



RETURN BY FRIDAY, AUGUST 17, 2012

4000 La Colina Road
Santa Barbara, CA 93110
Tel: 805.967.1266
Fax: 805.964.3178
www.bishopdiego.org

Please PRINT student's name(s):

Form with three rows for student names, each row containing fields for (Last), (First), and (Middle).

HANDBOOK FORM

Please read the 2012 - 2013 edition of the Parent / Student Handbook. After you have reviewed the material inside this handbook, sign the statement below and return it by Friday, August 17, 2012.

We have read the entire contents of the 2012 - 2013 Parent / Student Handbook and agree to abide by the rules, regulations, and policies of Bishop Garcia Diego High School.

Form with five rows for signatures and dates, including Parent's/Guardian's, Student's, and multiple Student's.

EMAIL AUTHORIZATION

I authorize Bishop Garcia Diego High School to send me e-communications to the address provided on the emergency contact form. I acknowledge that some communication may only be provided by e-communication, and that opting out may mean some communication is not sent to me.

Form with two rows for Parent's/Guardian's Signature and Date.

MEDIA RELEASE FORM

Bishop Garcia Diego High School is very proud of the positive activities, honors and achievements of our students. As a result, we are making every effort to promote these accomplishments through such vehicles as our local newspapers, radio and television stations, and through school publications as well as our website.

- YES, I give permission for the student to be interviewed, name, photographed and / or filed for use in school publications, school-related websites, videos, newspapers and radio/television.
NO, I request that my student NOT be a part of such opportunities.

Form with two rows for Parent's/Guardian's Signature and Date.