



# First-Day Packet Signatures

# Murray Manor

## Parent / Student Information Packet

### 2020-2021

Included in this packet:

Principal Welcome Back Letter

\*Partners in Learning Pledge

\*Take Home Technology Usage Agreement

\*Grade Level Technology Use Agreement

\*Electronic Student Work-Photo-Video Release

Custody Information Form - \*return if changes are made

Health Registration Form Update - \*return if changes are made

Healthy Classroom Party Ideas

Safe Student Drop Off/Pick Up

PTA Membership Information

\*PTA Parent's Approval, Student, Family, & Participation Waiver

MUM PTA Membership Envelope

District Calendar 2020-2021

\*Free and Reduced Lunch Application

\*Income Eligibility Survey

Student Accident Insurance Information

Extended School Services Information

Annual Notification - \*Acknowledgement of Review

\*District Directory Information

\*Pesticide Notification

\* These items must be signed and returned by Friday, September 4th

**Murray Manor Elementary School**  
**Partners in Learning**  
**Distance Learning Family-School Expectations**

**Staff Pledge**

**I agree to carry out the following responsibilities during distance learning:**

- Engage students in rigorous lessons and learning activities.
- Ensure that students know and participate in monitoring their progress toward mastery of Standards.
- Help students to develop positive behavior and a love of learning.
- Communicate regularly with families about student progress.
- Provide a warm, safe, and caring distance learning environment.
- Help children learn to resolve conflicts in positive, non-violent ways through the use of Restorative Practice and Social Emotional Learning.
- Provide meaningful assignments to reinforce and extend learning.
- Meet or exceed minimum required instructional minutes while maintaining a balance between synchronous and asynchronous learning time.
- Respect the school, students, staff, and families by following current health and safety guidelines.

**Family/Parent Pledge:**

**I agree to carry out the following responsibilities during distance learning:**

- I will check my child's classroom Seesaw or Google Classroom daily to see assignments and progress.
- I will make sure my child follows their daily schedule and logs into Zoom and Acellus each day at designated times.
- I will monitor and respond to teacher communication.
- I will provide a quiet place for distance learning for my child.
- I will ensure my child is kind, safe, and appropriate in their virtual classroom.
- I will notify my child's teacher if I need technical support for our device.
- I will respect the school, staff, students, and families by following current health and safety guidelines.

**Student Pledge**

**I agree to carry out the following responsibilities during distance learning:**

- I understand that distance learning is regular school.
- I understand that my attendance counts and my work will be graded.
- I will be kind, safe, and appropriate in their virtual classroom.
- I will check my classroom Seesaw or Google Classroom daily to see assignments and progress.
- I will follow my daily schedule and log into Zoom and Acellus each day at my designated times.
- I will be dressed for school and ready to learn in a quiet spot with my supplies.
- I will ask questions when I don't understand an assignment.
- I will listen and follow the directions of the adults helping me with distance learning, including my parents.
- I will be responsible for my *own* behavior during virtual learning.
- I will respect the school, staff and classmates by following current health and safety guidelines.

We promise to work together to help each other carry out this distance learning agreement.

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Student

Date: \_\_\_\_\_

**Escuela La Presa Elementary**  
**Socios en el Aprendizaje**  
**Expectativas de la escuela y la familia del aprendizaje a distancia**

**PROMESA DEL PERSONAL**

**Acepto llevar a cabo las siguientes responsabilidades durante el aprendizaje a distancia:**

- Empeñar a los alumnos en lecciones rigurosas y actividades de aprendizaje.
- Asegurar que los alumnos sepan y participen en el monitoreo de su progreso hacia el dominio de los estándares.
- Asistir a los alumnos a desarrollar un comportamiento positivo y amor hacia el aprendizaje.
- Comunicar regularmente con las familias sobre el progreso de los alumnos.
- Proporcionar un entorno de aprendizaje a distancia acogedor, seguro y afectuoso.
- Ayudar a los niños a aprender a resolver conflictos de manera positiva y no violenta mediante el uso de las prácticas restaurativas y el aprendizaje socioemocional.
- Proporcionar asignaciones significativas para reforzar y enriquecer el aprendizaje.
- Cumplir o superar los minutos educativos mínimos requeridos mientras se mantiene un equilibrio entre el tiempo de aprendizaje sincrónico y asincrónico.
- Respetar la escuela, los alumnos, el personal y las familias siguiendo las pautas actuales de salud y seguridad.

