

ALISAL SCHOOL PARENTS' SIGNATURE PAGE #2 of 3

Return one form per student with emergency card at walk-through registration

**YOUR CHILD WILL NOT RECEIVE HIS/HER CLASS ASSIGNMENT
UNLESS THIS SIGNED FORM IS RETURNED WITH THEIR EMERGENCY CARD.**

Pleasanton Unified School District

ACKNOWLEDGEMENT OF PARENT OR GUARDIAN OF ANNUAL RIGHTS NOTIFICATION

Please read the Pleasanton Unified School district Annual Notice to Parents 2011-2012 Regarding Federal Laws and Education Code Excerpts Relating to Rights of Parents or Guardians of Minor Pupil, located on the Alisal School website.

Complete, sign and return this page to your child's school indicating that you have been notified of the specified activities and whether you have a child on continuing medication.

Student's Name: _____

School: _____ Grade: _____

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

Signature of Parent or Guardian: _____ Date: _____

PLEASE COMPLETE THE FOLLOWING ONLY IF APPLICABLE:

1. Student is on a continuing medication program as prescribed by a physician: (Please check one) YES _____ NO _____

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

Physician's Name: _____ Telephone: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____