

2011-2012 San Marino High School Information Sheet

ID# _____

(Last Name)	(First Name)	(M.I.)	(DOB)	(Grade)	(Counselor)
(Address)	Please check if new address	(City)	(Zip Code)	(Area)	Home Phone
I am living with:	Father	Guardian	I am living with:	Mother	Guardian
Print Father/Guardian Name			Print Mother/Guardian Name		
Name of Company	Occupation	Name of Company	Occupation		
Business Phone	Cell Phone	Business Phone	Cell Phone		
E-Mail Address			E-Mail Address		

*** IN CASE OF EMERGENCY - NOTIFY ***

In case of illness, accident or emergency and when unable to contact parents, permission is granted for any of the following to call for or take care of my child: (Please note: We cannot release your child to anyone unless their name is listed below. Please list names of housekeeper and anyone free and willing to pick up your child. **List at least 3 contacts.**)

Name _____	Phone # _____
Name _____	Phone # _____
Name _____	Phone # _____
Name _____	Phone # _____

Student may not be released to _____

Parent/Guardian Signature _____	Date _____
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CONSENT FOR RENDERING OF MEDICAL SERVICES

In case of illness, accident or emergency and when the school is unable to contact us, we, the undersigned parents (guardians) of: _____ date of birth _____, a student of the San Marino Unified School District (Name of Student) hereby consent to the giving of any and all emergency, medical, hospital and surgical care to said student that may be deemed necessary by any physician or hospital or any official of the San Marino Unified School District without obtaining further consent.

Parent/Guardian Signature _____	Date _____
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Doctor's Name _____ Phone# _____

Hospital of your choice _____

List any pertinent health information (Allergies – Medications etc.):

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ID# _____

(Last Name)	(First Name)	(M.I.)	(DOB)	(Grade)	(Counselor)
(Address)	Please check if new address	(City)	(Zip Code)	(Area)	Home Phone
I am living with: Father Guardian		I am living with: Mother Guardian			
Print Father/Guardian Name			Print Mother/Guardian Name		
Name of Company		Occupation		Name of Company	
Business Phone		Cell Phone		Business Phone	
E-Mail Address			E-Mail Address		

*** IN CASE OF EMERGENCY - NOTIFY ***

In case of illness, accident or emergency and when unable to contact parents, permission is granted for any of the following to call for or take care of my child: (Please note: We cannot release your child to anyone unless their name is listed below. Please list names of housekeeper and anyone free and willing to pick up your child. **List at least 3 contacts.**)

Name _____	Phone # _____
Name _____	Phone # _____
Name _____	Phone # _____
Name _____	Phone # _____

Student may not be released to _____

Parent/Guardian Signature _____ **Date** _____

CONSENT FOR RENDERING OF MEDICAL SERVICES

In case of illness, accident or emergency and when the school is unable to contact us, we, the undersigned parents (guardians) of: _____ date of birth _____, a student of the San Marino Unified School District
 (Name of Student)
 hereby consent to the giving of any and all emergency, medical, hospital and surgical care to said student that may be deemed necessary by any physician or hospital or any official of the San Marino Unified School District without obtaining further consent.

Parent/Guardian Signature _____ **Date** _____

Doctor's Name _____ Phone# _____

Hospital of your choice _____

List any pertinent health information (Allergies – Medications etc.):

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ID# _____

(Last Name)	(First Name)	(M.I.)	(DOB)	(Grade)	(Counselor)
(Address)	Please check if new address	(City)	(Zip Code)	(Area)	Home Phone
I am living with: Father Guardian			I am living with: Mother Guardian		
Print Father/Guardian Name			Print Mother/Guardian Name		
Name of Company		Occupation	Name of Company		Occupation
Business Phone		Cell Phone	Business Phone		Cell Phone
E-Mail Address			E-Mail Address		

*** IN CASE OF EMERGENCY - NOTIFY ***

In case of illness, accident or emergency and when unable to contact parents, permission is granted for any of the following to call for or take care of my child: (Please note: We cannot release your child to anyone unless their name is listed below. Please list names of housekeeper and anyone free and willing to pick up your child. **List at least 3 contacts.**)

Name _____	Phone # _____
Name _____	Phone # _____
Name _____	Phone # _____
Name _____	Phone # _____

Student may not be released to _____

Parent/Guardian Signature _____ **Date** _____

CONSENT FOR RENDERING OF MEDICAL SERVICES

In case of illness, accident or emergency and when the school is unable to contact us, we, the undersigned parents (guardians) of: _____ date of birth _____, a student of the San Marino Unified School District (Name of Student) hereby consent to the giving of any and all emergency, medical, hospital and surgical care to said student that may be deemed necessary by any physician or hospital or any official of the San Marino Unified School District without obtaining further consent.

