

CARSON CITY SCHOOL DISTRICT

HUMAN RESOURCES DEPARTMENT

VOLUNTEER CHECKLIST



- ☐ Approval for Volunteer Service
- ☐ Volunteer Application
- ☐ Confidentiality Agreement
- ☐ Pre-Criminal Record Check Request
- ☐ Bureau of Identification
- ☐ Civil Applicant Waiver
- ☐ Workplace Safety
- ☐ Copy of Driver's License/Identification Card
- ☐ Fee Paid _____
- ☐ FERPA
- ☐ ARUP
- ☐ Fingerprint Express Form (obtained from District Office)
- ☐ Volunteer Checklist

NAME (Print): _____

SIGNATURE: _____

By my signature above, I acknowledge that I have received the above information, and understand approvals are valid for three years.

Volunteer status may be revoked at any time.

DATE: _____

FINGERPRINTING FORM AT THE DISTRICT OFFICE ONLY

Carson City School District
Call 775-283-2000 with questions.
1402 W. King St. Carson City
Fee \$10.00 (cash or check only)

Carson City School District

HUMAN RESOURCES

P.O. Box 603, Carson City, NV 89702

Telephone (775) 283-2130

Fax (775) 283-2091

APPROVAL FOR VOLUNTEER SERVICE

Approval from the Associate Superintendent of Human Resources MUST be obtained before volunteers, student teachers, observers, or tutors have one-to-one contact with students. Please note that this form along with additional paperwork must be complete and fingerprints must be submitted prior to any student contact. Paperwork is distributed from the school offices and must be filled out prior to coming to the District office. Volunteers, once approved, are valid for three years.

FINGERPRINTING: Please contact The Human Resources Department at (775) 283-2000 for fingerprinting authorization.

_____ **Volunteer**
_____ **Student Teacher/Practicum**
_____ **Observer**
_____ **Unpaid Tutor**
_____ **Other** _____

Name (Please Print)

School

I recommend this applicant for the position shown:

Site Administrator/Supervisor of Position

Date

APPROVAL _____ GRANTED _____ NOT GRANTED

Associate Superintendent of Human Resources

Date

Fingerprints Completed on _____ Fee paid _____ FP Sent _____

HUMAN RESOURCES

Carson City School District

P.O. Box 603, Carson City, NV 89702 Telephone (775)283-2130 Fax (775) 283-2091



VOLUNTEER APPLICATION FORM CONFIDENTIAL

Thank you for your interest in volunteering at the Carson City School District. We appreciate the contribution you will make to our students.

Please PRINT and answer all questions.

LAST NAME: _____ FIRST NAME: _____ MIDDLE _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: HOME _____ CELL: _____ WORK: _____

SCHOOL PREFERENCE: _____

STUDENTS TEACHER (at time of application): _____

PURPOSE OF VOLUNTEERING _____

PLEASE NOTIFY THIS OFFICE IMMEDIATELY IF YOUR PHONE AND/OR ADDRESS CHANGES.

SIGNATURE OF VOLUNTEER

DATE

CARSON CITY SCHOOL DISTRICT

HUMAN RESOURCES DEPARTMENT

1402 West King Street P.O. BOX 603

Carson City, Nevada 89702

(775)283-2130 Fax: (775) 283-2091

CONFIDENTIALITY AGREEMENT

I understand and agree that I have been given access to, and in the future may be given access to confidential information of the Carson City School District.

I understand and agree that by signing this document, I will maintain complete confidentiality regarding the information I obtain while **working** and/or **volunteering** at the Carson City School District.

I understand and agree that I will not divulge to **anyone** any matters discussed, including discussions by district employees or **any** written materials or computerized records which I view.

I understand and agree that if I receive calls or contacts from **anyone** requesting information from me regarding **any** district information, that I will follow established procedures of the Human Resources Department regarding disclosure of information.

Special note for employees of the Carson City School District: I understand that if I fail to adhere to the above, I may be subject to disciplinary action.

By signing below, I acknowledge that I understand, agree with, and will comply with the above statements.

Name (Please PRINT)

Date

An Equal Opportunity Employer

HUMAN RESOURCES

Carson City School District

P.O. Box 603, Carson City, NV 89702

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Fax (775) 283-2091

PRE-CRIMINAL RECORD CHECK REQUEST

Due to the nature of the position of which you are being considered, a criminal records check is required. *Convictions can be used to disqualify you for this position.*

Your response to the following questions will be kept confidential by the Carson City School District. Convictions will be reported to the Associate Superintendent of Human Resources, Carson City School District Office.

