy:  Excellent  Good  Fair Delivered:  Full term  Pre-term

Type of delivery:  Vaginal  Caesarean Delivery complications:  Forceps  Bleeding  Breech

Other: \_\_\_\_\_

### CHILD'S CONDITION AT BIRTH:

Birth weight: \_\_\_\_\_ Delivery Normal and without complications  Yes  No

Explain for NO (example: Injuries, Seizures, Birth defects, Breathing problems, or jaundice)

### CHILD'S DEVELOPMENTAL HISTORY:

Met all milestones (sat alone, crawled, walked, talked, used sentences, fed self, toilet trained) on time  Yes  No

Explain for NO \_\_\_\_\_

Child's Current sleep and rest patterns: Average hours per night \_\_\_\_\_ Still needs naps

Sleeps:  Quietly  Restless  Dreams  Walks in sleep  Bed wetter  Rested after sleep

Please continue on Back

Check the conditions your child has or has had:

Yes	No	Health Concerns	
		ADHD	Requires medication? <input type="checkbox"/> yes <input type="checkbox"/> no Name of med: Dose: Given at school? <input type="checkbox"/> yes <input type="checkbox"/> no
		Asthma	Requires medication/inhaler? <input type="checkbox"/> yes <input type="checkbox"/> no Daily <input type="checkbox"/> as needed <input type="checkbox"/> with exercise <input type="checkbox"/> Name of medication: Given at school? <input type="checkbox"/> yes <input type="checkbox"/> no
		**Severe Allergic Reactions	To what? _____ Hives/rash? <input type="checkbox"/> yes <input type="checkbox"/> no Breathing difficulty? <input type="checkbox"/> yes <input type="checkbox"/> no Requires Epi-pen? <input type="checkbox"/> yes <input type="checkbox"/> no
		Seasonal Allergies	<input type="checkbox"/> yes <input type="checkbox"/> no Please list all symptoms:  Requires medication <input type="checkbox"/> yes <input type="checkbox"/> no
		Excessive colds	<input type="checkbox"/> yes <input type="checkbox"/> no How many per year:
		**Diabetes	Type I <input type="checkbox"/> Type II <input type="checkbox"/> Medications? <input type="checkbox"/> yes <input type="checkbox"/> no Given at school? <input type="checkbox"/> yes <input type="checkbox"/> no Name of medication:
		Ear Problems	Frequent infections? <input type="checkbox"/> Past <input type="checkbox"/> Present Permanent hearing loss? Date of last exam: Hearing aid? <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> both <input type="checkbox"/> Cochlear implant
		**Seizure Disorder	Date of last seizure: _____ Type: Grand <input type="checkbox"/> Petite <input type="checkbox"/> Absent <input type="checkbox"/> Requires medication? <input type="checkbox"/> yes <input type="checkbox"/> no Name of Medication:
		Heart Problems	Diagnosis: _____ Medications? <input type="checkbox"/> yes <input type="checkbox"/> no Given: <input type="checkbox"/> at home <input type="checkbox"/> at school Physical restrictions? <input type="checkbox"/> yes <input type="checkbox"/> no
		Hospitalizations/surgery	Explain:
		Orthopedic Conditions?	Corrective shoes? <input type="checkbox"/> Braces? <input type="checkbox"/> Crutches? <input type="checkbox"/> Wheelchair? <input type="checkbox"/> Physical therapy? <input type="checkbox"/> CCS <input type="checkbox"/> Other physical limitations:
		Concussion	<input type="checkbox"/> yes <input type="checkbox"/> no Age diagnosed:
		Vision Problems	Wears glasses? <input type="checkbox"/> Contacts? <input type="checkbox"/> Reading only? <input type="checkbox"/> All the time? <input type="checkbox"/> Date of last exam: Other:
		Medications for other reasons not already listed?	For what condition?  Name of medication _____ Dose & frequency _____ Given at school? <input type="checkbox"/> yes <input type="checkbox"/> no MD Name & phone:

\*Should your child require assistance with medication at school proper paperwork is required to have on file in the office.  
Please notify the school nurse and/or school office to obtain the required paperwork. \*

Please List any ALLERGIES to Food or Medication. \_\_\_\_\_

Type of Reaction \_\_\_\_\_ Emergency medication required  Yes  No

Please check if your child has had Special Services in a previous school:

Speech  Resource Program  Behavioral program  Psychological testing  
 Physical/Occupational therapy  Adaptive P.E.  Other:

