

# 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