



WPUSD PARENT RECEIPT OF REQUIRED INFORMATION 2018-2019

Each year we are required to provide our families with specific information. Rather than providing this information in paper form to each student, this information is available online on our district webpage at:

www.wpusd.k12.ca.us under "Parent Resources"

The required documents are also available in printed form at the school office. In order to verify each family has reviewed this information, we are asking you to initial the following statements, sign, date, and return this form with your child no later than August 31, 2018.

Document/Information	Parent Initials
Annual Parent Notice Includes Parent Rights; Parent Involvement Policy; Calendar; Sexual Harassment Policies; Pesticide; Student Fees; SARB; Attendance Letters and the UCP (Uniform Complaint Procedures) Annual Notice as required by Ed Code 48980.	
Student Handbook/Agenda/Academic/Behavior Expectations We have reviewed our school's Student Handbook/Agenda/Academic/Behavior Expectations together and understand and agree to abide by the stated rules and policies.	

Additional Information	Circle a choice and initial
Internet Information: I have read the Internet Acceptable Use Policies (AUP) and reviewed them with my child. Students will abide by these conditions or face the loss of privileges, disciplinary action and/or legal referral. My child has permission to be able to access the internet. (Please sign & return enclosed form)	YES NO Init: _____
Release of Student Photo/Directory Information The school district has my permission to include my child's name, photo or video in directories, school newsletter, local newspaper, year book or posted on the District Web site for honor roll, class activities, educational purposes, etc. My name may also be shared with the PTA/PTC parent club.	YES NO Init: _____
Student Insurance (forms available in school office) As a parent/guardian, I understand that the district does not assume responsibility for student injuries but does make voluntary purchase, student accident insurance available. I have received the information on this program. (Please sign and return enclosed letter)	I will/will not enroll my child. YES NO Init: _____
Participation of Foods Served in the Classroom It is OK for my child to partake in foods served in the classroom for classroom celebrations, birthdays, holidays or cultural experiences.	YES NO Init: _____
School Lunch Free/Reduced Application (you must apply to see if you qualify) Attached the free/reduced priced meals application.	YES NO Init: _____
Grades 7-12 Only: Permission to Participate in Comprehensive Sexual Health Education and HIV/AIDS Prevention Education (OPTIONAL) My child has permission to participate in comprehensive sexual health education and HIV/AIDS prevention education	YES NO Init: _____

Printed Name of Child: _____ Grade: _____

Teacher: _____ (1st period teacher grades 6-12)

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

(Needed for students to use the Internet)