

MENLO PARK CITY SCHOOL DISTRICT  
DISTRICT POLICY SIGNATURE PAGE  
PLEASE SIGN AND RETURN THIS FORM TO YOUR CHILD'S SCHOOL

**PLEASE PRINT CLEARLY STUDENT NAME AND SCHOOL**

**STUDENT NAME:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_ **GR:** \_\_\_\_\_

The District has sent home to all families copies of the Legal Notices and District policies for their information. Your signature and initials at the check marks below: 1) acknowledges the receipt of these notices/policies, 2) verifies that you have reviewed them with your child, and 3) indicates you agree to abide by the District's policies as outlined. Thank you for your cooperation and support. **NOTE: THIS FORM MUST BE SIGNED AND RETURNED TO YOUR CHILD'S SCHOOL NO LATER THAN FRIDAY, SEPTEMBER 3, 2004.**

**Please initial where indicated**

**NOTICE TO PARENTS OF LEGAL RIGHTS:** I verify that I am in receipt of the Notice to Parents of Legal Rights, as per Education Code 48980. I understand that my signature below doesn't signify consent to any of the activities nor the withholding of consent.

\_\_\_\_\_ ✓

**PARENTAL RESPONSIBILITIES REGARDING DISTRICT RESIDENCY:** I have received and read the statement of Parental Responsibilities Regarding District Residency.

\_\_\_\_\_ ✓

**STUDENT SEXUAL HARASSMENT POLICY:** I have read and discussed with my child the policy on student sexual harassment.

\_\_\_\_\_ ✓

**STUDENT DISCIPLINE POLICY:** I have read and discussed with my child the District's policy on discipline.

\_\_\_\_\_ ✓

**STUDENT CONDUCT POLICY:** I have read and discussed with my child the District's policy on student conduct.

\_\_\_\_\_ ✓

**STUDENT USE OF TECHNOLOGY:** I have read and discussed with my child the District's policy on student's use of technology.

\_\_\_\_\_ ✓

**RELEASE OF DIRECTORY INFORMATION:** I have read the District's policy on the release of directory information and understand that I must notify the District in writing if I want to change my option(s) for directory information. Forms are available in the school offices or on the District website.

\_\_\_\_\_ ✓

**MEDICAL/DENTAL INSURANCE INFORMATION:** I understand that the District does not provide medical/dental insurance for student injuries but does make available to District families voluntary student insurance.

\_\_\_\_\_ ✓

**NOTIFICATION OF PESTICIDE USE:** I have read the letter regarding request to receive notification before pesticide application at my child's school.

\_\_\_\_\_ ✓

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE