

PARENT'S HIGHEST LEVEL OF EDUCATION: 1 Not a High School Graduate 3 Some College 5 Graduate School/Post Graduate
 2 High School Graduate 4 College Graduate 6 Unknown/ Declined to State

PUBLICATION AND MEDIA RELEASE: ENJUHSD has my permission to reproduce through printed, audio visual, or electronic means activities in which my student has participated in his/her education program. YES NO

DISCLOSURE OF STUDENT CONTACT INFORMATION: Federal law requires the school district, upon request, to release the name home address and telephone number of all high school students to military recruiters unless the student or the student's parent/guardian have directed the school not to release this information. By signature below, I am exercising the right to "opt-out" and request that my/my child's information not be released to military recruiters. Student Initial: _____ Parent Initial: _____ Date: _____

INTERNET, E-MAIL AND COMPUTER USE POLICY: Use of school computers, networks, and Internet access is a privilege granted by the school and may be revoked at any time for inappropriate conduct carried out on such systems. Please see Student Handbook for full policy. By initialing I acknowledge and accept this policy. Student Initial: _____ Parent Initial: _____ Date: _____

TEXTBOOK AUTHORIZATION: By my initials below, I authorize East Nicolaus High School to issue textbooks to my child. Except for normal wear and tear, I agree to pay for lost or damaged books within two weeks of notification of an amount due.
Student Initial: _____ Parent Initial: _____ Date: _____

IS STUDENT CURRENTLY UNDER MEDICAL CARE: YES NO IF YES, PLEASE EXPLAIN: _____

LIST ANY MEDICATIONS YOUR STUDENT TAKES REGULARLY: (If your student requires medication during the school day, please contact the school office.) _____

LIST SERIOUS ILLNESS OR OPERATIONS AND INDICATE DATES: _____

LIST ANY KNOWN ALLERGIES (including bee stings, food or drug allergies, etc.): _____

LIST ANY PHYSICAL LIMITATIONS: _____

IMMUNIZATION RECORDS: *State law requires that all students must have all required immunizations prior to registration at any school.*

AUTHORIZATION TO CONSENT TREATMENT TO MINOR:

In the event of serious emergency, and none of the parents or listed emergency contacts can be contacted, I authorize school officials to call the doctor indicated or, if the situation demands, to transfer my child to the nearest hospital for the necessary emergency care. I consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a certified hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital for all the student's East Nicolaus High School years. I understand the school does not assume the responsibility for payment of a physician. If your family physician cannot be reached, the school may choose a physician.

NAME OF DOCTOR: _____ PHONE: (____) _____ - _____

HOSPITAL: _____

DISCIPLINE POLICY AND LEGAL NOTIFICATIONS HANDBOOK

I understand it is my responsibility to read the ENJUHSD Student Handbook.

Also, any information on this form is true to the best of my knowledge. I agree to notify the school immediately if there are any changes in the information on this form.

Date

X

REQUIRED SIGNATURE OF STUDENT

Date

X

REQUIRED SIGNATURE OF PARENT OR LEGAL GUARDIAN

Be informed that in case of an emergency, 911 will be called. The school does not assume responsibility for payment of 911 services.