



# Dysart Schools

## Parent Acknowledgement and Disclosure Form

School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Student's Name/Grade: (List all that attend)  
\_\_\_\_\_  
\_\_\_\_\_

By signing below or electronically completing the annual student update. I certify that I have received the following district parental acknowledgement forms:

- Student-Parent Handbook/Discipline Procedure 2024-25

Student Signature: \_\_\_\_\_

- EIS Electronic Services User Agreement
  - Your signature below acknowledges and verifies that you have received, and take responsibility to review with your child, the section entitled Electronic Information Systems User Agreement.

Do you have internet connectivity in your home? YES\_\_\_ NO\_\_\_  
Do you have a mobile device that has access to internet service, which is available for your student's use?  
YES\_\_\_ NO\_\_\_

- Hearing and Vision Screening Information  
Children in these groups will be tested UNLESS parents opt out below:
  - All students enrolled in Preschool, Kindergarten, 1st, 3rd,5th,7th, and 9th grades
  - All student who are newly enrolled to Dysart Unified School District
  - All students with special education services as required by A.R.S. § 15-7-4 and A.A.C. R7-2-401

\_\_\_ I DO NOT wish for my child to have Vision/Hearing screenings

- If you wish to opt out of releasing directory information for your child, which includes any school programs (dramatic, athletic, graduation, academic recognition, etc.), publications, yearbooks, newsletters, websites, social media, etc., please contact your local school.
- Staff/Student Boundaries - Requirements Regarding Communication with Students

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only</b>		
Recorded in Infinite Campus? <input type="checkbox"/>	Recorded by: _____	Date: _____