



Dysart Schools

Parent Acknowledgement and Disclosure Form

School: _____

Parent/Guardian Name: _____

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

By signing below, I certify that I have received the following district parental acknowledgement forms:

- Student-Parent Handbook/Discipline Procedure 2022-23

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.

- You have reviewed the Student Directory Information (on the back of this page), understanding that if you want to opt out of releasing directory information for your child you must complete the opt out form (on next page) and return it to your child's school within two weeks of enrollment.

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

Recorded in Infinite Campus? ☐

Recorded by: _____

Date: _____



Dysart Schools

DIRECTORY INFORMATION OPT OUT FORM

Parents and Guardians,

By Opting Out of directory information, you understand that your child's information will not be included in any school programs (dramatic, athletic, graduation, academic recognition, etc.), publications, yearbooks, newsletters, websites, social media, etc.

Directory information includes:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Name• Major field of study• Address• Dates of attendance• Telephone number• Enrollment status (e.g, part time or full time)• Date and place of birth | <ul style="list-style-type: none">• Participation in officially recognized activities, sports• Electronic mail address• Weight and height if a member of an athletic team• Photograph/video• Honors or awards received• Grade level• Most recently attended educational agency or institution |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

A parent/guardian or eligible student who does not want the District to disclose directory information from education records without prior written consent must notify the District in writing, or submit this form, within two weeks after enrolling in the Dysart Unified School District. If the School District does not receive this notification from you within the prescribed time, it will be assumed that your permission is given to release your child's designated directory information.

___ I want to OPT OUT of directory information and do not want any of my child's information used by the school or shared with anyone. I understand that I may change my mind at any time and will do so in writing. **For additional directory information, see the handbook.**

Child's name: _____ School: _____ Grade: _____

Child's name: _____ School: _____ Grade: _____

Child's name: _____ School: _____ Grade: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

Recorded in Infinite Campus? ☐

Recorded by: _____

Date: _____