

H. E. Huntington Middle School

1700 Huntington Drive

San Marino, CA 91108

(626) 299-7060

A National Blue Ribbon School

MASTER SIGNATURE SUMMARY 2010-2011

Student's First, Middle, Last Name Grade Homeroom Teacher

THE FOLLOWING DOCUMENTS ARE FOUND ON LINE @

www.hehms.us

ATTENDANCE

We have read (on line) and understand the Attendance Procedures information.

DISCIPLINE

We have read and discussed the Discipline Contract together (on line) and understand the consequences of irresponsible decision making.

EXTRA CURRICULAR INSURANCE EXEMPTION STATEMENT FORM

We have read (on line) and understood the Extra Curricular Insurance Exemption Statement Form.

SEXUAL HARASSMENT NOTIFICATION

We have read (on line) and understand the Sexual Harassment Notification.

SNACK BREAK/LUNCH EXPECTATIONS

We have read (on line) and discussed the Snack Break/Lunch Expectations together and understand the responsibilities of students to maintain a clean campus.

STUDENT ACTIVITIES SHEET

We have read (on line) and understand the guidelines for the co-curricular and extra-curricular activities at Huntington Middle School.

TECHNOLOGY

We have read (on line) the Discipline Standards regarding Technology use at Huntington Middle School.

THE FOLLOWING DOCUMENTS ARE FOUND ON-LINE AFTER THIS DOCUMENT

HUNTINGTON MIDDLE SCHOOL INFORMATION SHEET

I have completed the Huntington Middle School Information Sheet available ON-LINE only below (with both copies signed) and discussed the District's Emergency Procedures and Disaster Preparedness with my student as it relates to Huntington Middle School.

THE FOLLOWING DOCUMENTS ARE FOUND IN THE FIRST DAY PACKET

STUDENT INSURANCE

We have read the Myers-Stevens brochure and have indicated our intentions to elect/or not to elect coverage. The District form has been signed and will be returned to school. We understand that the 2010-2011 application form, in the packet, must be completed by the parent and mailed to the insurance company in the envelope provided.

THE FOLLOWING DOCUMENTS ARE FOUND ON-LINE AS READ ONLY

ASB FIRST DAY LETTER

FIRST DAY LOCK ASSIGNMENT

HEALTH OFFICE LETTER

HOMEROOM INFRACTION POLICY

PARKING LOT ROUTES

PARTIAL DAY PASS PROCEDURE

PTA CALENDAR

WE HAVE READ AND UNDERSTAND ALL OF THE SECTIONS LISTED ABOVE.

Student's signature

Parent's signature

2010-2011 Huntington Middle School Information Sheet

ID# _____

(Last Name)	(First Name)	(M.I.)	(DOB)	(Grade)
(Address)	Please check if new address	(City)	(Zip Code)	(Area) Home Phone
I am living with: Father Guardian		I am living with: Mother Guardian		
Print Father/Guardian Name		Print Mother/Guardian Name		
Name of Company	Occupation	Name of Company	Occupation	
Business Phone	Cell Phone	Business Phone	Cell Phone	
E-Mail Address		E-Mail Address		

*** IN CASE OF EMERGENCY - NOTIFY ***

In case of illness, accident or emergency and when unable to contact parents, permission is granted for any of the following to call for or take care of my child: (Please note: We cannot release your child to anyone unless their name is listed below. Please list names of housekeeper and anyone free and willing to pick up your child. **List at least 3 contacts.**)

Name _____	Phone # _____
Name _____	Phone # _____
Name _____	Phone # _____
Name _____	Phone # _____

Student may not be released to _____

CONSENT FOR RENDERING OF MEDICAL SERVICES

In case of illness, accident or emergency and when the school is unable to contact us, we, the undersigned parents (guardians) of: _____ date of birth _____, a student of the San Marino Unified School District hereby consent to the giving of any and all emergency, medical, hospital and surgical care to said student that may be deemed necessary by any physician or hospital or any official of the San Marino Unified School District without obtaining further consent.

