

OCEANSIDE UNIFIED SCHOOL DISTRICT
2021-2022 PARENT/GUARDIAN OPTIONS
(Applicable Only for the Current School Year)

PARENTS: TO OPT OUT, PLEASE READ AND COMPLETE THE INFORMATION BELOW AND RETURN IT TO YOUR SCHOOL PRINCIPAL. Students will participate, unless this signed form is returned to the site, or the parent “opts out” during the registration Data Confirmation process.

Physical Examination – OPT OUT

Oceanside Unified School District (OUSD) may require physical examinations of students enrolled in OUSD programs or activities. Any physical examination required by OUSD shall be kept confidential. A parent or guardian having control or charge of any child enrolled in public schools may file annually with the principal of the school in which the student is enrolled, a statement in writing, signed by the parent or guardian, stating that they will not consent to a physical examination of the child. Examinations may include vision, hearing, and dental screenings.

For grades K – 12. I **do not** want my child to undergo a physical exam for Oceanside Unified School District programs or activities.

Student ID # _____

Student Name: _____ Date of Birth: _____

Address: _____

City: _____ Zip Code: _____

Telephone No.: _____ Grade: _____

School: _____

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date

OPCIONES DE LOS PADRES/TUTORES Y NOTIFICACIONES DE OUSD PARA 2021-2022

(Aplicable sólo para el año escolar actual)

Examen Físico

El Distrito Escolar Unificado de Oceanside puede requerir exámenes físicos de estudiantes matriculados en los programas o actividades de OUSD. Cualquier examen físico requerido por OUSD se mantendrá confidencial. Un padre o tutor a cargo de cualquier niño matriculado en escuelas públicas puede entregar anualmente al director de la escuela una declaración escrita y firmada por el padre o tutor, indicando que no da su consentimiento para que se le haga un examen físico al niño

Para los grados K – 12: No quiero que mi hijo se someta a un examen físico para los programas o actividades de OUSD.

Identificación del Estudiante # _____

Nombre del Estudiante: _____ Fecha de Nacimiento: _____

Domicilio: _____

Ciudad: _____ Código Postal: _____

Número de Teléfono: _____ Grado: _____

Escuela: _____

Nombre del Padre/Tutor

Firma del Padre/Tutor

Fecha