Parent/Guardian Signature _____ **Date** _____

Doctor's Name _____ Phone# _____

Hospital of your choice _____

List any pertinent health information (Allergies – Medications etc.):

2011-2012

SMHS Emergency Release

 Student ID # Grade Counselor's Name Student's First Name Middle initial Last Name

Choose, Check, Sign & Date ONLY one option. (See bottom for instructions)

#1 <input type="checkbox"/>	In the event of an earthquake or other emergency, if school is dismissed, my student has my permission to leave school by her/himself. <hr/> <div style="display: flex; justify-content: space-between;"> Name of Parent/Guardian Signature of Parent/Guardian Date </div>
*****OR*****	
#2 <input type="checkbox"/>	In the event of an earthquake or other emergency, if school is dismissed, my student should remain on campus until I or one of the persons listed below arrives to sign out my student unless the superintendent or her/his designee decides it is safer to dismiss school. <p style="text-align: center;">YOU MUST LIST 4 CONTACTS!</p> <div style="display: flex; justify-content: center; align-items: center; margin-bottom: 5px;"> / </div> <hr/> <div style="display: flex; justify-content: space-between;"> #1:Contact Name Phone Number #2:Contact Name Phone Number </div> <div style="display: flex; justify-content: center; align-items: center; margin-bottom: 5px;"> / </div> <hr/> <div style="display: flex; justify-content: space-between;"> #3:Contact Name Phone Number #4:Contact Name Phone Number </div> <hr/> <div style="display: flex; justify-content: space-between;"> Name of BOTH Parents/Guardians Signature of Parent/Guardian Date </div>

IF BOTH OF THE ABOVE OPTIONS ARE SIGNED, THEN IT IS ASSUMED THAT OPTION #1 IS YOUR CHOICE.

Dear Parent/Guardian:

This form authorizes the release of your student following an earthquake or other emergency requiring the dismissal of school. This form is **ONLY** used during a school wide emergency.

You may choose:

Option 1: We will release your student without any adult checking him/her out.

Option 2: We will release your student **ONLY** to you or those names that you have indicated in the blanks provided above. It is important to provide both names and phone numbers.

Please inform the APO as soon as possible of any subsequent changes in this information so that our records will be accurate in the event of an emergency necessitating the closure of school.

ATTENTION: THIS IS A DUPLICATE FORM – SAME FORM IS IN THE ONLINE FILE

TOTAL TITAN PACKAGE INSTRUCTIONAL MATERIALS & TECHNOLOGY DONATION FORM

Click to view message from Principal Kleinrock

Please print the Name, Grade Level and ID Number for each child at SMHS.

Name (Last, First)	Grade	ID Number

The Total Titan Package is a major source of funding for SMHS co-curricular activities, including athletics, band, drama, dance, speech, choir, and journalism. Without this donation, which also helps fund transportation for co-curricular activities, we will not be able to maintain the quality of the co-curricular program. When you purchase the Total Titan Package, it includes the following items for each of your SMHS students and saves you money when compared to purchasing these items individually:

- ◆ ASB card (free admission to league athletic events and various school events)
- ◆ Titan Student Handbook
- ◆ Transportation
- ◆ Activities
- ◆ Yearbook

The Instructional & Technology Donation is necessary so that even in the continuing absence of adequate state funding, we can maintain the high level academic program for which SMHS is well known.

Select and check ONE box only based on the number of students in your family	<input type="checkbox"/> 1 Student	<input type="checkbox"/> 2 Students	<input type="checkbox"/> 3 Students
TOTAL TITAN PACKAGE <small>Supporting Co-curricular Student Activities</small>	\$225	\$405	\$575
INSTRUCTIONAL MATERIALS & TECHNOLOGY DONATION <small>Supporting the Efforts to Maintain Top Quality Academic Programs</small>	\$50	\$100	\$150
TOTAL Please make check payable to SMHS <small>Thank you for supporting the students at SMHS</small>			

(Initials of parent/guardian required) I do NOT wish to make this donation. Donation is NOT required for a student to participate in any activity at SMHS.

OFFICE USE ONLY: \$ _____	<input type="checkbox"/> Cash, Receipt #: _____	<input type="checkbox"/> Check: # _____
Processed by: _____	Comments: _____	

PTSA Membership and Contribution Form 2011-2012

Mother's Name: _____ Phone No: _____
 Father's Name: _____ Phone No: _____
 Address: _____ City _____ Zip _____
Address is now required by National PTA

Student #1: _____ Grade: _____ ID# _____
 Student #2: _____ Grade: _____ ID# _____
 Student #3: _____ Grade: _____ ID# _____

Please join us to support the SMHS PTSA!