\*Please let the school nurse know of any special health problems or physical disability not already listed;  
Kylene Paulos, RN 530-517-2329, 530-865-1267 x2092 or [kpaulos@glenncoe.org](mailto:kpaulos@glenncoe.org) \*

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

# Required Immunizations For School Entry

Please bring your child's immunization records with you at the time of registration. You may view and print a digital copy of your child's California vaccine record at: [MyVaccineRecord.CDPH.CA.gov](http://MyVaccineRecord.CDPH.CA.gov)

## Students Entering Transitional Kindergarten or Kindergarten Need Records of:

**Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap or Td) — 5 doses**

4 doses OK if one was given on or after 4th birthday;

3 doses OK if one was given on or after 7th birthday.

**Polio (IPV or OPV) — 4 doses**

3 doses OK if one was given on or after 4th birthday. Oral polio vaccine (OPV) doses given on or after April 1, 2016, do not count.

**Hepatitis B — 3 doses**

**Measles, Mumps, and Rubella (MMR) — 2 doses**

Both doses must be given on or after 1st birthday.

**Varicella (Chickenpox) — 2 doses**

## New and Transfer Students Entering TK/K-12th Grade Need Records of:

**All immunizations listed above**

For 7th-12th graders: at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.

Hepatitis B vaccine is required for any grade, except for entry into 7th grade.

## Students Starting 7th Grade Need Records of:

**Tetanus, Diphtheria, and Pertussis (Tdap) —1 dose**

## What other immunizations should I ask my health care provider about?

When you visit your health care provider for back-to-school immunizations, make sure to also ask about other vaccines that help keep your child healthy, including **hepatitis A, COVID-19, and the annual flu vaccine**.

Preteens and teens should also get the **human papillomavirus (HPV) vaccine** to protect against certain cancers and **meningococcal vaccines**.

Learn more about [vaccines your child needs according to their age](http://vaccinesyourchildneedsaccordingtotheirage) ([bit.ly/CDCVaccinesByAge](http://bit.ly/CDCVaccinesByAge)) and [where you can get your child immunized](http://whereyoucangetyourchildimmunized) ([bit.ly/Where2BVaxed](http://bit.ly/Where2BVaxed)).

California Immunization Requirements for  
**K-12<sup>th</sup> Grade** (including transitional kindergarten)



Grade	Number of Doses Required of Each Immunization <sup>1, 2, 3</sup>				
<b>K-12 Admission</b>	<b>4 Polio<sup>4</sup></b>	<b>5 DTaP<sup>5</sup></b>	<b>3 Hep B<sup>6</sup></b>	<b>2 MMR<sup>7</sup></b>	<b>2 Varicella</b>
(7th-12th) <sup>8</sup>	<b>K-12 doses</b>	<b>+ 1 Tdap</b>			
<b>7th Grade Advancement<sup>9,10</sup></b>	<b>1 Tdap<sup>8</sup></b>				

1. Requirements for K-12 admission also apply to transfer pupils.
2. Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
3. Any vaccine administered four or fewer days prior to the minimum required age is valid.
4. Three doses of polio vaccine meet the requirement if one dose was given on or after the 4th birthday. Oral polio vaccine (OPV) doses given on or after April 1, 2016, do not count.
5. Four doses of DTaP meet the requirement if at least one dose was given on or after the 4th birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday (also meets the 7th-12th grade Tdap requirement: see fn.
- 8). One or two doses of Td vaccine given on or after the 7th birthday count towards the K-12 requirement.
6. For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c).
7. Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the 1st birthday meet the requirement.
8. For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
9. For children in ungraded schools, pupils 12 years and older are subject to the 7th grade advancement requirements.
10. The prior 2-dose varicella requirement for 7th grade advancement expired June 30, 2025.

DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine

Hep B = hepatitis B vaccine

MMR = measles, mumps, and rubella vaccine

Varicella = chickenpox vaccine

**Instructions:**

California schools are required to check immunization records for all new student admissions at TK/ Kindergarten through 12th grade and all students advancing to 7th grade before entry. See [shotsforschool.org](http://shotsforschool.org) for more information.

