

Lodi Unified School District Parents' Rights



**PLEASE COMPLETE AND RETURN THIS PAGE TO
YOUR CHILD'S SCHOOL**

Student's Name _____ Grade _____
Last Name First Name

I acknowledge that I have received information about parent rights, specialized instructional programs, and rules. (Check one of the following.)

_____ I hereby permit my child to receive services and take part in **all** of the enclosed.

_____ I hereby permit my child to receive services and take part in all of the enclosed
except: _____



Signature of Parent or Guardian

Date



Signature of Student

Date

English Version