Please Print:

1. Applicants full name: _____
2. Date of birth: _____ Social Security # _____
3. List any other names used: _____
4. Hiring Division: _____ Position: _____

The following does not apply to lawfully expunged records.

5. Have you ever been issued a misdemeanor citation (include DUI)
Yes _____ No _____
6. Have you ever been arrested for any crime (include DUI) Yes ___ No ___
7. Have you ever been convicted of any crime (include DUI) Yes ___ No ___

I hereby certify that all statements made on this form are true and complete. *I understand that any misstatements of material facts will subject me to disqualification or dismissal.*

Signature in full

Date completed



FINGERPRINT BACKGROUND WAIVER

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by (enter name of requesting agency) Carson City School District that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 - Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize (enter name of requesting agency) Carson City School District, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.



6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: _____
(PLEASE PRINT LAST, FIRST, MIDDLE)

Address: _____

Applicant's Signature: _____

Date: _____

Submitting Agency: _____ Carson City School District

Address: _____ P.O. Box 603, Carson City, Nevada 89702

Agency representative: _____ Delfin, Jose F.
(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature: _____

Date: _____

NEVADA WORKPLACE SAFETY

Stop and Learn Your
Rights and Responsibilities

WORKPLACE SAFETY IS EVERYONE'S RESPONSIBILITY.



I have (check one) ☒ read this document or ☐ viewed the videotape, entitled "Nevada Workplace Safety: Your Rights and Responsibilities" and I understand my rights and responsibilities for safety in the workplace.

Employee Name (please print) _____ Date _____

Employee's Signature _____

Place of Viewing Videotape N/A

Employer's Name (please print) Carson City School District

Employer's Signature (or representative) _____

Note: This portion must be maintained in the employee's personnel file

Any employee who does not understand this document should contact his or her supervisor, employee representative or the Division of Industrial Relations of the Nevada Department of Business & Industry.

Las Vegas: (702) 486-9140

Reno: (775) 824-4630

Elko: (775) 778-3312

Toll-Free: (877) 45AFENV

EMPLOYEE RIGHTS AND RESPONSIBILITIES



If you see something that's unsafe, report it to your supervisor. That's part of your job. Give your employer a chance to fix the problem. If you think the unsafe condition still exists, it's your right to file a complaint with the Nevada OSHA Enforcement Section of the Division of Industrial Relations. The Division will not give your name to your employer.

There are laws that protect you if you are punished for filing a safety and health complaint. If you feel you have been treated unfairly for making a safety and health complaint, you have 30 days from the date of the punishment to file a discrimination complaint with the Nevada OSHA Enforcement Section of the Division of Industrial Relations.

From cuts and bruises to serious accidents, coverage begins the first minute you're on the job. Most on-the-job injuries are covered by Workers' Compensation Insurance.

It is your responsibility to report any on-the-job injury immediately. Your employer must file an "Employer's Report of Injury" (C3 Form) within six working days after the receipt of a "Claim for Compensation" (C4 Form) from a physician or chiropractor.

Remember, it is fraud to file an industrial insurance claim if you are not injured on the job. Filing a false claim will result not only in a loss of benefits, but could mean costly fines and/or jail time.

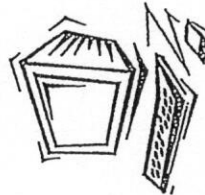
The Nevada Occupational Safety and Health Act was created to allow you to do your job in a safe and healthy workplace. But it is up to you to make sure that job safety works. Here are some tips to help you stay safe on the job.

Know and follow all safety rules set by:

- Your employer
- The Nevada Occupational Safety and Health Act
- The Nevada OSHA Enforcement Section

You can get copies of all Nevada safety and health standards from the Safety Consultation and Training Section of the Division of Industrial Relations or on the web at www.45olenv.state.nv.us. Also, your employer may be required to have a written workplace safety program.

If your employer requires personal protective equipment, such as hard hats, safety shoes, safety glasses, respirators, or ear protection, you are responsible to wear and/or use the equipment.



If you do not know how to safely use tools, equipment or machinery, be sure to ask your supervisor.

The Division of Industrial Relations of the Nevada Department of Business & Industry helps employers provide a safe and healthful workplace. This document explains the rights and responsibilities of both employers and employees in creating a safe working environment.

