

Student Name: _____ Grade: _____ Student ID#: _____

SCOTTSDALE UNIFIED SCHOOL DISTRICT STUDENT RELEASE FORM

(This release section is necessary to meet the requirements of state statute A.R.S. §15-142.)

Please read the items listed below carefully. Unless you refuse to consent or “opt out” personally identifying student information will be made available as described or your student may be referred to a program described. Your student’s personally identifying information will not be released and they will not be considered for certain programs if you refuse consent. If SUSD does not receive this form within fourteen (14) calendar days from your receipt of this form, SUSD will infer that you consent to the release of student information or to consideration for the identified programs.

I have reviewed the SUSD Code of Conduct (which can be found at www.SUSD.org) myself and with my student. I acknowledge that all students will be held accountable to the expectations outlined in the SUSD Code of Conduct. My initials below indicate my review of the SUSD Code of Conduct.

STUDENT ASSISTANCE PROGRAMS

Scottsdale Unified School District provides Student Assistance Programs (SAP’s). These prevention-focused support services are available for students who either self-refer or are referred for assistance in areas such as coping with at-risk behavior, stress and personal pressures, building positive relationships, divorce adjustment, grief support, and conflict resolution. The programs are preventative and educational in nature and do not include psychological assessment, evaluation, or therapy.

I DO NOT Give Consent _____ Initial

STUDENT DIRECTORY INFORMATION RELEASE

This gives consent for the release of student directory information as it applies to school related activities such as athletics, musical programs, honors and awards, drama productions, commencement, etc. This release shall not apply to confidential student records such as test scores, transcripts, and evaluations. Consent will remain in effect for the current school year or until permission is revoked by the parents, requesting in writing such a revocation. Details of Governing Board policy as to the release of directory information may be secured by contacting the school office or visiting the District’s website at www.susd.org. Directory information includes the student’s name, the parents’ names, email addresses, home addresses and telephone numbers; class/grade level; weight and height if the student is a member of an athletic team; awards received; extracurricular participation; honors and achievements.

I DO NOT Give Consent _____ Initial

HIGH SCHOOL – GRADES 11-12

According to state and federal law, the above-designated directory information may be publicly released to educational, occupational or military recruiting representatives without your permission. ** If you do not object to the release of any OR all of the above designated information in writing, then the school must provide military recruiters, upon request, directory information containing the student’s name, addresses and telephone listings. Under the Elementary and Secondary Education Act and No Child Left Behind Act of 2001, as amended, school districts are required to comply with a request from a military recruiter for names, addresses, and telephone listings for each student who is 17 years of age or older or in the eleventh grade (or its equivalent) or higher, even if a school district has a policy of not disclosing such directory information. Additionally, educational, occupational or military recruiting representatives may request a student’s GPA and Class Rank. If you agree to the release of GPA and Class Rank to educational, occupational representatives, we are required to provide the same information on an equal basis to military recruiting representatives.

I DO NOT Give Consent _____ Initial

STUDENT PHOTO/VIDEO RELEASE (all school-sponsored activities except athletics)

This gives consent for my student’s photo/video to be used in school-related activities by representatives of media (which could include television) and for use of the school district in various media, such as newspapers, broadcasts, news releases, school/district newsletters, District website, and social media sites, (i.e. Facebook, Twitter), school plays and contests. This does not include athletic events, which are considered public events.

I DO NOT Give Consent _____ Initial

YEARBOOK RELEASE

This gives consent for my student to be photographed and identified by his or her name to be used in school-related activities, which include the yearbook.

I DO NOT Give Consent _____ Initial



PERMISSION TO RELEASE STUDENT DIRECTORY INFORMATION (School Related Organizations)

This gives consent for the release of student information to Parent Teacher Organizations and Booster Clubs. This release shall not apply to confidential student records such as test scores, transcripts, evaluations, etc.

I DO NOT Give Consent _____ Initial

GRADUATION

(Please read carefully, as your selections can prevent your child from receiving notifications of offerings by vendors).

