



**PASADENA UNIFIED SCHOOL DISTRICT**  
**Acknowledgement and Authorization Form**

Student Name: (Last Name, First Name)	Student ID:	Grade:
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School:	Parent/Guardian Email:
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Parent/Guardian Name: (Last Name, First Name)	Parent/Guardian Phone:
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MILITARY PARENT/GUARDIAN AFFILIATION	
<input type="checkbox"/> <b>Yes</b> , at least one parent/guardian of this student is active in the United States Armed Forces	<input type="checkbox"/> <b>No</b> , this student does not have a parent/guardian who is active in the United States Armed Forces

ANNUAL NOTIFICATIONS	
<b>ACKNOWLEDGEMENT OF RECEIPT AND REVIEW</b> Please review and confirm you have READ & UNDERSTOOD the PUSD Parent/Student Handbook	<input type="checkbox"/> I have <b>READ AND UNDERSTOOD</b> the document
<b>ATTENDANCE &amp; TRUANCY POLICY</b> Please review and confirm you have READ & UNDERSTOOD the Attendance & Truancy Policy	<input type="checkbox"/> I have <b>READ AND UNDERSTOOD</b> the document
<b>INTERNET AND TECHNOLOGY USE POLICY</b> Please review and confirm you have READ & UNDERSTOOD the Internet & Technology Use Policy	<input type="checkbox"/> I have <b>READ AND UNDERSTOOD</b> the document
<b>MEDICATION DURING SCHOOL HOURS</b> Please review and confirm you have READ & UNDERSTOOD the Medication during School Hours Policy	<input type="checkbox"/> I have <b>READ AND UNDERSTOOD</b> the document

ANNUAL AUTHORIZATIONS		
<b>Student use of PUSD Email account</b> (Not allowing may limit students' ability to communicate with peers/teachers in collaborative assignments)	<input type="checkbox"/> Allow	<input type="checkbox"/> Do NOT Allow
<b>Student's information to be shared with colleges, employers, nonprofit organizations</b>	<input type="checkbox"/> Share	<input type="checkbox"/> Do NOT Share
<b>Student's information to be shared with Military Recruiters</b>	<input type="checkbox"/> Share	<input type="checkbox"/> Do NOT Share
<b>News Media access to interview, film student</b>	<input type="checkbox"/> Allow	<input type="checkbox"/> Do NOT Allow
<b>Notification of pesticide application at school site?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Electronic Report Card?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>District Student Image Release</b>	<input type="checkbox"/> Allow	<input type="checkbox"/> Do NOT Allow
<b>Student's information to be submitted to CA College Guidance Initiative (CCGI) 9TH - 12TH GR. ONLY</b>	<input type="checkbox"/> Share	<input type="checkbox"/> Do NOT Share
<b>Student's information to be submitted to Cal-Grant 11TH AND 12TH GR. ONLY</b>	<input type="checkbox"/> Share	<input type="checkbox"/> Do NOT Share
<b>Safety Agreement for Science Class 9TH - 12TH GR. ONLY</b> Please notify science teacher if any of the following apply: Contact Lens Use, color blindness or allergies	<input type="checkbox"/> Agree	<input type="checkbox"/> Do NOT Agree

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**Parent/Guardian Signature** \*Students who are 18 years old must sign their own form

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**Date**

**UPON COMPLETION OF THIS FORM, PLEASE RETURN IT TO YOUR CHILD'S SCHOOL OFFICE**  
*ALL Selections are only valid for CURRENT school year*