EMPLOYER RESPONSIBILITIES

The Safety Consultation and Training Section of the Division of Industrial Relations, Nevada Department of Business & Industry, was created to assist employers in complying with Nevada laws which govern occupational safety and health.



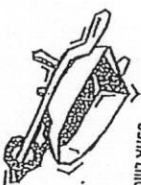
A Nevada employer with 11 or more employees must establish a written workplace safety program. A safety committee is required if you have more than 25 employees or if an employer's employees are engaged in the manufacturing of explosives.

The Safety Consultation and Training Section of the Division of Industrial Relations is available to provide a workplace hazard assessment. This service can assist employers in minimizing on-the-job hazards, and is provided at no charge. The Division also offers no cost safety training and informational programs for Nevada employers.

You must maintain a workplace that is free from unsafe conditions.

As an employer you are responsible for complying with all Nevada safety and health standards and regulations found in the:

- Nevada Occupational Safety and Health Act
- Occupational Safety and Health Standards and Regulations



The Nevada Safety and Health Poster, provided by the Division of Industrial Relations, must be posted in a prominent place on the job site.

Copies of all occupational safety and health standards and regulations are available from the Division of Industrial Relations (Safety Consultation and Training Section and the Nevada OSHA Enforcement Section) or on the web at www.45doem.state.nv.us.

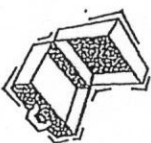
You are also responsible for ensuring that your employees comply with these same rules, standards and regulations. You must select someone to administer and enforce occupational safety and health programs in your workplace.

Before assigning an employee to a job, you must provide proper training in:

- Safe use of equipment and machinery
- Personal protective gear
- Hazard recognition
- Emergency procedures

You must also inform all employees of the safety rules, regulations and standards which apply to their respective duties.

It is your responsibility to maintain accurate accident, injury and safety records and reports. These files must be made available, upon request, to the affected employee and representatives of the Division of Industrial Relations, Nevada OSHA Enforcement Section.



Report immediately to the Division of Industrial Relations (Nevada OSHA Enforcement Section) all job-related fatalities, as well as those accidents where three or more employees require hospitalization.

Employers must acquire and maintain Workers' Compensation Insurance at all times. You are responsible for filing any workers' compensation claims with your employer.

The law requires that employers shall provide newly-hired employees with a copy of this document or with a video setting forth the rights and responsibilities of employers and employees to promote safety in the workplace.

Employers shall keep a signed copy of the attached receipt in the employee's personnel file to show he or she has been made aware of these rights and responsibilities.



State of Nevada Department of Business & Industry
Division of Industrial Relations Safety Consultation and Training Section

Las Vegas: (702) 486-9140
Reno: (775) 824-4630
Elko: (775) 778-3312
Toll-Free: (877) 45SAFEIN
To obtain this communication in alternative formats, contact the Division of Industrial Relations.

HOW TO OBTAIN INFORMATION

If you require further information or would like to obtain copies of safety and health standards and regulations, contact the following:

State of Nevada Department of Business & Industry Division of Industrial Relations Safety Consultation and Training Section

In Southern Nevada
1301 N. Green Valley Parkway
Suite 200
Henderson, NV 89074
(702) 486-9140
Fax: (702) 990-0362

In Northern/Central Nevada
4600 Kietzke Lane
Suite E-144
Reno, NV 89502
(775) 824-4600
Fax: (775) 688-478

In Northeastern Nevada
350 West Silver Street
Suite 210
Elko, NV 89801
(775) 778-3312
Fax: (775) 778-3412

Or Call Toll-Free
1 (877) 45SAFEIN (472-3368)
www.45doem.state.nv.us

State of Nevada Department of Business & Industry Division of Industrial Relations Nevada OSHA Enforcement Section

In Southern Nevada
1301 N. Green Valley Parkway
Suite 200
Henderson, NV 89074
(702) 486-9020
Fax: (702) 990-0358

In Northern Nevada
4600 Kietzke Lane
Suite F-153
Reno, NV 89502
(775) 824-4600
Fax: (775) 688-1378

A notice of this information is available in English and Spanish through the Division of Industrial Relations, Safety Consultation and Training Section. This document may be copied. For additional copies, contact the Division of Industrial Relations at nv45doem@state.nv.us.

