

San Marino Unified School District

ADMINISTRATIVE OFFICES
TELEPHONE: (626) 299-7000
FAX: (626) 299-7010

1665 WEST DRIVE
SAN MARINO, CALIFORNIA 91108-2594

Please Print:

Student ID#: _____

Grade: _____

Student Name _____

District Acknowledgment Form

The San Marino Unified School District Office will present documents requiring your acknowledgement and signature through the *District Web-Site* (<http://www.san-marino.k12.ca.us/>). Please go to the *First Day Packet* link. After reading each document listed, please verify your receipt below.

This signed form must be returned and included with your child's other school site registration materials.

If you are unable to access our web-site or wish to *obtain a hard copy* of these documents please feel free to pick up a set from either your *School Site Office* or the *District Office*.

I have **read and understand** the following documents provided by the Superintendent's District Office.

- *Notice of Rights of Parent or Guardians of Minor Pupils Under Certain Education Code Sections*
- *California Education Code Parental Notification Requirements*
- *Student Use of Technology*
- *Emergency Procedures and Disaster Preparedness*
- *State of California Attendance Funding Letter*
- *Student Injuries and Insurance Letter*
- *Student Accident & Health Insurance Brochure (provided in your 1st Day Packet)*
- *Annual Notification of Application of Pesticides*
- *Media Letter*

Your signature acknowledges receipt of all the above documents.

X

Parent/Guardian Signature

Fall 2007