

ACKNOWLEDGMENT FORM

My child and I have received a copy of the Pleasanton ISD Student Handbook and the Student Code of Conduct for 2010–2011. I understand that the handbook contains information that my child and I may need during the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Code.

YES _____ NO _____ Regarding permission for school activities, I give my child permission to leave the school grounds on official school activities when approved by the office.

The district is required by federal law to notify you and obtain your consent or denial of (opt-out) for your child’s participation in certain school activities. The activities include any student survey, analysis, or evaluation , known as "protected information survey" that concerns one or more of the following eight areas:

1. Political affiliations or beliefs of the student or student's parent;
2. Mental or psychological problems of the student or student's family;
3. Sex behavior or attitudes;
4. Illegal, antisocial, self-incriminating, or demeaning behavior;
5. Critical appraisals of others with whom the student has a close family relationship;
6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
7. Religious practices, affiliations, or beliefs of the student or parents; or
8. Income, other than as required by law to determine program eligibility or to receive financial assistance under such a program.

This notice and consent/opt-out requirement also applies to the collection, disclosure, or use of student information for marketing purposes ("marketing surveys"), and to certain physical exams and screenings.

Following are activities requiring parental notice and consent or opt-out for the 2010–2011 school year. Please note that this notice and authority to consent transfer from the parent to the student when the student reaches 18 or is an emancipated minor under state law.

The District administers the **Texas Prevention Impact Index**, a survey to collect data on the incidence of student drug use and violence and on attitudes and perceptions of students regarding drug use. The survey is anonymous and it is completely optional for students in **grades 6, 8, 9 and 12**. A copy of the survey is available in each principal’s office for parents to preview. If you wish to know more about the survey, you may contact Allison Rentfro at 569-1200.

_____ I give my permission for my child to participate in the *Texas Prevention Impact Index*. _____ I do NOT give permission for my child to participate in the *Texas Prevention Impact Index*.

Print name of student: _____

Signature of student: _____

Signature of Parent: _____

Date: _____

Student Date-of-Birth: _____

Student Social Security #: _____ - _____ - _____

Student I.D. Number: _____

Has your child lived outside the U.S. for two or more consecutive years? Yes _____ No _____
If yes, indicate when: from _____ to _____
(month/year) (month/year)

¿Ha vivido su hijo/a fuera de los Estados Unidos por dos o más años consecutivos? Sí _____ No _____
Si usted marcó "sí", indique el periodo de tiempo: desde _____ hasta _____
(mes/año) (mes/año)

**PARENT'S RESPONSE REGARDING RELEASE OF STUDENT
INFORMATION TO MILITARY RECRUITERS AND INSTITUTIONS
OF HIGHER EDUCATION
(For Grades 7-12 only)**

Federal law requires that the district release to military recruiters and institutions of higher education, upon request, the name, address, and phone number of secondary school students enrolled in the district, unless the parent or eligible student directs the district not to release information to these types of requestors without prior written consent. [See **Release of Student Information to Military Recruiters and Institutions of Higher Education** on page 16 for more information.]

Parent: Please complete the following only if you do not want your child's information released to a military recruiter or an institution of higher education without your prior consent.

I, parent of _____ (*student's name*) request that the District **not** release my child's name, address, and telephone number to a military recruiter or institutions of higher education upon their request without my prior written consent.

Parent Signature _____ Date _____

Student Code of Conduct Acknowledgment

Dear Student and Parent:

As required by state law, the board of trustees has officially adopted the Student Code of Conduct in order to promote a safe and orderly learning environment for every student.

We urge you to read this publication thoroughly and to discuss it with your family. If you have any questions about the required conduct and consequences for misconduct, we encourage you to ask for an explanation from the student's teacher or campus administrator.

The student and parent should each sign this page in the space provided below, and then return the page to the student's school.

Thank you.

Bernard Zarosky, Pleasanton ISD Superintendent of Schools

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We acknowledge that we have received a copy of the Pleasanton I.S.D. Student Code of Conduct for the 2007–2008 school year and understand that students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Code.

