

# JEFFERSON SCHOOL DISTRICT: Parent/Student Notification Agreement

The 2019-2020 Student Parent Handbook is available on the district website at <https://jeffersonschooldistrict.com/domain/30>. Please review the handbook with your child and sign and return this notification agreement to your child's school. *If you wish to receive a paper copy of the handbook, you may request that from your child's school office.*

Student Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Core Teacher \_\_\_\_\_

**My signature next to the document title on this sheet gives my acknowledgement and/or permission. This page will be collected by your student's Core teacher.**

**Google Apps for Education Parent Permission Form (pp. 60 - 61)** Parent Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

**Student Internet Ethics & Acceptable Use Agreement (pp. 66-68)** Parent Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

**Parents Notice of Rights and Responsibilities (pp.34-47)** Parent Signature \_\_\_\_\_

**Photography/Videotape Release (pg. 59)** Parent Signature \_\_\_\_\_  
(Student possibly viewed in yearbook)

**Access to Public Benefits and Insurance (pg. 62)** Parent Signature \_\_\_\_\_

Yes, I give consent for Jefferson School District to access my public benefits for my child's health services.

No, I do not give consent for Jefferson School District to access my public benefits for my child's health services.

If you do not wish directory information released, please sign where indicated below and return to the school office within the next 30 days. Note that this will prohibit the District from providing the student's name and other information to the news media, interested schools, parent-teacher associations, interested employers, and similar parties.

Do NOT release directory information regarding \_\_\_\_\_  
(Pupil's Name)

Check if an exception may be made to include student information and photos in the yearbook.

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Parent/Legal Guardian Please Print \_\_\_\_\_ Date \_\_\_\_\_