**PROMESA DEL PADRE/FAMILIA:**

**Acepto llevar a cabo las siguientes responsabilidades durante el aprendizaje a distancia:**

- Revisaré el salón de clase Seesaw de mi hijo o el de Google a diario para ver las tareas y el progreso.
- Me aseguraré de que mi hijo siga su horario diario y se conecte a Zoom y Acellus todos los días en los horarios designados.
- Supervisaré y responderé a la comunicación del docente.
- Dispondré de un lugar callado para el aprendizaje a distancia para mi hijo.
- Me aseguraré de que mi hijo sea amable, seguro y apropiado en su salón de clase virtual.
- Notificaré al docente de mi hijo si necesito asistencia técnica para nuestro dispositivo.
- Respetaré la escuela, el personal, los alumnos y las familias siguiendo las pautas actuales de salud y seguridad.

**PROMESA DEL ALUMNO**

**Acepto llevar a cabo las siguientes responsabilidades durante el aprendizaje a distancia:**

- Entiendo que el aprendizaje a distancia es una escuela regular.
- Entiendo que mi asistencia cuenta y mi trabajo será calificado.
- Seré amable, seguro y apropiado en el salón de clase virtual.
- Revisaré mi salón de clase Seesaw o el de Google diariamente para ver las tareas y el progreso.
- Seguiré mi horario diario e iniciaré sesión en Zoom y Acellus todos los días en mis horarios designados.
- Estaré vestido para la escuela y listo para aprender con mis útiles en un lugar tranquilo.
- Haré preguntas cuando no entienda una tarea.
- Escucharé y seguiré las instrucciones de los adultos que me ayuden con el aprendizaje a distancia, incluso a mis padres.
- Seré responsable de mi propia conducta durante el aprendizaje virtual.
- Respetaré la escuela, el personal y los compañeros de clase siguiendo las pautas actuales de salud y seguridad.

Prometemos trabajar juntos para ayudarnos mutuamente a llevar a cabo este acuerdo de aprendizaje a distancia.

\_\_\_\_\_  
Docente

\_\_\_\_\_  
Padre/Tutor legal

\_\_\_\_\_  
Alumno

Fecha: \_\_\_\_\_



# LA MESA-SPRING VALLEY SCHOOLS

## **Take-Home Technology Usage Agreement** **READ CAREFULLY**

Dear Parent/Guardian,

The purpose of the mobile device is to provide additional learning resources to students during this unprecedented time. By accepting the iPad or Chromebook you are agreeing to follow the rules below.

### **General Information**

- ☐ In order to access learning resources, students will also need Internet access at home.
- ☐ Checked out student mobile devices (iPads and/or Chromebooks) are for educational purposes and the property of La Mesa–Spring Valley Schools.
- ☐ Students should know that **none** of their data is private or confidential.
- ☐ Students must follow the La Mesa–Spring Valley School District Acceptable Use of Technology Agreement while using the device. This document can be found at [www.lmsvschools.org](http://www.lmsvschools.org).
- ☐ Devices must remain free of any writing, drawing, stickers, or labels that are not property of La Mesa–Spring Valley Schools. District affixed labels and tags shall not be removed from devices.
- ☐ All students should protect their personal usernames and passwords.

### **LMSV Schools Responsibilities**

- ☐ La Mesa–Spring Valley Schools Information Technology Department will be responsible for repairing devices that malfunction. Please report hardware issues to your school administrator.