Purpose	Amount	Due
SMHS PTSA Membership: Membership in the Parent, Teacher, Student Association (PTSA) helps to further the education process of our students.	Dues per student: \$5.00 X _____ Dues per parent: \$5.00 X _____	\$ _____
Budget Contribution: This contribution will help cover the program and operating expenses of the PTSA.	Recommended Contribution per family: \$20.00 <small>(Additional contributions are always welcomed)</small>	\$ _____
Scholarship Fund: The PTSA awards numerous college scholarships to SMHS Seniors on the basis of need and merit. Recipients must be a member of PTSA.	Recommended Contribution per family: \$10.00 <small>(Additional contributions are always welcomed)</small>	\$ _____
Emergency Kits: This is MANDATORY for all FRESHMEN & NEW STUDENTS TO SMHS . We prepare emergency kits to be placed in an emergency/earthquake bin.	Mandatory for all new students Per new student \$15.00	\$ _____
Teacher Wishlists: Wishlist donations support allocations to teachers for classroom needs.	Recommended Contribution per family: \$25.00 <small>(Additional contributions are always welcomed)</small>	\$ _____
Teacher Appreciation Luncheon: The PTSA honors SMHS teachers and staff with appreciation luncheons throughout the year.	Recommended Contribution per family: \$15.00 <small>(Additional contributions are always welcomed)</small>	\$ _____
SMHS Parent Party: The Parent Party is an opportunity for parents to enjoy a social evening and raise funds for the school. This year's event will be held on Saturday, October 15, 2011. Invitations will follow. Patron donations to support the Parent Party may be added here. See flier for donor levels.	Any amount is welcomed	\$ _____
SMHS Golf Tournament: The Golf Tournament is an opportunity for the parents to enjoy a fun day of playing golf while raising funds for the school. This year's event will be held in Spring 2012. Invitations will follow. Patron donations to support the Golf Tournament may be added here. See flier for donor levels.	Any amount is welcomed	\$ _____
GRAD Night: Grad Night is a spectacular, safe, all-night, graduation celebration for graduating seniors. This on-campus, lavish night of dining, dancing and entertainment is created by many dedicated members of the community. Grad Night is funded solely by parent donations. See flier for donation amounts.	Any amount is welcomed	\$ _____

Check # _____ TOTAL OF THE ABOVE CONTRIBUTIONS: \$ _____

Please make check payable to **SMHS PTSA** and staple check to this form.
Please include student name(s) & ID Number(s) in the memo area of the check.

Links to the **fliers for Parent Party, Golf Tournament and Grad Night** are included on the Registration webpage and your First Day Packet.

If you have any questions regarding this form, please contact Lisa Link at 626-590-8766 or smhsptsapres@gmail.com.
Please retain a copy of your cancelled check or bank statement as evidence of your donation(s) for income tax purposes.



Please Support our Students!

As parents of school-age children, you are familiar with the excellence of our public schools. Our District has been ranked number one in the state for many years, as measured by the Academic Performance Index (API). Community and parental support of the schools, including your contribution to the San Marino Schools Foundation, makes it possible for our schools to maintain their high educational standards.

Over many years state education funding has been cut and now covers only 58% of the cost of educating your child. Donations to the Schools Foundation have been a major part of bridging the funding gap, and for the upcoming 2011-2012 school year allowed the District to retain the equivalent of 30 teaching positions.

We continue to suggest a tax-deductible donation of **\$2,000 per student** to the San Marino Schools Foundation. Since EVERY child in the District benefits from funds raised by the Schools Foundation, EVERY family should donate what they can to support San Marino schools. For your convenience, donations can be made in monthly or quarterly installments.

Thank you for supporting San Marino Schools. Your children are counting on you.

Brian Spaulding
President

Michael Harrigian
Annual Campaign Chair

San Marino Schools Foundation 2011-2012 Annual Campaign

My check for \$ _____ is enclosed payable to SMSF.

Charge my credit card: MasterCard or Visa \$ _____

Card # _____ Exp. Date _____

Signature: _____

Parent/Guardian Name: _____

Student Name: _____

Address: _____

City, State & Zip: _____ Phone: _____

√ Giving Categories

- \$10,000 or more (Founder)*
- \$5,000 to \$9,999 (Friend)*
- \$4,000 to \$4,999 (Patron)*
- \$3,000 to \$3,999 (Sponsor)*
- \$2,000 to \$2,999 (Donor)*
- \$1 to \$1,999 (Contributor)

* Recognition Party

This is a **Pledge** of \$ _____ for the fiscal year **7/1/11 - 6/30/12**.

