

Parent Signature Sheet: Charter Alternative Programs

Student Name _____

Grade _____

_____ **Enrollment Documents:** I acknowledge that I have completed all enrollment forms including the Home Language Survey and Emergency Information, and I understand their contents. I acknowledge that I may access a copy of the Notice to Parents and Guardians and the Student Handbook on the school website and agree to abide by the policies and procedures set forth therein.

_____ **Emergency Medical Authorization:** I am the parent/guardian of the above named student. In case I am unable to be reached during any emergency, I hereby authorize a representative of the school, pursuant to the provisions of Family Code Section 6910, to act as any agent to consent to the giving of any and all medical, dental, hospital or surgical care to the above named student. I agree to bear all costs incurred as a result of the foregoing.

Media Permissions (Please Initial)

_____ **Yes I give permission**

_____ **No I do not give permission...**

for my student to be observed, interviewed, photographed and/or filmed when a representative of the media has been permitted by the principal or designee to be on campus. I also give permission for the Charter Alternative Programs and the El Dorado County Office of Education to use pictures and other digital media, including video, of my student for any lawful purpose - e.g., in print or online, including publications, websites, and advertisements.

_____ **Student Handbook:** I understand that situations may occur at school, which are not articulated in the Handbook, and agree to work with the staff at Charter Alternative Programs to resolve any issues.

The undersigned declares under penalty of perjury that he/she is the parent or legal guardian of the above-named student and has the authority to grant the above authorizations.

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian Name (please print) _____