### **Family Responsibilities**

- ☐ The family is responsible for what the student does on his/her assigned device while at home.
- ☐ Students shall use devices in a responsible and ethical manner.
- ☐ Take special care to ensure device and any accessories provided are not damaged or lost. Keep out of the reach of young children and pets.
- ☐ Leave the protective case on (iPads) at all times.
- ☐ Obey the rules described in the La Mesa–Spring Valley Schools Student Acceptable Use of Technology Agreement.
- ☐ Help La Mesa–Spring Valley Schools protect the device by contacting your school administrator about any hardware problems encountered.
- ☐ The equipment must be returned when schools reopen or sooner upon request of the district.
- ☐ The district assumes no liability for lost, stolen or damaged mobile devices checked out to students. Lost, stolen or broken equipment should be reported to the school administrator immediately. If the device is lost, stolen, broken, or not returned at the end of the school closures, the parent will be responsible for the cost of replacing the Chromebook (**approximately \$219**) or iPad (**approximately \$294**).

I have read and understand the rules stated above. I further understand that violation of this agreement may result in loss of privilege for use of the mobile device. My child will follow the rules outlined above and any school rules or policies that may apply to the use of technology. I give permission for my child to check out the mobile device.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Parent Signature \_\_\_\_\_

**Detach this page and return it to school**

**Parent Permission/Agreement**

**I have read this Acceptable Use Agreement and have discussed it with my child. By signing this form, I give permission for my child to access the Internet at school unless otherwise noted below.**

Student Name (Print) \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_ Room # \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**If you Do NOT want your child to access the Internet at school, please make a notation below:**

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**Student Agreement**

**(Students will receive instruction at school regarding the contents of this Agreement)**

**I understand, and I agree to follow the rules of this La Mesa-Spring Valley School District Acceptable Use of Technology Agreement. I understand that if I break the rules I may not be able to use the technology, and I may get other consequences.**

**I will sign my name to show that I will follow these rules.**

Student Name \_\_\_\_\_

Student Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**Please return this signed form to your child's school. Parent Signature is required; however students may wait to sign the form until they have received instruction at school.**

**Detach this page and return it to school**

## **Parent Permission/Agreement**

**I have read this Acceptable Use of Technology Agreement and have discussed it with my child. By signing this form, I give permission for my child to access network resources including the Internet and Google Apps for Education at school unless otherwise noted below.**

Student Name (Print) \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_ Room # \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**If you Do NOT want your child to access the Internet at school, please make a notation below:**

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## **Student Agreement**

**(Students will receive instruction at school regarding the contents of this Agreement)**

**I have read, I understand, and I agree to abide by the La Mesa-Spring Valley School District's Acceptable Use of Technology Agreement. I understand violations may result in my loss of the network and/or Internet access, loss of technology use, disciplinary action and possible legal action. I will sign my name to show that I will follow these rules.**

Student Name (Print) \_\_\_\_\_

Student Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**Please return this signed form to your child's school. Parent Signature is required; however students may wait to sign the form until they have received instruction at school.**



**La Mesa-Spring Valley School District**  
**Release for Electronic Student Work/Photograph/Video**

Dear Parent/Guardian,

There are numerous occasions when teachers/staff members and school PTA's of La Mesa-Spring Valley School District would like to take photographs and/or video of a variety of school activities in which your child may appear. These photos and videos may be distributed to classmates (digital yearbooks, mementos), used in a school broadcast, posted on a school websites, school social media sites, in a newsletter or for public display. Student work may also be published. While your child's name may appear with his/her image in a yearbook or other media distributed to their classmates, your child's name will never appear with his/her work, photos or videos that are displayed to the general public (website, public presentation). In order for the District staff or the PTA to use electronic photographs or videos of your child or his or her work, you must grant permission. **A separate parent consent will be required prior to students being recorded or captured during video chats or virtual instruction (zoom) during school closures or distance learning.**

**Please indicate your permission or denial of permission by marking Yes or NO.**

**Sign** the form below and return it to your child's school. This permission form covers the year in which it was signed.

Sincerely,

Principal

☐ Yes ☐ No    Permission to use photos/video/student work for school broadcasts, presentations, school sponsored websites and social media sites, public display (without the student's name), or to distribute to classmates.