I prefer to be billed \$ _____/month \$ _____/quarter other \$ _____/ _____

Corporate matching gifts program can significantly boost your donation to the Schools Foundation. Check with your Human Resources Office and enclose the necessary forms.

Expect a corporate matching gift from _____

Do **not** include my/our name in any published lists.

Do **not** give me/us Yard Sign recognition in May 2012.

The San Marino Schools Foundation is a 501(c)(3) non-profit corporation; donations are tax deductible.
Donations may be mailed to SMSF, File 54654, LA, CA 90074. All other correspondence may be directed to:
SMSF, 1665 West Drive, San Marino, CA 91108. 626/299-7014. Donate on-line at the Foundation's website: www.smsf.org

The San Marino Schools Foundation solely funded this flyer.

SMHS Signature Acknowledgment & Accountability
Please go to sanmarinohs.org to access the documents listed below.

Please type: _____	Student ID # _____
Student's Name _____	Grade _____
Counselor _____	
<p>We have read and discussed the Student Conduct Letter and understand the consequences of irresponsible decision- making.</p> <p>We have read and discussed the SMHS Athletic Information Sheet.</p> <p>We have read and discussed the SMHS Athletic Department Policy on Alcohol and Drugs.</p> <p>We have read and discussed the SMHS Drop-Off/Pick-Up, Parking, and Off-Campus Information.</p> <p>We have read and discussed the SMHS Letter on Earthquake/Disaster Procedures.</p> <p>We have read and discussed the SMHS Graduation Requirements.</p> <p>We have read and discussed the SMHS Internet Acceptable Use Policy and agree to become a responsible user of the Internet by abiding by the rules.</p>	
_____ Student's Signature	_____ Parent/Guardian Signature
<p>I have downloaded a copy of the Emergency Procedures and Disaster Preparedness provided by the Superintendent's Office and a copy of the SMHS Earthquake/Disaster Procedures. I have completed the Emergency Release Authorization Form and will notify SMHS of any changes.</p> <p>I have read the Notice of Rights of Parents or Guardians of Minor Pupils provided by the Superintendent's Office. I understand that my signature acknowledges receipt of an Internet copy of the code sections informing me of my rights and responsibilities.</p> <p>I have read, understand, acknowledge and agree to the Voluntary Activities Participation Form provided by the School District. I understand that my signature acknowledges receipt of an Internet copy of the code sections information me of my rights and responsibilities.</p>	
_____ Parent/Guardian Signature	
<p>I understand that the School District provides very limited medical insurance for student injuries. Voluntary additional student insurance is available through Myers-Stevens & Toohey & Co. I understand that if I choose to purchase this coverage, the application form <i>can be obtained from the APO and must be completed by the parent or guardian and <u>returned to the APO.</u></i></p>	
_____ Parent/Guardian Signature	

If the parent is not present to sign, the district-authorized guardian must sign this form. If district authorization has not yet been issued to the guardian, parents must contact the school district office in order to secure this authorization.

"Delivering a world-class education with recognized excellence in academics, arts, and athletics!"

ADMINISTRATIVE OFFICES
TELEPHONE: (626) 299-7000
FAX: (626) 299-7010



1665 WEST DRIVE
SAN MARINO, CALIFORNIA 91108-2594

Please Print:

Student ID#: _____

Grade: _____

Student Name

District Acknowledgment Form

The San Marino Unified School District Office provides access to documents requiring your acknowledgment and signature through our website at <http://www.smusd.us>.* Please visit our site and go to the *Parents & Students* link, then to the *First Day Packet* link. Please review these documents at your convenience and sign below to verify you have accessed the materials.

This signed form must be returned and included with your child's school site registration materials.

* You may visit the District Office to obtain a hard copy of these documents. Thank you.

I have **read and understand** the following documents provided to me by the San Marino Unified School District Administrative Office:

- ***Notice of Rights of Parent or Guardians of Minor Pupils Under Certain Education Code Sections***
- ***California Education Code Parental Notification Requirements***
- ***Student Use of Technology***
- ***Emergency Procedures and Disaster Preparedness***
- ***State of California Attendance Funding Letter***
- ***Student Injuries and Insurance Letter***
- ***Student Accident & Health Insurance Brochure (provided in your 1st Day Packet)***
- ***Annual Notification of Application of Pesticides***
- ***Media Letter***

Your signature acknowledges receipt of all the above documents.

X

Parent/Guardian Signature

