

Student's Name: _____ GRADE: _____
Last First Middle

SAN MARINO UNIFIED SCHOOL DISTRICT HEALTH RECORD & EMERGENCY INFORMATION

Teacher: _____ School Year: 2013-2014

Home Address: _____ Home Phone: _____
City State Zip

<i>Student lives with the following at the above address:</i>		<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Guardian
Name:	_____			
To reach me in an emergency call	#1: _____	<input type="checkbox"/> Home	<input type="checkbox"/> Office	<input type="checkbox"/> Pager <input type="checkbox"/> Cell
	#2: _____	<input type="checkbox"/> Home	<input type="checkbox"/> Office	<input type="checkbox"/> Pager <input type="checkbox"/> Cell
	#3: _____	<input type="checkbox"/> Home	<input type="checkbox"/> Office	<input type="checkbox"/> Pager <input type="checkbox"/> Cell
<i>Student lives with the following at the above address:</i>		<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Guardian
Name:	_____			
To reach me in an emergency call	#1: _____	<input type="checkbox"/> Home	<input type="checkbox"/> Office	<input type="checkbox"/> Pager <input type="checkbox"/> Cell
	#2: _____	<input type="checkbox"/> Home	<input type="checkbox"/> Office	<input type="checkbox"/> Pager <input type="checkbox"/> Cell
	#3: _____	<input type="checkbox"/> Home	<input type="checkbox"/> Office	<input type="checkbox"/> Pager <input type="checkbox"/> Cell

IN CASE OF ILLNESS OR ACCIDENT 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 people who are free and willing to pick up your child. Please make sure the following people can communicate to the staff in English.

Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____

Student **MAY NOT** be released to: _____

CONSENT FOR RELEASE OF HEALTH INFORMATION AND RENDERING OF MEDICAL SERVICES

In case of illness or accident and when the school is unable to contact us, we, the undersigned parents of:

_____, Date of Birth: _____

a student of the San Marino Unified School District, 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.

Dated: _____ Father's Signature: _____

Witness' Signature: _____ Mother's Signature: _____

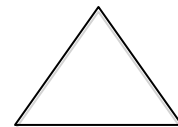
Witness' Signature: _____ Guardian's Signature: _____

Doctor's Name: _____ Phone: _____

Hospital of Your Choice: _____

LIST ANY PERTINENT HEALTH INFORMATION:

Allergies: _____ Medications: _____



San Marino Unified School District

ADMINISTRATIVE OFFICES
TELEPHONE: (826) 299-7000
FAX: (826) 299-7010

1685 WEST DRIVE
SAN MARINO, CALIFORNIA 91108-2694

Student Name _____
Last, First
Teacher _____
Grade _____

District Acknowledgment Form

The San Marino Unified School District Office will present documents requiring your acknowledgement and signature through the District Web-Site <http://www.san-marino.k12.ca.us>. Please go to the First Day Packet link. After reading each document listed, please verify your receipt below.

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

If you are unable to access our web-site or wish to obtain a hard copy of these documents please feel free to pick up a set from either your School Site Office or the District Office.

I have **read and understand** the following documents provided by the Superintendent's District 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.

Parent/Guardian Signature



Student Name _____ Teacher _____

Acknowledgment of Handbook and Discipline Policies

2013 – 2014

The Valentine Handbook is available on-line from two locations. You may access it through the District Web Site at www.san-marino.k12.ca.us and go the First Day Packet page for Valentine School. It is also available on the Valentine Web Page at <http://www.valentineschool.org>. If you are not able to see the Handbook on-line, please contact the school office for a copy.

