

La Mesa-Spring Valley School District
TRUST Blended Learning

To be completed by parent/guardian
responsible for delivery of instruction

Year 2020-2021

Application Form

Student Information:

Name_____

Age_____ Date of Birth_____ Grade Level_____

Last School Attended:_____

Teacher and/or Counselor_____

Parent Information:

Name_____ Home Phone #_____

Address_____

Relationship to student_____

Names and Ages of Siblings_____

Please answer the following questions with as much detail as possible. If more space is needed, please use the back of this form.

1. What is your reason for requesting Independent Study? How did you hear about our program?

2. Describe this student's school history:

- Please complete all information on reverse side -

3. How will this student benefit from Independent Study?

4. What will you accomplish by teaching your child at home?

Signature_____ Date_____

Return To:
Trust Blended Learning
La Mesa-Spring Valley Schools
9009 Park Plaza Drive
La Mesa, CA 91942
(619) 771-6080
(619) 771-6081 FAX

La Mesa-Spring Valley School District Request for Student Voluntary Participation

Release to participate in: ☐ On-campus activity ☒ Off-campus activity

wishes to participate
in going to

La Mesita Park

Student's name	Activity	
Teacher's discretion	Teacher's discretion	Teacher's discretion
Date	Begin time	End time
Teacher's discretion	Teacher's discretion	Return same day
Session	Date	Date

Student's will walk to and from TRUST BL to La Mesita Park accompanied by staff

District Vehicle, private car (separate form/insurance required), other, or not applicable (N/A)

It is necessary that parent specifically request that their child be included in this activity. This activity is voluntary. The school will furnish supervision for this event, but parents should understand that supervision would end at the time stated above. The school will take every precaution to assure the welfare and safety of your son or daughter participating in this activity. However, it is important that you understand that the school cannot assume financial or legal liability in case of injury or accident. If you authorize your child to drive or ride with another student, no District supervision will be present during such commute.

If you wish your son or daughter to participate in the above-described activity, please complete the request for participation form below, and return it to the school immediately.

(Cut on dotted line and return lower portion)

Parent Request for Student Voluntary Participation

(This completed form must be returned to the instructor before student can participate)

In consideration of the permission granted, I/we hereby waive all claims which I/we might have against the La Mesa-Spring Valley School District or the State of California, their officers, agents, and employees for injury, accident or illness occurring during or by reason of the above-described activity.

California law (Education Code 35330) provides that any person making a field trip or excursion waives all claims against the School District and the State of California for injury, accident, or illness occurring during or by reason of the field trip or excursion.

	wishes to participate in going to	La Mesita Park
Student's name	Activity	
Teacher's discretion	Teacher's discretion	Teacher's discretion
Date	Begin time	End time
Teacher's discretion	Teacher's discretion	Return same day
Session	Date	Date

Health or Medical Concern _____ **Medication(s)** _____ ☐ Home ☐ School

In the event of an accident, or sudden illness, the School District has my permission to render whatever emergency medical treatment may be deemed necessary for the above-named student.

Date signed	Signature Parent/Guardian	Daytime phone number
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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 Student

Restraining 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 or call [800-300-1506](tel:800-300-1506) English or [800-300-0213](tel:800-300-0213) Español.

Please list current diagnoses/significant past history: _____

Health Concerns	Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Activity restrictions/limitations*	<input type="checkbox"/>	<input type="checkbox"/>
Other Lung/Pulmonary/Respiratory problems*	<input type="checkbox"/>	<input type="checkbox"/>
Heart Problems*	<input type="checkbox"/>	<input type="checkbox"/>
Activity restrictions/limitations*	<input type="checkbox"/>	<input type="checkbox"/>
ADHD/ADD (circle one)	<input type="checkbox"/>	<input type="checkbox"/>
Medication at school	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Type 1 / Type 2 (circle one)	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Diagnoses/Concerns*	<input type="checkbox"/>	<input type="checkbox"/>
Vision Problems*	<input type="checkbox"/>	<input type="checkbox"/>
Contacts/Glasses	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Problems*	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Aid/Special Seating	<input type="checkbox"/>	<input type="checkbox"/>
Neurological problems*	<input type="checkbox"/>	<input type="checkbox"/>
Seizures*	<input type="checkbox"/>	<input type="checkbox"/>
Headaches/Migraines*	<input type="checkbox"/>	<input type="checkbox"/>
Significant Head Injury/Concussion*	<input type="checkbox"/>	<input type="checkbox"/>

