Student's Name: _____ Grade: _____ Date: _____

GARFIELD SCHOOL DISTRICT

EMERGENCY STUDENT RELEASE FORM
FOR EARTHQUAKE OR NATURAL DISASTER

In the event of a major disaster, SCHOOL WILL NOT BE DISMISSED AND CHILDREN WILL REMAIN UNDER THE SUPERVISION OF SCHOOL AUTHORITIES. Pupils shall be released ONLY TO PERSONS AUTHORIZED BY PARENTS, OR PARENTS THEMSELVES. ANY ADULT calling for a pupil at the school site will be required to IDENTIFY him/herself to an assigned staff member of the school before being permitted to take a pupil off the premises and will be REQUIRED TO SIGN OUT THE PUPIL BY DATE & TIME.

Please complete and sign the following:

In the event of an earthquake or other natural disaster that occurs during school hours, I understand that my child will remain in school until I or an appointed authorized person picks him/her up.

If I am unable to pick him/her up, I hereby authorize the following person(s) to release them from the school site.

AUTHORIZED PERSON(S):

_____ Phone numbers: _____ (work) _____ (home)

_____ Phone numbers: _____ (work) _____ (home)

_____ Phone numbers: _____ (work) _____ (home)

_____
Parent signature

Garfield School will provide your child with an emergency kit containing a three day supply of water & food, along with a blanket.

GARFIELD SCHOOL
Student Roster Inclusion Form
And Information Preference

Each year we send home a student roster. This includes the name, grade, parent's name, address, and phone number for each student. Please check the appropriate box:

☐ Yes, please include my child's information.

☐ No, please do not include my child's information.

Student's Name: _____

Parent's Signature: _____

Each month we send out the Garfield Bell, calendar, and lunch menu. Each teacher sends out a weekly class newsletter. We also send out various fliers for community events. Please let us know how you would prefer to receive this information:

☐ Paper all the way *(some will be sent in the mail, some with your students)*

☐ Exclusively electronic: _____
Primary email address

_____
Other email address

☐ Combination - *choose your preference for each*	Paper	Electronic
☐ Bell, Calendar, Menu	☐	☐
☐ Weekly class newsletter	☐	☐
☐ Event notices	☐	☐

MEDIA RELEASE FORM

Parent / Guardian Release Form For
Photographers, Films, Slides, Video And Audio Recording
Of Pupils Enrolled In Garfield School District Schools

Pupil's Name: _____

Birthdate: _____ Grade: _____ School: _____

You have my permission for film, video and audio tape recordings, slides and photographs to be made of my son/daughter in classroom activities, assessments and other school activities. I understand that the films, video and audio recordings, slides and photographs are being produced for educational purposes and may be used for the following: broadcast on local television and/or radio, communication boards, classroom use, yearbook, school brochures, school and/or District web site(s), and at educational conferences.

☐ Yes, I give my consent.

☐ No, I do not give my consent.

Parent/Guardian Signature: _____ Date: _____

ACKNOWLEDGMENT OF PARENT OR GUARDIAN OF ANNUAL RIGHTS NOTIFICATION

After reading the ANNUAL RIGHTS document found on our website, please fill out, sign, and return this form to Garfield School indicating that you have been notified of the specified activities and whether you have a child on continuing medication.

Student's Name: _____

School: _____ Grade: _____

I hereby acknowledge receipt of information regarding my rights, responsibilities, and protections:

Signature of Parent or Guardian: _____ Date: _____

PLEASE COMPLETE THE FOLLOWING IF APPLICABLE:

1. Student is on a continuing medication program as prescribed by a physician: YES NO

If YES, you have my permission to contact student's physician:

Physician's Name: _____ Phone: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

2. If you do ***not*** wish directory information released, please sign where indicated below and ensure receipt of this form by the school office within the next 30 days. Note that this will prohibit the district from providing the student's name and other information to the news media, interested schools, parent-teacher associations, interested employers, and similar parties.

Do NOT release directory information regarding:

Student's Name: _____ DOB: _____

School: _____

Check if an exception may be made to include student information and photos in the yearbook.

Signature of Parent or Guardian: _____ Date: _____

3. By signing below, you give the district **permission to have photographs of your student in the yearbook** and other school related publications.

Student's Name: _____

School: _____ Grade: _____

Signature of Parent or Guardian: _____ Date: _____

GARFIELD SCHOOL
Partnership For School Success

At Garfield School, we believe that cooperation between school and home is essential for a child to succeed to his or her highest potential. When we combine our resources for education and guidance, we provide cohesive and positive boundaries in which a child can feel safe. We believe that schools and families working together can solve even the most difficult problems. The more collaboration we model between home and school, the more assured the child will be that his or her education is important, both to their parents and their teachers. This compact recognizes the importance of this partnership.

DISTRICT ROLE: The District will provide the best education possible for your child. His/her unique qualities and learning styles will be considered and encouraged. Our educational program will be based on the highest academic expectations while providing instruction in the arts, physical education, and technology. An important goal is that each child is recognized for, and feels proud of, his or her best efforts. Speech and Special Education programs will be provided when deemed necessary. We encourage parent participation and provide information about our programs through monthly newsletters, classroom communications, parent conferences, and many other programs for parent information and education.