CARSON CITY SCHOOL DISTRICT ARUP – REGULATION 218
RULES OF ACCEPTABLE AND RESPONSIBLE USE STAFF SIGNATURE PAGE

I understand that it is a privilege to use the Carson City School District's Network, Digital Resources and Communication Devices which include, but are not limited to networks and Internet access, computers, printers, servers, scanners, digital cameras, cell phones, tablets, fax machines, telephones, SmartBoards, copiers and document cameras. I understand and agree to the following:

1. The acceptable use rules apply to personal electronic communication devices used on school property;
2. I will use the Network, Digital Resources and Communication Devices only for educational purposes;
3. I will use any Network, Digital Resources and Communication Devices at my own risk. Although the Carson City School District make reasonable efforts to comply with the Children's Internet Protection Act (CIPA), it is not able to monitor or control all information accessible through the Network and cannot be held responsible for all content;
4. I will not attempt to modify or tamper with any District Network, Digital Resources or Communication Devices, which includes, but is not limited to introducing viruses, or installing, downloading or using any unauthorized programs or peripherals;
5. I will not transmit, or share pornographic, obscene, threatening, discriminating or harassing material or language, nor will I engage in activities such as sexting or cyberbullying, nor will I advocate for or condone such activities;
6. I will not post chain letters or engage in spamming. I will not read, copy, misappropriate, alter, misuse, or destroy any unauthorized information or files;
7. If I am assigned access to online educational resources such as Destiny and Infinite Campus, I will not attempt to obtain or share passwords or allow another user to utilize my account or attempt to access another user's account;
8. I will not share or post restricted passwords;
9. I will not attempt to gain unauthorized access to other computers or networks or violate the acceptable use policies of any network to which I connect;
10. I will not use the District's Network, Digital Resources or Communication Devices to conduct political lobbying, personal or commercial business, distribute commercial advertising, or represent myself as another person;
11. I recognize that licensing agreements protect software and online resources; therefore, I will not make unauthorized copies of software, either by copying them onto a removable storage medium or onto other computers through the District's Network, Digital Resources or Electronic Devices;
12. I will not violate copyright laws or plagiarize any material;
13. I understand that at any time, my activities on the District's Network, Digital Resources and Communication Devices may be monitored, and Internet requests will be filtered for appropriateness;
14. I will safeguard my District assigned mobile devices at all times;
15. I will return all District assigned mobile devices to my site upon transfer to another site, retirement or termination. If not returned, I understand the cost will be withheld from my final paycheck or any other payments that are due.
16. I understand that my signature constitutes my agreement to abide by this Regulation 218, and that this will remain in effect as long as I am utilizing Carson City School District's Network, Digital Resources and Communication Devices.

If I violate this agreement in any way, I understand that I may lose my privileges to use and access the District's Network, Digital Resources and Communication Devices (temporarily or permanently) and be subject to disciplinary action. I additionally understand that unlawful activities may result in civil or criminal legal action. I understand that I am responsible for all my actions in respect to the District's Network, Digital Resources and Communication Devices and that the District assumes no responsibility for my violations. I understand that I will be held financially liable for any damage that I cause to the District's Network, Digital Resources or Communication Devices.

My signature verifies that I have reviewed the Carson City School District's Acceptable and Responsible Use Policy and will comply with these rules. I further understand that this ARUP will remain in effect as long as I am utilizing Carson City School District's technology resources or until I submit a written request to have permission revoked.

Staff Name: _____ / _____ Date: _____
Printed Signature

Adopted: September 9, 1997
Revised: February 17, 2009
December 14, 2010
May 12, 2015
April 12, 2016

FAMILY EDUCATION RIGHTS AND PRIVACY ACT FERPA

FERPA rights are extremely important as a protection for all of our student records. Please familiarize yourself with the attached FERPA information to ensure compliance.

Print Name

Signature

Date

My signature indicates that I fully agree and comply with the requirements of this notice.

CARSON CITY SCHOOL DISTRICT
Notification of Rights under FERPA

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records. These rights are:

(1) The right to inspect and review the student's education records within 45 days of the day the School receives a request for access. Parents or eligible students should submit to the School principal a written request that identifies the record(s) they wish to inspect. The School principal or other official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

(2) The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA. Parents or eligible students who wish to ask the School to amend a record should write the School principal, clearly identify the part of the record they want changed, and specify why it should be changed. If the School decides not to amend the record as requested by the parent or eligible student, the School will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

(3) The right to privacy of personally identifiable information in the student's education records, except to the extent that FERPA authorizes disclosure without consent. One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the School as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); student teachers and related service interns; a person serving on the School Board; a person or company with whom the School has outsourced services or functions it would otherwise use its own employees to perform (such as an attorney, auditor, medical consultant, or therapist); a parent or student serving on an official committee, such as a disciplinary or grievance committee, or a parent, student, or other volunteer assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Upon request, the School discloses education records without consent to officials of another school district in which the student seeks or intends to enroll or is already enrolled, if the disclosure is for purposes of the student's enrollment or transfer.