I hereby give the above permission and release La Mesa-Spring Valley School District from any liability resulting from or connected with the use of such photographs/videos/student work. I understand that all photography/videotaping will be related to classroom and/or school programs, activities and other school functions.

\_\_\_\_\_  
Student name (Please Print)

\_\_\_\_\_  
Teacher (Advisory teacher)

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

(Rev. 8/2020)



## **Escuelas de La Mesa-Spring Valley**

### **Autorización para mostrar el trabajo/fotografías/videos del alumno**

Estimado padre/tutor legal:

En numerosas ocasiones los docentes/miembros del personal y de la PTA de la escuela del Distrito Escolar de La Mesa-Spring Valley desean tomar fotografías y/o videos de una variedad de actividades escolares en las que su hijo(a) puede aparecer. Estas fotos y videos pueden distribuirse a los compañeros de clase (anuarios digitales, recuerdos), utilizarse en una transmisión de la escuela, publicarse en los sitios web de la escuela, en los sitios de redes sociales de la escuela, en los boletines informativos o para exhibición pública. También se pueden publicar trabajos de alumnos. Si bien el nombre de su hijo(a) puede aparecer con su imagen en un anuario u otros medios distribuidos a sus compañeros de clase, el nombre de su hijo(a) nunca aparecerá con su trabajo, fotos o videos que se muestran al público en general (sitio web, presentación pública). Para que el personal del Distrito o la PTA utilicen fotografías o videos electrónicos de su hijo(a) o su trabajo y Ud. debe otorgar permiso. **Se requerirá consentimiento de los padres por separado antes de que los alumnos sean grabados o salgan en las charlas de video o la instrucción virtual (Zoom) durante el cierre de la escuela o el aprendizaje a distancia.**

**Indique si permite o deniega lo indicado arriba con Sí o NO**

**Firme** el permiso a continuación y devuélvalo a la escuela de su hijo(a). Este permiso cubre el año en el que se firmó.

Atentamente,

Directora

☐ Sí ☐ No Permiso para utilizar fotos/videos/trabajos de alumnos para transmisiones escolares, presentaciones, sitios web patrocinados por la escuela y sitios de redes sociales, exhibición pública (sin el nombre del alumno), o para distribuir a los compañeros de clase.

Por medio de la presente doy el permiso anterior y libero al Distrito Escolar de La Mesa-Spring Valley de cualquier responsabilidad que resulte o esté relacionada con el uso de dichas fotografías/videos/trabajo de los alumnos. Entiendo que todas las fotografías/grabaciones de video estarán relacionadas con los programas, actividades y otras funciones escolares del salón de clases y/o la escuela.

\_\_\_\_\_  
Nombre de alumno (escriba en imprenta)

\_\_\_\_\_  
Docente (Docente de Advisory/Orientación)

\_\_\_\_\_  
Firma de padre de familia

\_\_\_\_\_  
Fecha

**ADDITIONAL STUDENT INFORMATION**

School \_\_\_\_\_

Grade \_\_\_\_\_

Last Name (Legal) \_\_\_\_\_

First Name (Legal) \_\_\_\_\_

Middle Name (Legal) \_\_\_\_\_

**OTHER CHILDREN & ADULTS—List other children AND adults (not parents) that live with the student.**

Name	Birth Date	Relationship to student	Attends a La Mesa-Spring Valley School?	
1. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**CUSTODY INFORMATION**

Custodial Parent(s)/Legal Guardian(s) Name(s) \_\_\_\_\_

☐ Child lives with both parent/guardian(s) in the same residence. There are no custody issues.☐ Child lives with one or both parent/guardian(s) in separate residences. There are no custody issues.