**Unconditionally Admit** a pupil whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age or grade as defined in the table above:

- Receipt of immunization.
- A permanent medical exemption.\*

**Conditionally Admit** any pupil who lacks documentation for unconditional admission if the pupil has:

- Commenced receiving doses of all the vaccines required for the pupil's grade (table above) and is not currently due for any doses at the time of admission (as determined by intervals listed in the Conditional Admission Schedule, column entitled "Exclude If Not Given By"), or
- A temporary medical exemption from some or all required immunizations.\*

## Conditional Admission Schedule for Grades K-12

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

Dose	Earliest Dose May Be Given	Exclude If Not Given By
<b>Polio #2</b>	4 weeks after 1st dose	8 weeks after 1st dose
<b>Polio #3<sup>1</sup></b>	4 weeks after 2nd dose	12 months after 2nd dose
<b>Polio #4<sup>1</sup></b>	6 months after 3rd dose	12 months after 3rd dose
<b>DTaP #2</b>	4 weeks after 1st dose	8 weeks after 1st dose
<b>DTaP #3<sup>2</sup></b>	4 weeks after 2nd dose	8 weeks after 2nd dose
<b>DTaP #4</b>	6 months after 3rd dose	12 months after 3rd dose
<b>DTaP #5</b>	6 months after 4th dose	12 months after 4th dose
<b>Hep B #2</b>	4 weeks after 1st dose	8 weeks after 1st dose
<b>Hep B #3</b>	8 weeks after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose
<b>MMR #2</b>	4 weeks after 1st dose	4 months after 1st dose
<b>Varicella #2</b>	Age less than 13 years: 3 months after 1st dose	4 months after 1st dose
<b>Varicella #2</b>	Age 13 years and older: 4 weeks after 1st dose	8 weeks after 1st dose

1. Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday. If polio #3 is the final required dose, polio #3 should be given at least six months after polio #2.
2. If DTaP #3 is the final required dose, DTaP #3 should be given at least six months after DTaP #2, and pupils should be excluded if not given by 12 months after second dose. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the seventh birthday. One or two doses of Td vaccine given on or after the seventh birthday count towards the requirement.

**Continued attendance** after conditional admission is contingent upon documentation of receipt of the remaining required immunizations. The school shall:

- review records of any pupil admitted conditionally to a school at least every 30 days from the date of admission,
- inform the parent or guardian of the remaining required vaccine doses until all required immunizations are received or an exemption is filed, and
- update the immunization information in the pupil's record.

For a pupil **transferring** from another school in the United States whose immunization record has not been received by the new school at the time of admission, the school may admit the child for up to 30 school days. If the immunization record has not been received at the end of this period, the school shall exclude the pupil until the parent or guardian provides documentation of compliance with the requirements.

\* In accordance with 17 CCR sections 6050-6051 and Health and Safety Code sections 120370-120372.

**Questions?**

See the California  
Immunization Handbook  
at [ShotsForSchool.org](http://ShotsForSchool.org)



## Stony Creek Joint Unified School District

3430 County Road 309  
Elk Creek, California 95939  
(530) 968-5361

### PHOTO RELEASE FORM Subjects in School Activity Photos

Stony Creek Joint Unified School District is proud of the accomplishments of our students, families, and staff and we like to showcase these accomplishments whenever we can. Therefore, we need your consent and approval to allow your child to be a part of this process as we may wish to publish, either electronically or in print, a video or photo of your child.

This document is a one-time release, which will be in effect throughout your child's time at SCJUSD. Should you wish to change your permission, you may do so in writing at any time. Please read the following, make your permission selection, and return this form to your child's teacher.

I agree to the following:

- SCJUSD may use photos/videos of my child in internet content on teacher/school/district websites and/or in District approved advertising;
- SCJUSD may use photos/videos of my child in advertising and/or local news media initiated by the District;
- SCJUSD may use photos/videos of my child in print or digital yearbooks;
- SCJUSD may use photos/videos of my child in school/district public displays;
- SCJUSD may label photographs with my child's first name only- no last names will be used;
- Photos/videos of my child may be created and used by news media; and
- This release applies for the duration of my child's enrollment in Stony Creek Joint Unified School.

I hereby release the District, its employees, Board members, and agents from any damages, injuries, liabilities, claims, or the like, whether foreseeable or not, arising out of or relating to the use of or placement of my child's photograph or video on the internet or any internet site owned, established, operated, or contributed to by the District or any District employees for District purposes.

Yes, I give my permission to use my child's images in the manners listed above.

No, I do not give my permission to use my child's images in the manners listed above.

As the parent/guardian of \_\_\_\_\_, I have read the above statements and agree to the provision and implementation of this Image/Video Release Form.

---

Parent/Guardian Printed Name

---

Parent/Guardian Signature

---

Date