Doctor's Name _____ Phone# _____

Hospital of your choice _____

List any pertinent health information (Allergies – Medications etc.):

I verify that I have read the above and filled out the above information correctly.

Parent/Guardian Signature _____ Date _____

2010-2011 Huntington Middle School Information Sheet

ID# _____

(Last Name)	(First Name)	(M.I.)	(DOB)	(Grade)	
(Address)	Please check if new address	(City)	(Zip Code)	(Area) Home Phone	
I am living with:	Father	Guardian	I am living with:	Mother	Guardian
Print Father/Guardian Name			Print Mother/Guardian Name		
Name of Company	Occupation	Name of Company	Occupation		
Business Phone	Cell Phone	Business Phone	Cell Phone		
E-Mail Address			E-Mail Address		

*** IN CASE OF EMERGENCY - NOTIFY ***

In case of illness, accident or emergency and when unable to contact parents, permission is granted for any of the following to call for or take care of my child: (Please note: We cannot release your child to anyone unless their name is listed below. Please list names of housekeeper and anyone free and willing to pick up your child. **List at least 3 contacts.**)

Name _____	Phone # _____
Name _____	Phone # _____
Name _____	Phone # _____
Name _____	Phone # _____

Student may not be released to _____

CONSENT FOR RENDERING OF MEDICAL SERVICES

In case of illness, accident or emergency and when the school is unable to contact us, we, the undersigned parents (guardians) of: _____ date of birth _____, a student of the San Marino Unified School District hereby consent to the giving of any and all emergency, medical, hospital and surgical care to said student that may be deemed necessary by any physician or hospital or any official of the San Marino Unified School District without obtaining further consent.

Doctor's Name _____ Phone# _____

Hospital of your choice _____

List any pertinent health information (Allergies – Medications etc.):

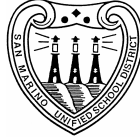
I verify that I have read the above and filled out the above information correctly.

Parent/Guardian Signature _____ Date _____

San Marino Unified School District

"Delivering a world-class education with recognized excellence in academics, arts, and athletics!"

ADMINISTRATIVE OFFICES
TELEPHONE: (626) 299-7000
FAX: (626) 299-7010



1665 WEST DRIVE
SAN MARINO, CALIFORNIA 91108-2594

Please Print:

Student ID#: _____

Grade: _____

Student Name

District Acknowledgment Form

The San Marino Unified School District Office provides access to documents requiring your acknowledgement and signature through our website at <http://www.smusd.us>.^{*} Please visit our site and go to the *Parents & Students* link, then to the *First Day Packet* link. Please review these documents at your convenience and sign below to verify you have accessed the materials.

This signed form must be returned and included with your child's school site registration materials.

* You may visit the District Office to obtain a hard copy of these documents. Thank you.

I have **read and understand** the following documents provided to me by the San Marino Unified School District Administrative Office:

- ***Notice of Rights of Parent or Guardians of Minor Pupils Under Certain Education Code Sections***
- ***California Education Code Parental Notification Requirements***
- ***Student Use of Technology***
- ***Emergency Procedures and Disaster Preparedness***
- ***State of California Attendance Funding Letter***
- ***Student Injuries and Insurance Letter***
- ***Student Accident & Health Insurance Brochure (provided in your 1st Day Packet)***
- ***Annual Notification of Application of Pesticides***
- ***Media Letter***

Your signature acknowledges receipt of all the above documents.

X

Parent/Guardian Signature

HUNTINGTON PTA ORDER FORM

2010-2011

Please return this completed form and return on **Wednesday, August 25, 2010** to your child's homeroom. You need to return **only one check (or below completed credit card authorization if your total amount is \$250 or over please) and one order form per family.** If you have more than one child at HMS, please return this form with the **youngest child for processing.**

NAME: _____ (Mother/Guardian)
 _____ (Father/Guardian)

ADDRESS: _____ Phone: _____ Cell Phone: _____

List all students at Huntington (**PLEASE PRINT FIRST AND LAST NAME OF EACH CHILD**)

Name: _____ GR: _____ Homeroom Teacher: _____
 Name: _____ GR: _____ Homeroom Teacher: _____
 Name: _____ GR: _____ Homeroom Teacher: _____