—OR—

☐ There are Legal Custody Issues – Please provide information below:Who has legal custody: ☐ Father ☐ Mother ☐ Other \_\_\_\_\_  
Name/Relationship to StudentRestraining Order (Current) ☐ No ☐ Yes If yes, expiration date \_\_\_\_\_Court Order on file in the school office ☐ No ☐ Yes

Date on Court Order \_\_\_\_\_

The School has the responsibility for the welfare of the child during the school day, but can only function according to the law when properly informed. If parents of a child are separated, the school district must be informed (1) who has custody of the child and, (2) what person or persons are approved to see the child or to transport the child away from school. If there is a restraining order in effect denying either of the parents the right to see or contact the child, there **must** be a court order on file in the school office. The courts must handle custody disputes. **The school has no legal jurisdiction to refuse a biological parent access to their child and/or their school records.**

The only exception is when a signed restraining order or proper divorce or custody papers specifically stating court ordered visitation limitations are on file in the school office. Should any such situation become a disruption to the school, the Sheriff's Office will be contacted and an Officer will be requested to intervene.

The school will attempt to contact the custodial parent when another parent or person not listed as an emergency contact attempts to pick up your child.

**I have read and understand the above statement.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# La Mesa-Spring Valley School District HEALTH REGISTRATION FORM

Legal name of student: Last Name \_\_\_\_\_ First Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
 Parent/Guardian: Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Doctor \_\_\_\_\_ Dr.'s phone #: \_\_\_\_\_

☐ **No known health problems currently.**  
***I will notify the health office at the school if my child's health condition changes.***

For information on health care coverage options and enrollment assistance contact: [www.coveredca.com](http://www.coveredca.com) or call 800-300-1506 English or 800-300-0213 Español.

**Please list current diagnoses/significant past history:** \_\_\_\_\_

Health Concerns	Yes	No
<b>Asthma</b>	<input type="checkbox"/>	<input type="checkbox"/>
Activity restrictions/limitations*	<input type="checkbox"/>	<input type="checkbox"/>
<b>Diabetes</b>	<input type="checkbox"/>	<input type="checkbox"/>
Insulin dependent	<input type="checkbox"/>	<input type="checkbox"/>
<b>Heart Problems</b>	<input type="checkbox"/>	<input type="checkbox"/>
Activity restrictions/limitations*	<input type="checkbox"/>	<input type="checkbox"/>
<b>ADHD</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ADD</b>	<input type="checkbox"/>	<input type="checkbox"/>
Medication at school	<input type="checkbox"/>	<input type="checkbox"/>
<b>Seizures* Precautions at school</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Vision Problems*</b>	<input type="checkbox"/>	<input type="checkbox"/>
Contacts/Glasses	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hearing Problems*</b>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Aid/Special Seating	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bone/joint disorders or injuries*</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bleeding disorders*</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Emotional problems*</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Kidney problems*</b>	<input type="checkbox"/>	<input type="checkbox"/>

Health Concerns	Yes	No
<b>Neurological problems* / Seizures</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>P.E. Limitations*</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Allergies (Including Food Allergies)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Allergy is <b>MILD</b> . No medication necessary		
<input type="checkbox"/> Allergy is <b>SEVERE</b> . Medication required:		
<input type="checkbox"/> Epi-Pen <input type="checkbox"/> Benadryl		
What is your child allergic to?		
<input type="checkbox"/> Food: (please list)		
Describe reaction:		
<input type="checkbox"/> Medication: (please list)		
Describe reaction:		
<input type="checkbox"/> Other: (please list allergen)		
Describe reaction:		
<b>Treated by physician for allergic reaction:</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Emergency Room Visit</b>	<input type="checkbox"/>	<input type="checkbox"/>
ER Visit Medication needed: Epi-pen	<input type="checkbox"/>	<input type="checkbox"/>
ER Visit Medication needed: Antihistamine	<input type="checkbox"/>	<input type="checkbox"/>

