OAKS MISSION PUBLIC SCHOOLS
Acknowledgment of Handbook Receipt and Policy Access

STUDENT SECTION:

Student Full Name: _____

School Site: _____ Grade: _____

Home Address: _____

Home Phone No.: _____

I have received a copy of the district's handbook. I understand that I can obtain another copy of the handbook from LOCATION. I also understand that I can access a full copy of all the district's policies, including those about discrimination and bullying, THROUGH THE PRINCIPALS OFFICE, ON THE WEBSITE, ETC.

I agree to follow all my school's policies and procedures. I specifically agree not discriminate, harass, intimidate, or bully other students. I also specifically agree to use the school district's technology resources as outlined in my school's policies and procedures.

I understand that if I violate the rules in my school's policies or procedures I may receive consequences, including but not limited to suspension.

_____ _____
Student Signature Date

SPONSORING PARENT OR GUARDIAN SECTION (Required):

My child and I received a copy of the district's handbook. I understand that I can obtain another copy of the handbook from LOCATION. I also understand that I can access a full copy of all the district's policies, including those about discrimination and bullying, THROUGH THE PRINCIPALS OFFICE, ON THE WEBSITE, ETC.

I specifically acknowledge receiving information about how to access information regarding the following topics: discrimination, harassment, intimidation, bullying, technology use, disability accommodations, FERPA, and filing a complaint/grievance.

I understand that my student may be disciplined, including but not limited to suspension, for failing to comply with district policies and procedures.

_____ _____
Parent Signature Date

This acknowledgment/agreement must be renewed each academic year.

OAKS MISSION PUBLIC SCHOOLS
Authorization to Release Information

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the undersigned hereby authorizes the school district and _____ (name of instructor) to provide a letter of recommendation and/or an oral reference to the following individual(s) or organization(s):

_____

_____

_____

I understand that a letter of recommendation or an oral reference may include the instructor's subjective evaluations of my abilities, my strengths and weaknesses, my work ethic, my motivation, and other personal characteristics, based on the instructor's observations of my activities and performance. I understand that such subjective evaluations are **not** protected by FERPA.

I authorize the release of the following information protected by FERPA:

- □ Information on my district transcript, including courses taken, grades received, grade point average, and class rank;
- □ Information regarding my attendance;
- □ Any other information in my education records to which the instructor has had access, including quizzes, tests and examinations, research papers, and other academic work.

I understand the information may be released orally or in the form of a written letter, as preferred by the requester. This authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to the instructor identified above.

I hereby

- □ waive
- □ do not waive

my right to review the recommendation letter or know the contents of any oral communication.

_____ _____

Student Signature Date

_____ _____

Parent/Guardian Signature (if student is under 18) Date

OAKS MISSION PUBLIC SCHOOLS

Superintendent's Acceptance of an Employee's Resignation

(Attach a copy of the employee's resignation)

I, the superintendent, acting as the board's executive officer, acknowledge receipt of an employment resignation by _____, effective the _____ day of _____, 20____.

My signature constitutes acceptance of this resignation by the board and releases the resigning employee and the district, upon the effective date of the resignation, from all further contractual obligations. By accepting this resignation from the employee, the employee's offer to be released from his or her contract with the board of education is accepted, and thus the resignation is irrevocable.

_____

Superintendent

_____

Employee

_____

Date

OAKS MISSION PUBLIC SCHOOLS
Student Activity Release & Permission Form

Event Details

Description: _____
Sponsor: _____
Date: _____
Start Time: _____ End Time: _____
Cost: _____
Items to Bring: _____
Other Info: _____

Transportation

☐ **School vehicles.** The district will provide transportation to/from the event. All students are required to use school transportation to/from the event. The bus will leave from _____ _____ promptly at the start time. Students should arrive _____ _____ minutes in advance to check in. The bus will return as close to the end time as possible. Please arrive promptly to pick up your child from _____ _____.

☐ **Volunteer vehicles.** Parent volunteers will transport students to/from the event in their personal vehicles. Parent vehicles will leave from _____ _____ promptly at the start time. Students should arrive _____ minutes in advance to check in. Parent vehicles will return as close to the end time as possible. Please arrive promptly to pick up your child from _____.

☐ **Personal transportation.** All students are individually responsible for arranging and providing their own transportation to and from the event. The district is not supervising transportation in connection with this event.

Emergency Info

Contacts

Parent/Guardian: _____ #: _____
Name: _____ #: _____
Name: _____ #: _____

Medical

☐ My child does not have any known allergies or other health conditions.
☐ My child has the following known allergies or health conditions:
_____

☐ During this event my child will not need any medication.
☐ During the event my child will need medication. A completed copy of the district's authorization to administer medication is attached.

Permission

I give permission for my child, _____, to attend the event described above in accordance with the terms outlined in this form. I understand that participation in this event is voluntary and I agree to hold the district and any parent volunteers harmless from liability for their good faith acts connected with this event. In case of emergency, I authorize the event sponsor to obtain medical treatment on behalf of my child. I agree to be financially responsible for those costs.

_____ _____
Parent/Guardian Signature Date