

**Student Agreement**

I have read, understand, and will abide by the District’s AUP (Board Policy 6168 and Administrative Regulation 6168) when using the District’s Technology Systems. Should I violate this AUP, I understand that the District may revoke my privileges to access the District’s Technology Systems, disciplinary action may be taken, and/or appropriate legal action may be initiated against me.

\_\_\_\_\_  
User Name

\_\_\_\_\_  
User Signature

\_\_\_\_\_  
Date

Parent/Guardian Agreement (for students under 18 years of age)

As a parent or guardian of \_\_\_\_\_, I have read and understand Board Policy 6168 and Administrative Regulation 6168 (the “AUP”). I understand that my child’s access to the District’s Technology Systems (as that term is defined in the AUP) is designed for educational purposes, and that the District has taken reasonable steps to control access to the Internet. I further understand that the District cannot guarantee that all controversial information will be inaccessible to student users. I agree that I will not hold the District responsible for materials acquired on the network or Technology Systems. Further, I accept full responsibility for supervising my child if, and when, he/she uses District Technology Systems when not in a school setting. I hereby give my permission for my child to use the Technology Systems, including the Internet.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**FORM A**

SIGN AND RETURN FORM TO SCHOOL

**BERRYESSA UNION SCHOOL DISTRICT**

1376 Piedmont Road, San Jose, CA 95132

**Notification of Parent or Guardian -- Education Code Section §48981-- Times & Means of Notification**

The notice to parents regarding federal laws and education code excerpts relating to rights of parents or guardians of minor pupils shall be sent at the time of registration for the first semester, quarter, or trimester of the regular school term. The notice may be sent by regular mail or by any other method normally used to communicate with the parents or guardians in writing.

*The following acknowledgment must be included as part of your child's school record. Please complete this form and return it to school.*

**PARENTAL ACKNOWLEDGMENT**

- I have received and read the attendance information and will make every effort to ensure my child/children attend school every day that school is in session.
- I have received and read the notice to parents regarding federal laws and education code excerpts relating to rights of parents or guardians of minor pupils.

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_

My child's name is \_\_\_\_\_

He/she attends (name of school) \_\_\_\_\_ Grade \_\_\_\_\_

**MANDATORY RECOMMENDATION FOR EXPULSION**  
**(EC §48915(C)(1) AND (2), EC §48915(a)(2) ACKNOWLEDGEMENT**

My signature and my parent's signature below indicate that I/we understand the Mandatory Recommendation for Expulsion. I agree that I will bring no controlled substances or weapons of any kind including knives of any size, key chain knives, Swiss Army knives, guns or any other device that can be used as a weapon, onto the school property. I/we further understand that violation of this policy will result in a recommendation for expulsion. Board Policy 5131.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent's Signature

**CODE OF CONDUCT ACKNOWLEDGMENT**

My parents and I have reviewed the School's Code of Conduct and the common dress code (Cherrywood, Morrill, Northwood, Piedmont, Sierramont, and Summerdale). I understand that I am responsible for the guidelines and rules it contains. If I have questions about the Code of Conduct and/or the Dress Code (Uniform Policy), I know I can call the school or make an appointment with the Principal or Assistant Principal.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent's Signature

**FORM B**

**SIGN AND RETURN FORM TO SCHOOL**

BERRYESSA UNION SCHOOL DISTRICT  
1376 Piedmont Road, San Jose, CA 95132

Berryessa, in cooperation with the California Department of Health Services and Education, has begun a program that will allow the district to be reimbursed with federal Medicaid dollars for selected health services provided to Medicaid eligible students at school. School Business Services of California is assisting the district in the billing process. In accordance with the regulations of this program, to receive the federal dollars, the district must make an attempt to bill for services through private health insurance companies by asking Parent/Guardian for consent to bill.

If your student has an Individualized Education Plan (IEP) or an Individualized Family Service Plan (IFSP), the school district will not attempt to bill private insurance when the service is rendered as in accordance with their IEP or IFSP.

Most health services offered through the school district will not be reimbursed by a private health insurance plan and the district expects little revenue to be gained from private insurance agencies.

- No, I do not consent. (Please fill in your child's name and date of birth)
- Yes, I consent to billing my private insurance and have completed the information below.

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

INSURANCE INFORMATION

Parent/Guardian Name (person who holds policy) \_\_\_\_\_

Student Address \_\_\_\_\_

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

Student Health Insurance Company Name \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Phone # \_\_\_\_\_

I consent to submission of claims to my insurance carrier for payment of fees for services provided to my child. I authorize my insurance carrier to communicate directly with, and make payments to, my student's school district and their billing agent.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

FORM C

SIGN AND RETURN FORM TO SCHOOL