Signature Verification of Receipt of Documents/Release of Information

Student Name (Last name, first name)		Parent Nan	nt Name (Last name, first name)		Grade
Address		Home Phor	ne	School Saint Leo the Great Catholic School	
City, Zip Code		Parent/Gua	ardian Work Phone	Counselor/Vice Principal	
1.	 DISCRIMINATION, HARASSMENT & BULLYING (Refer to the Parent and Student Handbook at http://www.stleothegreat.org) By checking each circle and signing below, I acknowledge the following: 				
	My student and I have read and understand the Discrimination and Harassment Policies.				
	My student and I understand the consequences should my student violate the policy.				
2.	I have been informed of these rights. HEALTH REQUIREMENTS/POLICIES ACKNOWLEDGEMENT (Refer to Parent and Student Handbook at http://www.stleothegreat.org)				
	California law requires that parents/guardians of each pupil acknowledge having been informed of rights as explained in Parents Health & Safety Information and Policies document By checking this box and signing below, I acknowledge that I have been informed of these rights.				
3	MEDIA RELEASE				
٥.	During the school year, Saint Leo the Great School will have events the news media and the School may want to feature. A representative may be on campus to gather photographs and/or video footage. In addition, parents and students may take photos of events in classrooms or around the School. These photos may be posted on the Internet or otherwise distributed without the permission of the school. Your child's participation in these events is valued, and parent permission is needed to include him or her in events where photography may take place.				
	Parents/Guardians who prefer that their child not be photographed or videotaped must notify the School by using this form. The School will make every effort to ensure the wishes of the parent/guardian. Please be aware that photographing and videotaping by a device such as a cell phone may take place without the knowledge of the teacher, principal or district staff.				
	Please indicate by checking the circle(s) below if your child has your permission to participate. If you do not want your child to be photographed or videotaped at any time, check only the last circle. You can update this form at any time by contacting the School office.				
	Please check all that apply				
	I give my permission to have my student interviewed and photographed/videotaped by the School and news media. Photos/Videos may be used on the School website, social media pages or in printed materials such as a brochure				
The School can provide credit to my child if his or her work is highlighted					
	I DO NOT want my child photographed or videotaped.				
4.	RESPONSIBLE USE AGREEMENT (see terms on back)(Refer to the Parent and Student Handbook at http://www.stleothegreat.org)				
	The Responsible Use for Saint Leo the Great School is an agreement and must be signed before the student is given access to the School's Internet				
By checking this box and signing below, I, the student, understand and will abide by the rules and conditions outlined for access to the School's Internet.					
By checking this box and signing below, I, the parent/guardian, give permission for my student to have access to the School's Internet.					
By checking the above boxes and signing to the right, I the student, and I the parent, have rea understand and acknowledge the policies and rights outlined above and described in detail in Parent and Student Handbook.			Student Signature	Date	
Student and parent/guardian must check each section, sign and return form to school office.		1	Parent/Guardian Signature	Date	