Explain Health Concerns with an asterisk (\*): \_\_\_\_\_

Special equipment/procedures/arrangements: \_\_\_\_\_

Previous Hospitalizations: ☐ Yes ☐ No Dates: \_\_\_\_\_ Reason: \_\_\_\_\_

## Medications

Taking medication for a long-term condition ☐ Yes ☐ No

Diagnosis for which medication is being taken \_\_\_\_\_

Name and dosage of all medication(s) \_\_\_\_\_

Is medication taken during school hours? ☐ Yes ☐ No

Times taken at home \_\_\_\_\_ and at school \_\_\_\_\_

## STUDENTS TAKING ANY MEDICATION AT SCHOOL MUST MAKE PRIOR ARRANGEMENTS WITH THE HEALTH OFFICE

I understand that district staff may share the information provided in this report with appropriate members of the educational team for use in meeting the health and educational needs of the student. This will be done only on a "need to know" basis, in a confidential manner. I understand that if I do not want this information shared, I must request this in writing and file it with a District Nurse at the La Mesa-Spring Valley School District Education Center. I give consent for La Mesa-Spring Valley School District to submit information to the LEA billing option vendor, Paradigm, regarding school health services provided to my child for the purpose of receiving federal reimbursement. This reimbursement helps to defray the cost of providing these health services. All information is kept confidential.

Parent/Guardian Signature \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Date \_\_\_\_\_

**PARENT'S APPROVAL, STUDENT, FAMILY,  
AND PARTICIPANT WAIVER**

***First & Last Name all Family Members:*** \_\_\_\_\_

will participate in all PTA sponsored events for the school year 2017 to 2018, which will include, but is not limited to the following (**PTA Unit**: Please list the events):

- 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_

(Please cross out any event listed above for which you do not want your child to participate in).

The undersigned parent or guardian assumes all risks in connection with the family's participation in any and all of the PTA sponsored activities. I, the undersigned participant, intending to be legally bound, do hereby for myself and heirs, executors, administrators and assigns, forever waive release and discharge the California State PTA, all PTA officers, employees and agents from all liability, claims or demands for any damage, loss or injury to the student, the student's property, or parent's property or to myself in connection with participation in these activities, unless caused by the negligence of the PTA.

I do hereby certify that to the best of my (our) knowledge and belief said parties are in good health and of sound mind. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood and agreed that the undersigned will assume full responsibility for any such action, including payment of costs. I attest and verify that I am physically fit and able to participate in this event and acknowledge that I am aware of the inherent risks in participating in any athletic event.

I (we) hereby advise that the above named minor has had the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician or which could limit participation:

\_\_\_\_\_  
If none please write none.

\_\_\_\_\_  
Parent/Guardian/Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print First & Last Name

( ) \_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

## APROBACIÓN, ESTUDIANTE , FAMILIA DE LOS PADRES , Y RENUNCIA DEL PARTICIPANTE

\_\_\_\_\_ (*nombre del menor*) tiene mi (nuestro) permiso para tomar parte en todas las actividades patrocinadas por la PTA (Asociación de Padres y Maestros) durante el año escolar 201\_ a 201\_.

El abajofirmado, padre o guardián asume todo riesgo con respecto a la participación del estudiante en cualquier y toda actividad patrocinada por la PTA. Yo (nosotros) por la presente libero y descargo a la PTA de California, a todos los oficiales de PTA, a los empleados y a los agentes de toda obligación, a los reclamos o a las demandas de cualquier daño, pérdida o herida al estudiante, a la propiedad del estudiante, o a la propiedad del padre con respecto a la participación en estas actividades, a menos que causado por la negligencia de la PTA.

Yo (nosotros) por la presente certifico que a lo mejor de mi (nuestro) conocimiento y creencia tal menor se encuentra en buen estado de salud. En caso de enfermedad o accidente, se les da permiso para administrar tratamiento médico de emergencia. Es entendido aún más y es concordado que el abajofirmado asumirá responsabilidad repleta por cualquiera tal acción, inclusive el pago de costes.

