

OPPORTUNITY YOUTH ACADEMY

Student Name: \_\_\_\_\_

**PARENT CONSENT FOR FIELD TRIP AND WAIVER OF SCHOOL RESPONSIBILITY**

I give my child permission to participate in field trips. I understand and acknowledge that my child's participation in field trips is not required by the Santa Clara County Office of Education and is completely voluntary. I further understand and acknowledge that pursuant to Education Code §35330, my child is deemed to have waived any and all claims against the Santa Clara County Office of Education or the State of California for "injury, accident, illness or death occurring during or by reason of the field trip or excursion." I, as parent/guardian in granting my child permission to participate in school related field trips, hereby release and hold harmless from any demands, losses, claims, actions, suits, or any liability of any nature or kind whatsoever, the Santa Clara County Superintendent of School, the Santa Clara County Board of Education, and any and all officers, employees, and agents of the Santa Clara County Office of Education for any and all illness, accidents, injuries, or death which may occur during such time that my (our) child is transported to, from, or during school functions, excursions or field trips. Should it be necessary to incur additional expenses and/or medical treatment during the trip, I give the teachers permission to use their judgment in such matters and will reimburse them for any reasonable expenses. I, as parent/guardian, have decided (with or without medical assistance) that my child is physically able to participate and I acknowledge that any accident insurance I consider necessary will be my responsibility to locate and purchase.

Yes  No  Initials \_\_\_\_\_

**SCHOOL INTERVIEW / MEDIA RELEASE**

On occasion, representatives from the media, from the Santa Clara County Office of Education, or from other education-related groups wish to photograph and/or interview students in connection with school programs or events. In order to release student photos and comments, we need written permission from you.

I hereby give permission for my child to be photographed, videotaped, and/or interviewed by representatives from the media, the Santa Clara County Office of Education, or other education-related groups for the purpose of publicizing Office of Education programs, development of educational materials, or reporting on events of community interest. I fully relinquish right of interest in any film, tape, or photograph which may be used for any legitimate purpose.

Yes  No  Initials \_\_\_\_\_

**PARENT ACCESS TO STUDENT RECORDS**

Provisions of the California Education Code have authorized that parents or legal guardians, in consultation with school personnel, have the right to inspect and review the school records of their children. If, at any time, you wish to inspect the school records of your child(ren), please notify the school administrator at your child(ren)'s school site and schedule an appointment. In accordance with Section 49069 of the California of the California Education Code, your request for access to pupil records will be granted no later than five (5) school days following the date of the request. If, after review, you feel that any information contained in the records is inaccurate, misleading, or otherwise inappropriate as defined by federal and state law, you will be given an opportunity to file a written request to have the objectionable material removed. You also have the right to include, as part of the records, a statement of your objections to information in the records or to any record of disciplinary action taken by the school.

Initials \_\_\_\_\_

**PARENT CONSENT FOR FAMILY LIFE INSTRUCTION**

The Education Code requires that parents/guardians be notified in advance of any course(s) covering family values, anatomy and physiology regarding sex, birth control, venereal disease\*, abortion, parenting, sex roles, education\*, and how drugs effect pregnancy\*. (\*Mandated by the State Department of Education.)

I give permission for my child to take courses which contain the above contents while in attendance in an alternative schools program.

Yes  No  Initials \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDENT SIGNATURE:

\_\_\_\_\_  
DATE: