



As a prospective volunteer of the Utica Community Schools, I understand that it is the school district's policy to secure Conviction Criminal History information as part of their screening process using the information provided below:

School Year _____

PLEASE PRINT CLEARLY
(All requested information must be completed)

NAME: _____
 LAST (as shown on your license) FIRST (as shown on your license) Middle Initial

Maiden Name/Names Previously Used: _____

Daytime Phone: _____ Other Phone: _____

Birthdate: _____ Race: _____ Sex: _____

MICHIGAN Driver's License No: _____ (State ID not accepted)

If no MICHIGAN Driver's License, please supply Social Security Number: _____

School Name: _____ Student(s) Name: _____

Volunteer For: _____
(List teacher, activity, specific fieldtrip and date attending)

Please be advised that if you have been convicted of a FELONY, volunteer activity will be prohibited.

Have you ever been convicted of a felony? _____ Yes _____ No

Are there any felony charges currently pending against you? _____ Yes _____ No

If yes, please explain the nature of conviction and date of conviction:

I understand that the above information is required by the Central Record Division of the Michigan State Police in Lansing, Michigan. I authorize Utica Community Schools to utilize the above information for the sole purpose of obtaining a conviction only criminal history file search.

Signature _____ Date _____

Notice to Parents

Often, our students are involved in interviews by the local media, reporting on the positive instructional programs of the district. These interviews can include, but are not limited to, classroom activities, concerts and musical programs. The Utica Community Schools Board of Education has approved a policy regarding media relations which affects students. The policy requires that the news media report to the Office of School/Community Relations or the building principal for prior approval before interviewing students involved in instructional programs.

District employees may release student information to the media only in accordance with applicable provisions of the Family Education Rights and Privacy Act (FERPA) and Board of Education Policy 5124 - Release of Directory Information. (See reference in Student/Parent Handbook.)

By completing the form below, you will give the school district, including the Utica Community Schools cable access TV education station, and the news media permission to interview your child in connection with activities involving the Utica Community Schools for as long as your child is a student of the district. Please complete the form and return it to your building principal. The completed form will be kept in the school office.

Media Release Form

The person named below gives the Utica Community Schools (UCS) permission to allow the news media and/or the school district to photograph, video and/or audio tape his or her child in connection with news events and activities involving the Utica Community Schools. I also give permission to reproduce and record my child's voice. I consent to the use of his/her name and/or the recordation and reproduction of him/her in connection with the production, exhibition, distribution and promotion or other use of any photographs, photo plays, audio plays or otherwise. I agree that his/her participation is voluntary and without consideration or compensation. If, at any time, I do not want my child to participate in media interviews, I will notify the building principal in writing.

Please Print Information

I agree to the above release language as parent or legal guardian of

_____ *(child's name)*

Date: _____ Name: _____

Relationship: _____ Signature: _____

Parental Permission
Use of Student Work/Photograph

Dear Parents:

As part of the communication process, the Utica Community Schools maintains web pages on the Internet. These pages provide information about the activities of the Utica Community Schools, its employees and students, and can be viewed globally.

This form officially documents that you are willing to release your child's projects, photographs, video images and/or voice recordings into the public domain. They can be viewed by anyone with access to the Internet. Group photographs may be used on a web page, however, your child's name and/or individual photograph will not appear on the Internet. There is no monetary compensation for the use of these projects and/or images.

Release

I give my permission for my child's computer projects, photographs, images and/or voice recordings, to be used as described above and am willing to release this for use on the Utica Community Schools web pages on the internet. I understand no monetary compensation will be given for use of the materials.

Student name (Signature)

Parent/guardian signature

Address

Parent or Guardian Name (printed)

City/State/Zip

Date

Phone Number with Area Code

Please sign and return to the building principal.

Parental Permission Use of Student Work /Photograph
Form #2

Adopted – August 10, 1998
Revised – June 1999
Revised- June 2001
Revised – November 2001
Revised – February 2005

Parent Request for Academic Progress
Via Electronic Message

Dear UCSI Parents:

To promote the improvement of your child's academic achievement by increasing the teacher-parent communication, this form officially documents your request to receive an electronic message (email) from all of your student's UCSI teachers periodically through the end of the 2008-09 school year. These messages will contain information concerning your student's progress and possible upcoming assignments. These messages cannot be used to share concerns about behavior or discipline issues. You acknowledge, by your signature, that you are the recipient of the information and that your child's privacy of information is not compromised by this electronic message.

Release

I request that my child's academic progress be sent via electronic messaging from the UCSI teachers. I acknowledge that I am the recipient of the messages and the authorized owner of the email address(es).

Student Name

Parent or Guardian Signature

Address

Parent or Guardian Name (printed)

City/State/Zip

Date

Parent Email Address (PLEASE PRINT CLEARLY)

Please return this signed form along with other Back to School forms.

If you have any questions, please feel free to call Margaret Jelsma – Director of Science, Technology, Engineering and Mathematics (STEM), IRC at 586-797-6800.