Ripon Unified School District
304 N. Acacia Avenue Ripon, CA 95366

2019 – 2020 Parent Consent Form

ACKNOWLEDGEMENT OF PARENTS/GUARDIANS OF ANNUAL RIGHTS NOTIFICATION

(Must be completed and returned to the school office)

Student Name _____ Grade _____

Name of Parent or Guardian (Please Print) _____

Signature of Parent or Guardian _____ Date _____

Please check appropriate box below:

YES	NO		
		1.	I understand that information regarding my rights, responsibilities, and protections was emailed to me, is available at www.riponusd.net for view or download, and/or that I may request a hardcopy from the school office. I hereby acknowledge receipt of such information.
		2.	I will have my child immunized. I realize this is a condition of initial enrollment or continued attendance.
		3.	First aid may be administered to my child when necessary.
	n/a	4.	If there is an emergency and an ambulance is necessary for my child, Ripon USD will contact the Emergency Services on my behalf. I may be responsible for any fee charged.
		5.	I will obtain an oral health examination for my kindergartener(s) and a physical health examination for my first grader(s).
		6.	My child may receive health evaluations, (i.e., vision, hearing) as part of group screenings.
		7.	If at any time my child is out of school, I will send a note or call the school explaining the reason for his/her absence. Copies of the attendance policy are available at the school office.
		8.	Directory information for my child may be released to agencies (i.e. military) only as permitted by law.
		9.	I GIVE permission for my student to be photographed and/or videotaped by the School and/or District.
	n/a	10.	If previous question is marked "no", I GIVE permission for my student to be photographed for the YEARBOOK ONLY.
		11.	I understand that bus service may be withdrawn if my child does not obey the bus rules or the directions of the driver. I understand written permission is required for field trips.
		12.	I understand that the schools have minimum proficiencies my child must pass in order to be promoted or graduated.
		13.	I understand that the district maintains and enforces a pupil dress policy. Copies are available at the school office.
		14.	I understand that the district does have a policy dealing with hepatitis, HIV, and blood borne pathogens. "Universal precautions" are used throughout the schools.
		15.	I understand that Ripon Schools are tobacco free 24 hours a day for all buildings and grounds and for all students, employees, parents, and visitors.
		16.	I acknowledge that the district maintains a nondiscrimination policy (below).

This school district does not accept any form of discrimination harassment, intimidation, or bullying, based on actual or perceived characteristics of race or ethnicity, color, ancestry, nationality, national origin, ethnic group identification, age, religion, political affiliation, marital or parental status, mental or physical disability, sex, sexual orientation, gender, gender identity, gender expression, or genetic information, or any other basis protected by federal, state or local law, ordinance or regulation, in its educational program(s) or employment. No person shall be denied employment solely because of any impairment which is unrelated to the ability to engage in activities involved in the position(s) or program for which application has been made. If you need a reasonable accommodation to participate in the hiring process, Ripon Unified School District will provide you with one upon notice. Direct any complaints to: "Dr. Ziggy Robeson at 304 N. Acacia Avenue, Ripon CA, 95366. Phone number is 209-599-2131."