My student and I have read, discussed, and understand the Valentine Handbook with special attention to the Discipline Policies and the following items:

Please check off all of the items;

- Discipline policy and the Zero Tolerance Policy. Both my student and I understand these policies.
- Irregular departures during school hours
- Student Absence Policy
- Parent Responsibilities
- School Safety and Traffic Procedures
- Medication Policy

Student signature _____

Parent/Guardian name _____

Parent/Guardian signature _____

Date _____

Student Name _____ Teacher _____

Room _____ Grade _____



W.L. Valentine School & K.L. Carver School

Technology Acceptable Use Policy Contract

W.L. Valentine School and K.L. Carver School employ computers as one way of enhancing their mission to teach the skills, knowledge, and behaviors students will need as successful and responsible adults in the community. The schools' computers provide unequaled opportunities to explore and use a varied and exciting set of resources including computer programs, CDs, and the Internet. In order to make these resources available to everyone, Carver School and Valentine School expects, in return, that people who use the schools' computers will do so in a Way that is consistent with its educational mission.

Terms and Conditions of This Contract

- ✓ Personal Responsibility. No person will deliberately or willfully cause damage to computer equipment or software or assist others in doing the same.
- ✓ No person will deliberately access educationally inappropriate materials or show other how to do the same. This is particularly important in light of the fact that the very strength of the Internet means that some Internet sites contain inappropriate material, which is clearly unrelated to the schools' educational mission.
- ✓ Each person will respect the rights of the of others to the privacy of the files they store on a computer or a drive and not view those files without

the owner's permission or alter or damage such files. Each person will respect and uphold copyright laws.

- ✓ Each person will follow any other regulations posted in the computer lab or other room where computers are in use.
- ✓ Each person will follow the directions of the adult in charge of the computer lab or other room where computers are in use.
- ✓ Permission to use the schools' computers is dependent upon a student and his or her parent or guardian signing the form below. Signing the form shows that the student understands and will follow the schools' computer rules. Failure to follow the rules may result in a student being denied the opportunity to use the schools' computers.

I understand that by signing this form I acknowledge that I have read and will follow the schools' computer use policy and that I will:

- ✓ Not deliberately or willfully cause damage to computer equipment or software or assist others in doing the same.
- ✓ Not deliberately access educationally inappropriate materials or show other how to do the same.
- ✓ Respect the rights of others to the privacy of the files they store on a computer or a drive and not view those files without the owner's permission or alter or damage such files.
- ✓ Respect and uphold copyright laws.
- ✓ Follow any other regulations posted in the computer lab or other room where computers are in use.
- ✓ Follow the directions of the adult in charge of the computer lab or classroom where computers are in use.

Required Signatures

Student's Signature: _____

Date: _____

I have read the schools' computer use policy and understand that my child has agreed to follow its rules or face the possibility of being denied the opportunity to use the schools' computers.

Parent's Signature: _____

Date: _____

Student Name: _____ Grade: _____ Teacher: _____



Request for Donation to Curriculum, Instructional, and Learning Materials Fund

Dear Valentine Parents:

Valentine Elementary School has established in the past an annual Curriculum, Instructional and Learning Materials Fund that provides significant support for the purchase of instructional materials.

We have asked our parents to contribute to this fund to cover these essential supplies, and we are again asking for your help this year. **Our donation request for this instructional materials fund is \$150 per child.** This is the same amount that we requested last year.

If you are able to support our request by making a tax-deductible donation, we would appreciate a check made payable to Valentine Elementary School. There will be an envelope in your child's First Day Packet for you to enclose this donation.

In spite of our ongoing financial constraints from state funding, San Marino Public Schools continue to offer an outstanding educational program. I urge you to help us maintain our long tradition of excellence. All who work to maintain the quality of our programs sincerely appreciate your generosity.

Thank you for your support,

Colleen Shields

Principal

Please accept my donation in the amount of \$ _____ for Curriculum, Instructional and Learning Materials Fund.



Investing in our Children's Future


As parents, we want the very best for our children, especially their education. The San Marino Unified School District has been ranked number one in the state for the past ten years, as measured by the Academic Performance Index (API). Beginning in kindergarten through our 12th grade graduates, our students thrive in an educational environment made excellent thanks to small class size, enhanced curriculum and academic innovation.