Health Concerns	Yes	No
Bone/joint/muscle disorders or injuries*	<input type="checkbox"/>	<input type="checkbox"/>
P.E. Limitations*	<input type="checkbox"/>	<input type="checkbox"/>
Immune System Disorder*	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding disorder*	<input type="checkbox"/>	<input type="checkbox"/>
Stomach/GI/Bowel Problems*	<input type="checkbox"/>	<input type="checkbox"/>
Kidney/Bladder problems*	<input type="checkbox"/>	<input type="checkbox"/>
Allergies (Including Food Allergies)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Allergy is MILD . No emergency medication		
<input type="checkbox"/> Allergy is SEVERE . Emergency Medication		
<input type="checkbox"/> Epinephrine (Epi-Pen) <input type="checkbox"/> Antihistamine		
What is your child allergic to?		
<input type="checkbox"/> Food: (please list)		
Describe reaction:		
<input type="checkbox"/> Insect: (please list)		
Describe reaction:		
<input type="checkbox"/> Other: (please list)		
Describe reaction:		

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 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 _____

STEP 1 — All Children in the Household

Student ID (optional)	Last Name	First Name	MI	Date of Birth	Grade (Optional)	Foster	Homeless	Migrant	Runaway	Head Start
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
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Note: Students enrolled in schools participating in the Community Eligibility Provision (CEP) will receive no cost meals regardless of the completion or eligibility determination of this application.

STEP 2 — Assistance Programs

Do any household members (including you) currently participate in one or more of the following assistance programs: CalFresh, CalWORKs, or FDPIR? **Circle one:** Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number then skip to STEP 4.

Case Number:

STEP 3 — All Household Member Income (Skip this step if you answered 'Yes' in STEP 2)

Please read **How To Apply for Free and Reduced Price School Meals** for more information. The "Sources of Income for Children" section will help you with the Child Income question. The "Sources of Income for Adults" section will help you with the All Adult Household Members section.

Gross income and how often it is received: W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly	Child Income	How Often?				
		W E T M				
A. Sometimes children in the household earn or receive income. Please include the TOTAL income received by all household members listed in Step 1 here.	<div></div>	<div>W E T M</div>				
B. <u>List all household members not listed in Step 1</u> (including yourself) even if they do not receive income. 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.						
Adult Household Member Name (First and Last)	Earnings from Work	How Often?	Public Assistance / Child Support / Alimony	How Often?	Pensions / Retirement / All Other Income	How Often?
		W E T M		W E T M		W E T M
<div></div>	<div></div>	<div>W E T M</div>	<div></div>	<div>W E T M</div>	<div></div>	<div>W E T M</div>
<div></div>	<div></div>	<div>W E T M</div>	<div></div>	<div>W E T M</div>	<div></div>	<div>W E T M</div>
<div></div>	<div></div>	<div>W E T M</div>	<div></div>	<div>W E T M</div>	<div></div>	<div>W E T M</div>
<div></div>	<div></div>	<div>W E T M</div>	<div></div>	<div>W E T M</div>	<div></div>	<div>W E T M</div>
Total Household Size (Children and Adults)	<div></div>	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Another Adult Household Member		*** - ** -	<div></div>	Check if no SSN <input type="checkbox"/>

STEP 4 — Contact Information and Adult Signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws." **California Education Code Section 49557(a): "Applications for free and reduced-price meals may be submitted at any time during a school day. Children participating in the federal National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, special serving lines, separate entrances, separate dining areas, or by any other means."**

Printed name of adult completing the form

Signature of adult completing the form

Today's Date

Street Address (if available)

City

State

ZIP Code

Home Phone Number

Work Phone Number

Email

OPTIONAL — Children's Racial and Ethnic Identities

Ethnicity (check one):

Race (check one or more):

Hispanic or Latino

Not Hispanic or Latino

American Indian or Alaskan Native

Black or African American

Asian

Native Hawaiian or Other Pacific Islander

White

4098

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. 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
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)

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:

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:

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 SCHOOLS

Take-Home Technology Usage Agreement

READ CAREFULLY

CB# _____

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.
- ☐ 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 _____

**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.

DISTRICT's Integrated Pest Management Plan may be viewed at www.lmsvschools.org

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.

Signature of Parent/Guardian