



Gateway Unified School District Annual Parent Acknowledgement and Authorizations Signature Page

Student Name: _____

School Name: _____ Grade: _____

Initial each acknowledgement statement and sign below indicating your receipt, understanding, and acceptance of each document as outlined and provided to you in electronic format on our website: gateway-schools.org. You may request physical copies of any of the documents referenced below from your school at any time.

_____ **Acknowledgement of Parent/Guardian Annual Rights Notification (E.C. §48980 and §48982):**

I hereby acknowledge receipt of information regarding my rights, responsibilities and protections as detailed in the Gateway Annual Notice to Parents, and can request a paper copy from the school at any time.

_____ **Release of Directory Information (E.C. §49073):**

I hereby acknowledge receipt of the Release of Directory Information and that I have read and understand the information as outlined in the Gateway Annual Notice to Parents.

_____ **Student Use of Technology Agreement and Release of Liability:**

I hereby acknowledge receipt of the Student Use of Technology Agreement and Release of Liability information and agree that my child shall comply with the terms as outlined.

_____ **School Bus Standards Citation Procedures and Bus Rules:**

I hereby acknowledge receipt of the School Bus Standards Citation Procedures and Bus Rules and agree that my child shall comply with the terms and conditions.

_____ **Student Insurance:**

I hereby acknowledge receipt of the Student Insurance letter and flyer and I am aware of the student accident insurance options available for voluntary purchase.

_____ **Publicity Information Authorization:**

I hereby acknowledge receipt of stipulations regarding the production of audio, visual, or electronic publicity for activities in which your pupil has participated in his/her education program, and have indicated above my voluntary permission.

☐

I **AGREE** AND **GIVE** MY PERMISSION

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I **DISAGREE** AND **DO NOT GIVE** MY PERMISSION

Parent/Guardian Name: _____

Signature of Parent/Guardian: _____ Date: _____