Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_

**Chicago Park Elementary School District**

**Mandatory Parent/Guardian Signatures (Form A)**

***This form is mandatory and must be signed and returned annually to the school office at your school site***

The policies and forms listed below are available in the school office or on our District website at [www.chicgoparkschool.org](http://www.chicgoparkschool.org) under parents, first day forms. Please sign below to acknowledge you have reviewed these polices and forms:

|  |  |
| --- | --- |
| * Annual Parent Notice 2025/2026
* Student Handbook
* Acceptable Use Agreement- Computer and Internet Use
* Student Insurance Waiver
* Annual Notification of Uniform Complaint Procedures
* Chromebook Student Handbook 2025/2026
* Indian Education Letter to Parents
* Indian Education Certification (to be completed by parent if applicable)
* Pesticide Notice for Parents 2025/2026
 | The following Board Policies /Administrative Regulations * BP/AR 0510 – School Accountability Report Card
* BP/AR 3514.2 – Integrated Pest Management
* BP/AR 5116.2 – Involuntary Student Transfers
* BP/AR 5141.3 – Health Examinations
* BP/AR 5145.7 - Sexual Harassment
* BP/AR 6020 - Parent Involvement
* BP/AR 6142.2 – World Foreign Language Instruction
* BP/AR 6163.4 - Student Use of Technology
* BP/AR 6164.2 – Guidance Counseling Services
* BP/AR 6174 – Education for English Learners
 |

**I hereby acknowledge receipt of the above information and policies.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Parent/Guardian Signature Date*

**PART I – Receipt and Acknowledgement of Annual Parent Notice 2025/2026 – Completion Mandatory**

I hereby acknowledge receipt of the Annual Parent Notice as required by Education Code 48980

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Parent/Guardian Signature Date*

**PART II – Request to be Excused from Comprehensive Sexual Health Education and HIV Prevention (grades 5-12) -Completion Optional**

*If you wish for this pupil* ***to be excused*** *from comprehensive sexual health education and HIV prevention education, please sign below.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Parent/Guardian Signature Date*

**PART III – Request to Deny Access to Directory Information – Completion Optional**

If you **do not** wish directory information to be released regarding this pupil, please sign below. Note that this will prohibit the district from providing the pupil’s name and other “directory” information to the news media, interested schools, parent-teacher association, interested employers, and similar parties.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Parent/Guardian Signature Date*

**Consent Form Concerning the Use of Student Photographs 2025/2026**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*student*) who is currently enrolled in the Chicago Park Elementary School District. I have read the District’s disclosure form and understand that the District uses photographs in promoting the District’s educational programs on the Internet and/or in newsprint. I understand that anything published on the District’s website and/or in newsprint is available worldwide to anyone with access to the Internet or newsprint. Having been fully informed of the District’s intended use of such photographs, I hereby (*check one*):

* **Consent**
* **Do Not Consent**

to photographs of my child being published in such promotional materials.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Parent/Guardian Signature Date*

**Student Handbook Agreement 2025/2026**

We have read the Student Handbook and discussed its contents and agree that we will promote safe, respectful and responsible behavior.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Parent/Guardian Signature Student Signature*

**Consent Concerning the Use of Student Email Account 2025/2026**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the Parent/Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*student)* who is currently enrolled in the Chicago Park Elementary School District. As a parent/guardian of the above-mentioned student, I have been informed that students will be logging in to the Chromebooks with their school email account and I have been made aware of the following information:

 Student email accounts are

* Owned by the district
* Assigned within the district domain
* Human monitored
* Student access can be revoked for violations of acceptable use policy
* Given permissions to contact staff and students as determined by the classroom teacher(s)

Student email accounts do not

* Send or receive email to or from any other email domain i.e.: yahoo, gmail
* Access all staff and students in the district (only as assigned)

I hereby (*check one*):

* **Consent** to CPESD assigning a student email account to my student
* **Do Not Consent** to CPESD assigning a student email account to my student

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Parent/Guardian Signature Date*

**Field Trip Permission 2025/2026**

During the school year, your child will be participating in field trips and/or interscholastic/academic games. Field trips are taken for the purpose of enriching and broadening your child's knowledge and understanding of a particular subject area. It is the policy of Chicago Park Elementary School District to require written permission of the parent or guardian before all trips are taken. Please check the box that applies to your student.

* I give my child permission to walk the bike trail located adjacent to Mt. Olive Rd. during the 2023/2024 school year as part of a nature walk or the physical education program.
* I **do not** give my child permission to walk the bike trail located adjacent to Mt. Olive Rd. during the 2023/2024 school year as part of a nature walk or the physical education program.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Parent/Guardian Signature Date*

**Student Injury and Insurance Request 2025/2026**

**Emergency Treatment**

As a legal custodian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor, I hereby authorize the principal or his/her designees, into whose care the aforementioned minor pupil has been entrusted, to consent to any x-ray, examination, anesthetic, medical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary.

This authorization shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that the Chicago Park School District, its employees and its Board assume no liability of any nature in relation to the transportation or treatment of said minor. I further understand that all costs of paramedic transportation, hospitalization, and examination, x-ray, or treatment provided in relation to this authorization shall be my responsibility.

I understand that the Chicago Park School District **does not** provide accident medical insurance for students for school related injuries but does offer the student accident insurance for voluntary purchase. If you are interested in purchasing accident insurance, please indicate below or contact school office for an application.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Parent/Guardian Signature Date*