Yo (nosotros) por la presente aconsejo que el menor arriba nombrado sufre de las alergias siguientes, es sensible a los medicamentos siguientes y/o tiene la condición limitante siguiente que podría afectar su participación, de todos los cuales debe informarse al médico que trate la emergencia:

Si no tiene ninguno, por favor escriba “ninguno”

1.	_____ Firma	_____ Fecha
	_____ Nombre impreso	(_____) _____ Teléfono
	_____ Dirección	_____ Ciudad
		_____ Estado
		_____ Código Postal
2.	_____ Firma	_____ Fecha
	_____ Nombre impreso	(_____) _____ Teléfono
	_____ Dirección	_____ Ciudad
		_____ Estado
		_____ Código Postal

Please print and use a pen (not a pencil). You may also apply online at <https://schoolcafe.com>. This institution is an equal opportunity provider.

[illegible]

<b>Gross income and how often it is received:</b> W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly													<b>Child Income</b>				<b>How Often?</b> W E T M								
<b>A.</b> Sometimes children in the household earn or receive income. Please include the TOTAL income received by all household members listed in Step 1 here.													<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> W <input type="text"/> E <input type="text"/> T <input type="text"/> M								
<b>B.</b> List all household members not listed in Step 1 (including yourself) <b>even if they do not receive income.</b> For each household member listed, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.																									
<b>Adult Household Member Name</b> (First and Last)		<b>Earnings from Work</b>				<b>How Often?</b>				<b>Public Assistance / Child Support / Alimony</b>				<b>How Often?</b>				<b>Pensions / Retirement / All Other Income</b>				<b>How Often?</b>			
						W	E	T	M					W	E	T	M					W	E	T	M
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
<b>Total Household Size</b> (Children and Adults)		<input type="text"/>	<input type="text"/>	<b>Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Another Adult Household Member</b>						*** - ** -				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Check if no SSN</b> <input type="checkbox"/>							

**Ethnicity (check one):** ☐ Hispanic or Latino ☐ Not Hispanic or Latino

**Race (check one or more):** ☐ American Indian or Alaskan Native ☐ Black or African American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White



## La Mesa-Spring Valley Schools Income Eligibility Survey

2020-21

Dear Parent / Guardian:

**To comply with Dept. of Education guidelines this form must be completed annually.** If you prefer to complete this online, an electronic form is available on the district website - [www.lmsvschools.org](http://www.lmsvschools.org). Schools receive additional funding for students that are either foster youth, English language learners, or whose parents are active military, receive certain types of state and/or federal assistance, or receive income below a certain amount. Completing this survey will ensure your student's school receives the appropriate level of funding.

### Check one box for each item below:

Yes No

- ☐ ☐ 1. Do you receive any of the following for your student:
- a. Food Stamps
  - b. CalWORKs (California Work Opportunity and Responsibility to Kids)
  - c. FDIPIR (Food Distribution Program on Indian Reservation)
- ☐ ☐ 2. Is your student a Foster Youth, or a child who is the legal responsibility of a welfare agency, or the court?
- ☐ ☐ 3. Based on the size of your household, Is your income less than or equal to the amount shown on the chart below?

Household Size	Annual Income	Monthly	Weekly
1	23,606	1,968	454
2	31,894	2,658	614
3	40,182	3,349	773
4	48,470	4,040	933
5	56,758	4,730	1,092
6	65,046	5,421	1,251
7	73,334	6,112	1,411
8	81,622	6,802	1,570

If your household is larger than 8 people, add \$8,288 annually (\$691 monthly or \$160 weekly) for each additional family member.

Student's School: \_\_\_\_\_ Student ID: \_\_\_\_\_ Student Grade Level: \_\_\_\_\_

Student's First & Last Name: \_\_\_\_\_ Student Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian First Name: \_\_\_\_\_ Parent/Guardian Last Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.*

**LA MESA-SPRING VALLEY SCHOOL DISTRICT  
2020-2021 ACKNOWLEDGMENT OF RECEIPT AND REVIEW**

Dear Parent/Guardian:

The La Mesa-Spring Valley School District is required to annually notify the parents and guardians of rights and responsibilities in accordance with Education Code section 48980.

If you have any questions, or if you would like to review specific documents mentioned in the notice, please contact an administrator at your child's school. They will be able to give you more detailed information and assist you in obtaining copies of any materials you wish to review.

Please complete the "Acknowledgment of Receipt and Review" form below, and return it to your child's school.