Maintaining this level of educational excellence would not be possible without support from parents like you. We are all aware that existing public funding for our District has been insufficient to cover the costs of the tradition of educational excellence that we desire and our children deserve.


A gift to the San Marino Schools Foundation is a gift to your children. Your generosity directly benefits your students by adding teachers to the classroom, offering relevant and expanded curriculum opportunities, and keeping teachers current and competitive.

We request a tax-deductible donation of \$2,000 per student. Each gift touches the lives of our students at Valentine Elementary School, and every dollar makes a difference. Our goal this year is 100% participation. We encourage every Viking family to support their children's education with a gift that matches their commitment and their circumstances.

Thank you for supporting Valentine Elementary School and San Marino Schools. Our children are counting on us.


John Cate
President


Peter Koh
Annual Campaign Chair


Colleen Shields
Principal

Choose one of three ways to make your 2013-14 Annual Campaign Donation

(Please return this form in your child's First Day packet on Thursday, August 22)

Send your check for \$ _____ - payable to **SMSF** -- **Please fill in your name, address, student, and phone information below.**

OR

Make a one-time credit card donation of \$ _____
(Please complete the credit card and demographic information below)

OR

Make a **Pledge** of \$ _____ for the fiscal year **7/1/13 - 6/30/14.**

Schedule billing reminders or charge my credit card payments:

\$ _____/month \$ _____/quarter other \$ _____/ _____

For credit card transactions please fill in information below: MasterCard or Visa

Card # _____ Exp. Date _____

Signature: _____

Parent/Guardian Name: _____

Student(s) Name: _____

Address: _____ City, State & Zip: _____

Phone: _____ Email: _____

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 _____

Giving Categories**

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

*** Invited to Recognition Party**

****All SMSF donors will be listed by Giving Categories in our Annual San Marino Tribune Thank You ad unless otherwise indicated below.**

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

Do **not** give me/us Yard Sign recognition in May 2014.

The San Marino Schools Foundation is a 501(c)(3) non-profit corporation; donations are tax deductible.

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

2013-2014 Valentine PTA Package Order Form

Please return this completed form and a check with your first day packet materials on **Thursday, August 22rd**. *Only 1 order form per family.* Be sure to total your order, write a check payable to **"Valentine PTA,"** write the check number on the bottom of the order form, and include your youngest child enrolled at Valentine's name on the check. Do not staple the check to the order form. Instead, place the check with the order form into the envelope marked "PTA Package Order Form."

Father's Name: _____ Mother's Name: _____
 Address: _____
 Phone number: _____
 Email: _____

Please print the following information and indicate which child will receive a yearbook (circle yes or no).

Name: _____ Teacher: _____ Grade: _____ Y / N
 Name: _____ Teacher: _____ Grade: _____ Y / N
 Name: _____ Teacher: _____ Grade: _____ Y / N

Order Items	Cost per Student	Number	Amount
PTA Budget Drive Funds Art, Music, Science, Library, Computers and Cultural Arts, along with all the PTA-sponsored events and programs. These would not continue without your support.	\$100 and up		
Teacher's Wish List Supports a discretionary fund that allocates an allowance for each Valentine teacher to spend on educational and classroom supplies to enhance curriculum.	\$50 and up		
Emergency Preparedness Funds to replenish emergency supplies.	\$10 per student		
PTA Membership Dues Supports national, state, and local PTA sponsored activities, educational programs, child advocacy, newsletters, and more.	\$12/family (\$6 per parent)		
Valentine Handbook and Directory Contains class lists, students' addresses and phone numbers, as well as PTA information and essential school policies and procedures.	\$10 per copy		
Valentine 2013-2014 Yearbook Purchases a yearbook, distributed at the end of the school year. Must be pre-ordered here. 1 per child recommended.	\$25 per copy		

Total _____

Check # _____

PRINT SINGLE-SIDED ONLY

PRINT SINGLE-SIDED ONLY

Thank you for your support!

Valentine PTA I.R.S Identification No. 95-6206468