



Sacramento City Unified School District
2021-2022

**Standards of Behavior
Parent and Student Commitment**

PLEASE READ AND SIGN

We hereby acknowledge receipt of the 2021-2022 Standards of Behavior, as explained beginning on page 12, and have read and reviewed its contents.

We understand it is our obligation to meet these behavior standards.

Parent/Guardian (Print Name)

Student (Print Name)

Parent/Guardian (Signature)

Student (Signature)

Date

Date

School Name



Sacramento City Unified School District 2021-2022

Parent/Student Acknowledgement of Receipt of Annual Parent and Student Rights Notification

This form is to be returned to your student's school.

Parent and/or student may request a copy for your own record.

Authorization for Release of Student Information and Other Health Coverage Inquiries

This information is necessary for the school district to participate in the LEA Medi-Cal Billing Option.

Yes No

Student's Name: _____ Date of Birth: _____ / _____ / _____

Student's Health Insurance Coverage is provided by: _____

Student's Health Insurance Policy Number: _____ Group Number: _____

Student's Health Insurance Carrier Claims Address: _____

Name of Policy Holder: _____

Healthy Schools Act Annual Notification of Pesticide Products

This notification identifies the active ingredients in each pesticide product that are intended to be used this school year.

I wish to be notified during the 2021-2022 school year whenever a pesticide product is going to be applied.

California Healthy Kids Survey: 6th Grade Students Only

By checking this box, I do **NOT** give permission for the district to gather information on behaviors from my sixth grade student(s) such as physical activity and nutritional habits; alcohol, tobacco, and other drug use; school safety; environmental and individual strengths and assets.

Release of Directory Information to Outside Agencies Including Military Recruiters

The purpose of this document is to inform you of your rights regarding release of student directory information.

Please **do not** release my child's directory information to the following entities:

- Military Recruiter** (high school students only) Institutions of Higher Learning News Media
 Parent Groups (PTA, School Site Council, etc.) Prospective Employers

District Use of Student Images and Student Work

By checking this box, I do **NOT** give permission for the district to use the image of my child or their classroom work in any official district or school publication or website.

I hereby acknowledge receipt of the Annual Parent and Student Rights Notification 2021-2022 which is information required by Education Code Section 48980. My signature is acknowledgement that I have been informed of my rights.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PLEASE RETURN THIS PAGE TO YOUR STUDENT'S SCHOOL.