

GANADO UNIFIED SCHOOL DISTRICT No. 20

OFFICE OF REGISTRATION DEPARTMENT



AUTHORIZATION TO TRANSFER EDUCATION RECORDS

I, _____, the parent of or legal guardian
of _____ Grade: _____ D.O.B. _____

Authorize the transfer of:

_____ Transcript of Grades	_____ Athletic Eligibility
_____ Withdrawal Paper	_____ Health Records
_____ AZ Merit/EOC/ ACT Test Score	_____ Special Education Records
_____ Back Ground Check	_____ Leave Grades
_____ Guardianship Paper	_____ Cumulative Records Birth Certificate, CIB, SS Card

From: _____
(Complete Address of School Previously Attended)

Fax over copy to: Registrar at 928-755-1502 or email to: priscilla.willie@ganado.k12.az.us

Mail original to: Ganado High School, Attn: Registrar PO Box 1757 Ganado, Arizona 86505

The school at which the above student intends to enroll or enrolled. This release is in accordance with provisions of the family Education Rights and Privacy Act of 1974.

_____ Parent/ Guardian Signature	_____ Date
_____ Student Signature- if 18 yrs of age	_____ Date
_____ School Official; Title	_____ Date

Anticipated Year and Date of Graduation _____

OFFICE OF REGISTRATION DEPARTMENT
POST OFFICE BOX 1757, HWY 264, GANADO ARIZONA 86505
REGISTRAR - (928) 755-1508 * COUNSELOR - (928) 755-1521 *
FAX - (928) 755-1502

GANADO UNIFIED SCHOOL DISTRICT No. 20

Exceptional Student Services

Phone: (928) 755-1021

Fax: (928) 755-1022



PARENTAL PERMISSION FORM AUTHORIZATION FOR RELEASE OF INFORMATION

Date of Request: _____

RE: _____ BIRTH DATE: _____

I hereby authorize: _____

To release to: **Ganado Unified School District No. 20**
SPECIAL EDUCATION DEPARTMENT
PO Box 1757
Ganado, Arizona 86505

Any information on file as a result of examination or study made on _____
This may be of value in formulating the best plan for the education of my child. This
request includes _____

It is understood that the confidential nature of these records will be maintained. Only
authorized personnel will have access to this information.

SIGNATURE

RELATIONSHIP TO CHILD

ADDRESS

DATE

CITY, STATE, ZIP

XC: Student File

Student Signature Page

Student Name _____ Grade _____

I-6432 IJNDB-EB USE OF TECHNOLOGY RESOURCES IN INSTRUCTION PARENT/GUARDIAN ACCEPTABLE USE AGREEMENT, RELEASE, AND WAIVER

I have read the School's electronic communications system policy, administrative regulations, and network etiquette information. In consideration for the privilege of my child using the School's electronic communications system and in consideration for my child having access to the public networks, I hereby release the School, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system including, without limitation, the types of damage identified in the School's policy and administrative regulations.

I-6433 · IJNDB-EC PERMISSION AND RELEASE TO PUBLISH STUDENT'S FIRST NAME AND/OR PICTURE ON THE INTERNET

As the parent or guardian of a student of Ganado Unified School District No. 20, I understand the benefits and risks of publishing works on the Internet. In consideration of the benefits of allowing my student to publish his/her work, first name, and/or picture on the School's Web page, I hereby give permission for the student's a.) first name and first name only to be published on the Web page, or b.) first name and photograph with no identifying information to be published on the Web page.

Further, I accept full responsibility for the publication of the student's name and/or picture as set forth in the publication attached hereto and agree to release and hold the School harmless from any and all damages or injury to me or to the student arising from said publication.

_____ I **do not give** permission for my child to participate in the School's electronic communications system.

_____ I **give** permission for my child to participate in the School's electronic communications system and certify that the information contained on this form is correct.

Print Full Name of
Parent or Guardian _____

Signature of
Parent or Guardian _____

Home address _____

Date _____ Home phone number _____

Dear Parents,

In order to prepare your child for college and beyond, Ganado High School has decided to adopt G Suite for Education formerly known as Google Apps for Education. Google Apps is a free resource that will allow your child to create documents, slide presentations, spreadsheets and collaborate with other students in doing so. All work will be saved online (in the cloud) and therefore eliminate the need for costly flash drives. Your child will have access to an email account which will be used for academic internal use only and monitored. All online tools provided by Google are ad free.

As a result of C.O.P.P.A., which is the Children's Online Privacy Protection Act, all commercial websites require parental permission before someone under the age of 13 is able to sign up. Even though there are no ads, Google still requires parental permission for those under 18. The only information shared with Google is the students first and last name, no other information is shared nor does Google have access to our Student Information System.

Your signature below allows us to know that you are aware of your child's participation in this academic opportunity. If you do NOT want your child to participate, you may pick up an opt-out form from the school office.

Student Name: _____

Grade: _____ AI Teacher: _____

Parent Signature: _____

Date: _____

STUDENT DIRECTORY INFORMATION

According to state and Federal law, directory information may be publicly released to educational, occupational or military recruiting representatives unless you request to NOT release the student information in writing. Also, in order to promote school events, GHS provides academic, athletic and club related information to various public news outlets, including the school yearbook and the GHS website.

Student Name: _____ Student ID: _____ Grade _____

Please mark your military contact preference:

YES, I do allow the military to contact my child. _____

NO, I do NOT allow the military to contact my child. _____

Please mark your college & university contact preferences:

YES, I do allow college & university to contact my child. _____

NO, I do not allow college & university to contact my child. _____

Please mark your occupational contact preference:

YES, I do allow occupational entities to contact my child. _____

NO, I do not allow occupational entities contact my child. _____

Please mark your child photo & Information release preference:

YES, I do allow my child's photo & information in the newspaper, the GHS website & the GHS yearbook. _____

NO, I do not allow my child's photo & information in the newspaper, the GHS website & the GHS yearbook. _____

Parent/Guardian Signature: _____ Date: _____

If you have any questions concerning this matter, please feel free to call the Ganado High School Counselors at (928)755-1526/1525/1527