(4) The right to file a complaint with the U.S. Department of Education concerning alleged failures by the School to comply with the requirements of FERPA. The name and address of the federal Office that administers FERPA are: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue, SW, Washington, DC 20202-5920.

Directory Information: Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Directory information may be released to agencies, institutions, the military or businesses for the purpose of providing students with yearbooks, class rings, graduation announcements, athletic apparel, school pictures, scholarship opportunities, or other purposes that benefit the student and/or school. Directory information will not be released when the purpose is primarily for commercial or sectarian use. The Carson City School District has designated the following information as directory information: student's name; address; telephone listing; photograph; date and place of birth; major field of study, grade level; dates of attendance; participation in officially recognized activities and sports; weight and height of members of athletic teams; degrees, honors and awards received; and the most recent educational agency or institution attended.

Unless individual written objection to release such directory information is received by Carson City School District from the parent or eligible student by September 30 in any school year, any of the above information may be released in accordance with the purposes stated. All objections should be filed in writing with:

CARSON CITY SCHOOL DISTRICT
Contact: Jose Delfin - Associate Superintendent of Human Resources
1402 W. King Street P.O. Box 603
Carson City, NV 89702

CARSON CITY SCHOOL DISTRICT
Notification of Rights Under the Protection of Pupil Rights Amendment (PPRA)

PPRA affords parents certain rights regarding our conduct of surveys, collection and use of information for marketing purposes, and certain physical exams. These include the right to:

- Consent before students are required to submit to a survey that concerns one or more of the following protected areas ("protected information survey") if the survey is funded in whole or in part by a program of the U.S. Department of Education (ED):
 1. Political affiliations or beliefs of the student or student's parent;
 2. Mental or psychological problems of the student or student's family;
 3. Sex behavior or attitudes;
 4. Illegal, anti-social, self-incriminating, or demeaning behavior;
 5. Critical appraisals of others with whom respondents have close family relationships;
 6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
 7. Religious practices, affiliations, or beliefs of the student or parents; or
 8. Income, other than as required by law to determine program eligibility.
- Receive notice and an opportunity to opt a student out of:
 1. Any other protected information survey, regardless of funding;
 2. Any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student, except for hearing, vision, or scoliosis screenings, or any physical exam or screening permitted or required under State law; and
 3. Activities involving collection, disclosure, or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others.
- Inspect, upon request and before administration or use:
 1. Protected information surveys of students;
 2. Instruments used to collect personal information from students for any of the above marketing, sales, or other distribution purposes; and
 3. Instructional material used as part of the educational curriculum.

These rights transfer to from the parents to a student who is 18 years old or an emancipated minor under State law.

The Carson City School District (CCSD) has developed and adopted policies, in consultation with parents, regarding these rights, as well as arrangements to protect student privacy in the administration of protected information surveys and the collection, disclosure, or use of personal information for marketing, sales, or other distribution purposes. CCSD will directly notify parents of these policies at least annually at the start of each school year and after any substantive changes. CCSD will also directly notify, such as through U.S. Mail or email, parents of students who are scheduled to participate in the specific activities or surveys noted below and will provide an opportunity for the parent to opt his or her child out of participation of the specific activity or survey. CCSD will make this notification to parents at the beginning of the school year if the District has identified the specific or approximate dates of the activities or surveys at that time. For surveys and activities scheduled after the school year starts, parents will be provided reasonable notification of the planned activities and surveys listed below and be provided an opportunity to opt their child out of such activities and surveys. Parents will also be provided an opportunity to review any pertinent surveys.

Following is a list of the specific activities and surveys covered under this requirement:

- Collection, disclosure, or use of personal information for marketing, sales or other distribution.
- Administration of any protected information survey not funded in whole or in part by ED.
- Any non-emergency, invasive physical examination or screening as described above.

Parents who believe their rights have been violated may file a complaint with: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue, SW, Washington, D.C. 20202-5920.