PARENT ROLE: The parents will insure that their child regularly attends school, arrives on time, is well rested and well fed. The parents will encourage a positive attitude about school and the district's efforts to provide a rigorous academic program. Parents will set the expectation that their child will be responsible for his/her assignments and do them to the best of his/her ability. A consistent time for homework will be established and the child's assignments will be checked regularly. The parents will support the school's efforts to encourage positive social behavior.

STUDENT ROLE: The student will pay attention to school lessons and do them to the best of his/her ability. The student will treat teachers, school personnel, and classmates with respect. The student will work to be a positive group member both in class and on the playground. The student will follow school rules, do homework regularly and accept responsibility for his/her work and behavior.

Please review the roles associated with the Garfield School Compact with your family. The more that we can work together, the more your child can succeed. Thank you for being a part of this educational community!

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

District Signature: Michael Quinlan Date: 08/03/26

GARFIELD SCHOOL DISTRICT

Contract Agreement For Educational Use Of Communication And Information Technology For Student, Parent And Sponsoring Teacher

Directions: After reading the Application, please read and fill out the appropriate portions of the following contract completely and legibly. The signature of a parent or guardian is required for minor students. Please return the contract to your teacher. Any questions should be addressed to your teacher as well.

STUDENT: I have read the Terms and Conditions. I understand and will abide by the stated Terms and Conditions. I further understand that violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation of the regulations, my access privileges may be revoked, school disciplinary action may be taken and/or appropriate legal action may be pursued against me.

Student Name (please print): _____

Student Signature: _____ Date: _____

PARENT OR GUARDIAN: As the parent or guardian of this student, I have read the Terms and Conditions. I understand that this access is designed for educational purposes and the Garfield School District has taken reasonable precautions to eliminate access to controversial material. However, I also recognize it is impossible for the Garfield School District to restrict access to all controversial materials, and I will not hold the Garfield School District or its staff responsible for materials acquired by my child through communication and information technology.

I hereby give my permission for my child to have access to communication and information technology and certify that the information contained on this form is correct.

Parent or Guardian (please print) _____

Signature: _____ Phone: _____ Date: _____

SPONSORING TEACHER: I have read the Terms and Conditions and agree to promote this agreement with the student. Because the student may use communication and information technology for individual work or in the context of another class, I cannot be held responsible for the student's use of communication and information technology. As the sponsoring teacher, I do agree to instruct the student on acceptable use of communication and information technology and proper communication and information technology etiquette, as well as to monitor the student's use to the greatest extent possible.

Teacher's Name (please print): _____

Signature: _____ Date: _____

GARFIELD SCHOOL DISTRICT
Google Apps for Education Permission Form

Dear Garfield Families:

Garfield School will be using a Google Apps for Education account to support teaching and learning and to allow for easy sharing of documents, file storage, and connectivity within our school and classrooms. This software will allow students and teachers to create, collaborate, and share documents, spreadsheets, presentations, and more to enhance student learning. Google Apps for Education allows students to work in a safe, protected environment in a private domain. While all documents are stored online, no one outside our district can access them. Google Apps for Education will enable us to take a big step forward toward developing a paperless environment in our classrooms.

Our Google Apps for Education domain is: **garfieldschool.org** and will be used for school purposes only. Unless your child's teacher contacts you, the email feature will be disabled. Your child's Google account username will be:

first initial + last name @garfieldschool.org *(e.g., mquinlan@garfieldschool.org)*

Your child will be creating a password at school, and will share it with you once it's assigned.

As parents of children in this technological age, it is necessary that we take the steps to monitor and protect our children in their usage of technology. Teachers will monitor student use of applications when they are at school, and parents are responsible for monitoring their child's use of the internet from home.

You can find more information about the security and privacy of Google Apps for Education here: http://www.google.com/enterprise/apps/education/benefits.html

Please fill out and return this signed form to your teacher or to the school office with the rest of the mandatory school forms, at your earliest convenience. Please feel free to call me at school if you have any questions or concerns.

Thanks for your support.

Mr. Quinlan

I give permission for my child to use Google Apps for Education at Garfield School, and understand that this account will be used for educational purposes only.

Student's Name: _____

Parent Signature: _____

GARFIELD SCHOOL DISTRICT
STUDENT TRANSPORTATION PLAN
Signature Form

I have read and reviewed the following transportation & field trip related rules with my child:

- **Arrival & Departure Procedure**
- **School Bus Conduct Rules**
- **Loading And Unloading Procedures While On A Field Trip**
- **Bus Evacuation Procedures**
- **School Bus Conduct While On Field Trips**
- **Earthquake And Other Emergency Procedures During a Field Trip While On The Bus**
- **Earthquake And Other Emergency Procedures During a Field Trip While Not On Bus**

Student's Name: _____

Parent's Signature: _____

NORTH COAST SCHOOLS' INSURANCE GROUP
Field Trip/Excursion Waiver and Medical Authorization - Minor

_____ has my permission to participate in the activities listed below.

I fully understand the following:

1. Participation in these activities is voluntary.
2. I may revoke this permission at any time by notifying the school district in writing.
3. Revocation is not effective until receipt is acknowledged by the school district.