Print name of student: _____

Signature of student: _____

Print name of parent: _____

Signature of parent: _____

Date: _____

School: _____

Grade level: _____

Please sign this page, and return it to the student's school. Thank you.

NOTICES REGARDING DIRECTORY INFORMATION AND PARENT'S RESPONSE REGARDING RELEASE OF STUDENT INFORMATION

State law requires the district to give you the following information:

Certain information about district students is considered directory information and will be released to anyone who follows the procedures for requesting the information unless the parent or guardian objects to the release of the directory information about the student. If you do not want Pleasanton ISD to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing by September 10, 2010, or within ten school days of child's first day of instruction for this school year.

This means that the district must give certain personal information (called "directory information") about your child to any person who requests it, unless you have told the District in writing not to do so. In addition, you have the right to tell the district that it may, or may not, use certain personal information about your child for specific school-sponsored purposes. The district is providing you this form so you can communicate your wishes about these issues. [See **Directory Information** on page 16 for more information.]

For the following school-sponsored purposes: publications and announcements, Pleasanton ISD has designated the following information as directory information:

- **Student's name**
- **Address**
- **Telephone listing**
- **E-mail address**
- **Photograph**
- **Date and place of birth**
- **Major field of study**
- **Degrees, honors, and awards received**
- **Dates of attendance**
- **Grade level**
- **Most recent school previously attended**
- **Participation in officially recognized activities and sports**
- **Weight and height, if a member of an athletic team**

Directory information identified only for limited school-sponsored purposes remains otherwise confidential and will not be released to the public without the consent of the parent or eligible student.

Parent: Please circle one of the choices below:

I, parent of _____ (student's name), **(do give)** **(do not give)** the district permission to use *all* of the information in the above list for the specified school-sponsored purposes. (*List cannot be edited.*)

Parent signature _____ Date _____

For all other purposes, Pleasanton ISD has designated the following information as directory information:

- **Student's name**
- **Address**
- **Photograph**
- **Degrees, honors, and awards received**
- **Grade level**
- **Participation in officially recognized activities and sports**
- **Weight and height, if a member of an athletic team**

Parent: Please circle one of the choices below:

I, parent of _____ (student's name), **(do give)** **(do not give)** the district permission to release *all* of the information in this list in response to a request unrelated to school-sponsored purposes. (*List cannot be edited.*)

Parent signature _____ Date _____

STUDENT AGREEMENT FOR PARTICIPATION IN PLEASANTON ISD'S ELECTRONIC COMMUNICATION SYSTEM

The student agreement must be renewed each academic year.

STUDENT (please print)

Name _____
Last Name First Name Middle Name

Campus _____ Grade _____ Student ID # _____

I have read the Pleasanton ISD Electronic Communication and Data Management Policy CQ Local and CQ Regulation and agree to abide by their provisions. I understand that violation of these provisions may result in suspension or revocation of system access.

Student's signature _____ Date _____

SPONSORING PARENT OR GUARDIAN

I have read the Pleasanton ISD Electronic Communication and Data Management Policy CQ Local and CQ Regulation. In consideration for the privilege of using the District's electronic communications system, and in consideration for having access to public networks, I hereby release the District, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system, including without limitation, the type of damage identified in the District's policy and administrative regulations.

One of the three statements below must be checked:

_____ I give permission for my child to participate in the District's electronic communication system including the Internet and certify that the information contained on this form is correct. I have counseled my child about the appropriate use of the Internet and have informed him/her that is his/her responsibility to abide by the guidelines established by the district.

_____ I do not give permission for my child to access the Internet using school equipment; however, they may access information on the Pleasanton ISD network such as library resources, and teacher and student created materials. I have counseled my child about my objections and have informed him/her that it is his/her responsibility to refrain from gaining access.

_____ I do not give permission for my child to access any portions of the network including local resources and the Internet. I understand that this will mean that my child will not have access to library databases and other important campus resources. I have counseled my child about my objections and have informed him/her that it is his/her responsibility to refrain from gaining access.

Signature of parent or guardian _____

Printed Name of parent or guardian _____

Home address _____

Date _____ Home phone number _____