The School District will release a high school student’s name, address and telephone number to entities pertaining to graduation unless parents direct otherwise. Please check “**RESTRICT INFORMATION**” to specifically denote your desire to restrict the release of your child’s information; otherwise, SUSD will assume consent to the release of the information to the corresponding source for the following:

- Graduation & Yearbook Portraits and/or Photographs Restrict Information
 - Graduation Program & Diploma Restrict Information
 - Graduation Caps and Gowns Restrict Information
 - Project Graduation Restrict Information
 - Senior Portraits Restrict Information
- (May include Juniors for upcoming Senior Year)

SIGNATURE REQUIRED BELOW (only if there is a change from the prior year)

The information I have provided on this form is accurate and true. I hereby certify that I am the parent or legal guardian* (with legal custody, if separated or divorced) of the above named student. ***Copy of Court paperwork is mandatory. I hereby acknowledge that I have read the SUSD Code of Conduct and agree to abide by the rules and expectations contained therein.**

Parent/Guardian Signature

Date

Please Print Parent/Guardian Name

EMAIL ACCOUNTS

Students in grades K-12 will receive an email account provided and supported by SUSD. All rules and expectations within the Student and Parent Technology and Network Resource expectations apply.

Note: IF YOU DO NOT CHECK THE BOX BELOW, SUSD WILL PROVIDE YOUR STUDENT AN SUSD SUPPORTED EMAIL ACCOUNT

I DO NOT Give Consent _____ Initial

CODE OF CONDUCT HARD COPY REQUEST

In an effort to be responsive to the environment, the Code of Conduct is available online at all school sites. If an electronic version of the Code of Conduct is not accessible, **limited** hard copy versions will be available to families through the individual sites’ administrative offices. If you would like to request a hard copy version of the Code of Conduct, please check below.

I would like to have a hard copy version of the Code of Conduct _____ Initial

COVID-19 PARENTAL ACKNOWLEDGMENT AND DISCLOSURE

I have read, understand, and agree that, while present at school each day, my child will be in contact with children and employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines, or practices will remove the risk of exposure to COVID-19. I understand that the members of my family play a crucial role in keeping everyone at school safe and reducing the risk of exposure by following the practices outlined herein.

I Acknowledge _____ Initial (Required) As the parent or guardian of a student attending school at a campus site, I understand and acknowledge that my child may be exposed to COVID-19. No mitigation strategy is 100% effective in removing the risk of exposure to COVID 19. I understand that the community, including members of my family, play a critical role in reducing the risk of serious illness and in keeping our schools safe. I understand that hand washing, contact tracing and quarantining are still COVID-19 mitigation strategies that may be utilized to provide a safe and health school environment. I agree that I will keep my child at home if they display symptoms of COVID like illness.

2021/2022 PARENT/LEGAL GUARDIAN CONSENT TO PARTICIPATION IN SOCIAL EMOTIONAL BEHAVIOR SCREENING

2021/2022 PARENT/LEGAL GUARDIAN CONSENT TO PARTICIPATION IN SOCIAL EMOTIONAL BEHAVIOR SCREENING Pursuant to A.R.S. § 15-117 informed, parental consent is required to conduct screenings and/or surveys of my minor child. My signature below authorizes SUSD to complete an emotional health and wellness screening of my child (child's name).

The SAEBRS (Social, Academic, and Emotional Behavior Risk Screener) is a brief screening tool for universal screening of student risk for social-emotional and behavioral problems for students in Grades K through 12 which will be used by the district for this purpose.

I further understand that upon my request, SUSD shall provide any available information regarding the screening to me in a timely manner including the dates, methods used, information collected and reasons for administration.

I have read this Consent & Release Form and fully understand the terms and conditions outlined. I certify that I have full legal capacity to sign this Consent & Release Form on behalf of myself and my child.

YES, _____ I do give consent as described above.

NO, _____ I do not give consent as described above.

PERMISSION

The Scottsdale Unified School District has my consent as described above in this Consent & Release.

Name

Signature

Date

Name of Parent (print) _____

Signature of Parent _____

Date _____

Student Name _____

Student ID Number _____