This annual notification is also available in an electronic format and can be provided to you upon request. If the notice is provided in an electronic format, the parent or guardian shall submit to the school this signed acknowledgement of receipt of the notice. Signature of the notice is an acknowledgment by the parent or guardian that they have been informed of his or her rights but does not indicate that consent to participate in any particular program has either been given or withheld.

**ACKNOWLEDGMENT OF RECEIPT AND REVIEW**

Pursuant to Education Code section 48982, the parent/guardian shall sign this notice and return it to the school. Signature on the notice is an acknowledgment by the parent or guardian that they have been informed of his or her rights but does not necessarily indicate that consent to participate in any particular program or activity has been given or withheld.

Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED TO YOUR CHILD'S SCHOOL.**

**LA MESA-SPRING VALLEY SCHOOL DISTRICT**  
**2020 – 2021 RELEASE FORM FOR DIRECTORY INFORMATION**  
*(Applicable Only for the Current School Year)*

PARENTS: PLEASE READ AND COMPLETE THE INFORMATION BELOW AND RETURN IT TO YOUR SCHOOL PRINCIPAL

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Grade: \_\_\_\_\_  
School: \_\_\_\_\_

The primary purpose of directory information is to allow the La Mesa-Spring Valley School District to include this type of information from your child's education records in certain school publications. Directory information includes the pupil's name, address, telephone number, date of birth, e-mail address, major field of study, participation in officially recognized activities and sports, dates of attendance, degrees and awards received, and the most recent previous public or private school attended by the pupil, or height and weight of athletes, information that is generally not considered harmful or an invasion of privacy released.

The Family Education Rights and Privacy Act (FERPA) and Education Code section 49073 permits the La Mesa-Spring Valley School District to disclose appropriately designated "directory information" without written consent, unless you have advised the La Mesa-Spring Valley School District that you do not want your student's directory information disclosed without your prior written consent.

**Student Directory Information**

- ☐ I do not wish to have any directory information released to any individual or organization.
- ☐ I do not wish to release the name, address and telephone number of the student names above to the agencies I check below.
- ☐ PTA
  - ☐ Health Department
  - ☐ Third Party Providers of Online Educational Tools (Used within the classroom for educational purposes only.)
  - ☐ Military Recruiters (grades 7 and 8 only)
- ☐ I am a homeless and unaccompanied youth over the age of 14, or am a parent of a homeless and unaccompanied youth and authorize the release of my directory information in accordance with the law and La Mesa-Spring Valley School District policy.

**Media Release**

- ☐ The student may be interviewed, photographed, or filmed by members of the media.
- ☐ The student may NOT be interviewed, photographed, or filmed by members of the media.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED TO YOUR CHILD'S SCHOOL.**

**LA MESA-SPRING VALLEY SCHOOL DISTRICT  
2020-2021 ANNUAL PESTICIDE NOTIFICATION REQUEST**

PARENTS: PLEASE READ AND COMPLETE THE INFORMATION BELOW AND  
RETURN IT TO YOUR SCHOOL PRINCIPAL

Parents/guardians can register with the school to receive notification or individual pesticide applications. Persons who register for this notification shall be notified at least seventy-two (72) hours prior to the application, except in emergencies, and will be provided the name and active ingredient(s) of the pesticide as well as the intended date of application.

Parents/guardians seeking access to information on pesticides and pesticide use reduction developed by the Department of Pesticide Regulation pursuant to California Food and Agricultural Code section 13184, can do so by accessing the Department's web-site at [www.cdpr.ca.gov](http://www.cdpr.ca.gov).

DISTRICT's Integrated Pest Management Plan may be viewed at [www.lmsvschools.org](http://www.lmsvschools.org)

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Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

- ☐ I would like to be pre-notified every time a pesticide application is to take place at the school. I understand that the notification will be provided at least 72 hours before the application.
- ☐ I do not need to be notified every time a pesticide application is to take place at the school. I understand that the notification will be posted at least 24 hours before the application.

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Signature of Parent/Guardian