

Student: _____

ID: _____

Grade: _____

Parent: _____

MALIBU MIDDLE SCHOOL

Parent/Guardian Signature Page 2021-2022

Please initial where indicated and provide your signature at the bottom. Return this form by scanning or taking picture/emailing to malibuforms@smmusd.org before 8/11/2021. All policies will also be reviewed with students at our Rules Assemblies.

SMMUSD DISTRICT POLICIES:

SMMUSD RIGHTS AND RESPONSIBILITIES BOOKLET

Initial _____

Education Code Section 48980 requires school districts to notify parents or guardians of their rights and responsibilities. Education Code Section 48981 allows the notice to be provided in electronic format if requested by the parent or guardian. My signature below indicates my request to receive the SMMUSD Rights and Responsibilities Booklet electronically. I understand that that a paper version is available at the school.

Initial _____

Education Code Section 48982 requires parents or guardians to sign and return this acknowledgment. By signing below, I am neither giving nor withholding consent for my child(ren) to participate in any program. I am merely indicating that I have received and read the booklet with notices regarding my rights relating to activities which might affect my child(ren).

CONTROLLED SUBSTANCE POLICY

Initial _____

WEAPONS AND DANGEROUS INSTRUMENTS

Initial _____

HATE-MOTIVATED BEHAVIOR

Initial _____

BULLYING

Initial _____

TOBACCO-FREE SCHOOLS

Initial _____

MOBILE DEVICE GUIDELINES

Initial _____

STUDENT USE OF TECHNOLOGY

Initial _____

I have read the SMMUSD Telecommunications Acceptable Use Policy. I understand that network access and the Internet is a world-wide group of hundreds of thousands of computer networks. I know that the Santa Monica-Malibu Unified School District does not control the content of these Internet networks. When using the Internet, I realize that students may encounter material I might consider inaccurate, controversial or offensive. The Santa Monica-Malibu Unified School District has my permission to give Internet access to my child. I understand that my child may keep this access as long as the guidelines described in the Telecommunications Acceptable Use Policy are followed.

MMS SCHOOL POLICIES (from MMS Student Handbook):

DRESS CODE POLICY

Initial _____

ATTENDANCE GUIDELINES AND TARDY POLICY

Initial _____

CELL PHONE AND ELECTRONICS POLICY

Initial _____

CIVILITY POLICY

Initial _____

Parent or Guardian Signature

Date of Signature



Student Release Form **General Photography, Filming and Recording** **For School or District Use**

During the school year, students are occasionally photographed, filmed and/or recorded during school activities and field trips. Uses may include:

- Official district or school social media and websites
- Yearbooks and graduation lists
- Exhibited at school as part of curricular and extracurricular activities
- Published in internal/external newsletters, public relations materials and other district publications.
- Released to news and documentary organizations to recognize the positive work of the school and your students.

This release allows your child to be photographed, filmed or recorded while at school, school activities, field trips and school-sponsored camps.

☐ I **agree** for my child to be photographed, filmed or recorded by representatives of the Santa Monica-Malibu Unified School District (District), including teachers, staff, district officials, PTA representatives and the Santa Monica Education Foundation and Ed Foundation serving Malibu. I herein grant the District and approved assignees the right to use my child's photograph, voice and video, for use in all manner of media as described above. I understand that the District or assignee is the sole owner of all right, title and interest, under copyright, in and to all recordings. The district and designees will only use photos, films and recordings that reflect favorably on the children and never in a negativesituation.

This release extends to the use of recordings for internal district use, external communication and district approved news/documentary programming. I agree that I am entitled to no additional consideration as a result of the rights granted herein. This release does not extend to projects where the subject would usually receive compensation for participation. Any use of the recordings in any manner other than those approved by the District is strictly prohibited and restricted.

☐ I **do not agree** for my for my child to be photographed, filmed or recorded by representatives of the Santa Monica-Malibu Unified School District (District) or other district organizations.

If we do not receive a completed form, your student will be opted in.

Student's Name (PLEASE PRINT CLEARLY)

Date of Birth

Signature of Parent or Guardian

Date

Parent or Guardian Name (PLEASE PRINT CLEARLY)

School of attendance: _____