As stated in California Education Code Section 35330:
"All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion."

	Activity	Location	Approximate Date
1.	Neighborhood Walks	Freshwater, CA	As Scheduled
2.			
3.			
4.			
5.			

CONSENT TO TREAT

In the event of illness or injury during a field trip or excursion, I do hereby consent to whatever X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physicians or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

A special note to parents/guardians in accordance with Ed. Code Section 49423:

1) ☐ Check here if there are no special problems that the staff should be aware of and no medications are required on the trip.

2) All medications must be registered on this form with a physician's written instructions on dispensing: _____

3) All prescriptions, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff.

If your son or daughter has a special medical problem, attach a description of that problem to this sheet. Thank you.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in the school contacting the parents and arranging transportation home for that child at his/her and/or parents' expense.

Signature of Parent or Guardian: _____ Date: _____
Signature of Student: _____ Date: _____
Address: _____ Phone: _____
Health Insurance Company: _____ Policy #: _____
I do ***not*** consent to medical treatment: _____
Signature of Parent or Guardian

GARFIELD SCHOOL DISTRICT HOUSING SURVEY

The information you provide is confidential.

STUDENT'S NAME	DOB	GRADE

Name of Parent/Legal Guardian student resides with: _____

Is this a student living with a parent/guardian? YES ☐ NO ☐

Please list the full name of all children living in the household, and include birthdate, school, and grade.

CHILD'S NAME	DOB	SCHOOL	GRADE

Please describe your current living situation:

- ◯ House/apartment that is rented or owned by parent/guardian
- ◯ Temporary Shelter (Betty Chin, Youth Service Bureau/ Natural Disaster displacement)
- ◯ Hotel or Motel
- ◯ Temporarily Unsheltered (car, campsite/tent, substandard housing)
- ◯ Temporarily Doubled-Up (if yes, please choose the closest situation)
    - ◯ Economic Hardship (Lost housing due to eviction, loss of job, etc)
    - ◯ Couch Surfing: Living with friends or family
    - ◯ Providing Care for a family member
    - ◯ Other: _____

McKinney-Vento services ensure that students get the support they need in the educational system to overcome challenges of housing insecurity. If you qualify for McKinney-Vento Services, the district liaison will be contacting you to let you know of your rights and services.

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)
EMERGENCY ACTION PLAN

Name: _____ D.O.B. _____

School: _____ Teacher: _____ Grade: _____

Asthmatic? ☐ No ☐ Yes *(associated with a higher risk for severe reaction)*

My child's allergic reaction triggers are:

☐ Peanuts	☐ Tree Nuts	☐ Food Additives:
☐ Eggs	☐ Latex	☐ Insect stings:
☐ Milk	☐ All dairy	☐ Medications:
☐ Fish	☐ Shellfish	☐ Other: _____

Typical Reaction Symptom: _____

_____

_____

Has your child ever had an anaphylactic reaction before? ☐ No ☐ Yes

My child's anaphylaxis symptoms are usually:

☐ Swelling (eyes, lips, face, tongue)	☐ Coughing or choking
☐ Flushed face or body	☐ Cold, clammy, sweaty skin
☐ Difficulty breathing or swallowing	☐ Stomach cramps, diarrhea, vomiting
☐ Others (list): _____	
☐ Unknown	

1. When was his/her last allergic reaction? _____

2. How was the child treated? _____

3. Is your child currently being treated with antihistamine or any other medications?
☐ No ☐ Yes, List: _____

Are medications required to be kept at school? ☐ No ☐ Yes, list: _____

Parent/Guardian: _____ Phone(s): _____

Address: _____

Doctor Name: _____ Phone: _____

Insurance: _____

Additional Comments: _____

GASP EMERGENCY CONTACT INFORMATION
PLEASE FILL OUT THIS FORM COMPLETELY

Parent/Guardian Name *(please print)*: _____

Street Address: _____ City/State/Zip: _____
Mailing Address: _____ City/State/Zip: _____
Work Phone: _____ Home/Cell Phone: _____
Name of Emergency Contact: _____ Phone: _____

Other Parent/Guardian Name *(If applicable):* _____

Street Address: _____ City/State/Zip: _____
Mailing Address: _____ City/State/Zip: _____
Work Phone: _____ Home/Cell Phone: _____
Name of Emergency Contact: _____ Phone: _____

Send separate bill to other parent/guardian? Yes ☐ No ☐

Name(s) of child(ren) being enrolled in GASP:

	First Name & Last Name	Grade	Teacher
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Please attach a list of any special needs/allergies/medications

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ELOP Registration:

My family qualifies for the Expanded Learning Opportunities Program (ELOP). Please check the box and sign below to register: Yes ☐ No ☐

Signature: _____ Date: _____