		<u>Unit Cost</u>	<u>TOTAL</u>
1.	PTA Membership Dues <i>Supports national, state and local PTA-sponsored educational Programs, child advocacy and more -- one vote per membership.</i>	\$10.00 <i>Includes 2 adult Memberships; \$5 for 1 membership</i>	\$ _____
2.	PTA Budget Drive <i>Supports Huntington Programs such as the Technology Center, Library, Music Program, and the Curriculum Lab.</i>	\$25.00/each x _____ <i>(suggested donation/student)</i>	\$ _____
3.	Huntington Directory <i>Provides names, contact information, homerooms, and important school information.</i>	\$12.00 each x _____	\$ _____
4.	Wish List <i>Provides each teacher with an allotment for curriculum enhancements.</i>	\$25 or other amount per student x _____	\$ _____
5.	Earthquake/Safety Supplies (NEW HMS students only) <i>Individual earthquake supplies for students new to HMS.</i>	\$10 per NEW student x _____	\$ _____
6.	6th Grade Dances <i>There will be 4 dances during the school year (9/24, 11/5, 3/11, 4/22)</i>	\$36 per 6th grader x _____	\$ _____
7.	Patron Donation for Hauntington Breakfast (10/23/10)	\$25, \$50, \$75, Other	\$ _____
8.	Patron Donation for Parent Party (2/5/11)	\$25, \$50, \$75, Other	\$ _____
9.	Supplemental Donation	<i>Your opportunity to make a tax deductible contribution to Huntington PTA programs!</i>	\$ _____

TOTAL AMOUNT: \$ _____

_____ **Check: payable to Huntington PTA.** Please write your child's/children's name(s) and homeroom number(s) on your check. Enclose this form and your check in the PTA Order Form envelope. Please do not staple.

_____ **Charge:** _____ Visa _____ Mastercard Card No. _____

Expiration Date: _____ Signature: _____
 Enclose this form with above completed authorization in the PTA Order Form envelope. Charges \$250 and over.

If you have any questions regarding the form, please do not hesitate to call Lori Cuccia at: 626-793-2707

如果您有任何有關家長會費用和捐獻的問題, 請和 Vanessa Koo 聯絡 626-403-9049 謝謝.

Items 2, 4, 7, 8 and 9 are tax deductible. Please make a copy for your tax records (Tax ID#: 95-6116587)



Please Support our Students!

In San Marino we expect excellence in our public schools. As parents of school-age children, you are familiar with the strengths of our public schools. Our District has been ranked number one in the state for the past several years, as measured by the Academic Performance Index (API). Your contribution to the Foundation's Annual Campaign makes it possible for our schools to maintain their high educational standards.

Quality public education in San Marino costs approximately **\$8,900 per child**. The NEW REALITY is that the State of California will only fund nearly 50% of this cost or **\$4,600 per child**. If we wish to keep our outstanding schools, WE must raise the difference.

We suggest a tax-deductible donation of **\$2,000 per student** to the San Marino Schools Foundation. For your convenience, donations can be made in monthly or quarterly installments.

We need **every family** to give what they can to help support San Marino Schools. Please do your part. Your children are counting on you.

Thank you for supporting San Marino Schools!

Brian Spaulding
President Annual

Tina Siu
Campaign Chair

San Marino Schools Foundation 2010-2011 Annual Campaign

My check for \$ _____ is enclosed payable to SMSF.

Charge my credit card: MasterCard or Visa \$ _____

Card # _____ Exp. Date _____

Signature: _____

Parent/Guardian Name: _____

Student Name: _____

Address: _____

City, State & Zip: _____ Phone: _____

Living Categories

- \$10,000 or more (Founder)*
- \$5,000 to \$9,999 (Friend)*
- \$4,000 to \$4,999 (Patron)*
- \$3,000 to \$3,999 (Sponsor)*
- \$2,000 to \$2,999 (Donor)*
- \$1 to \$1,999 (Contributor)

* Recognition Party

This is a **Pledge** of \$ _____ for the fiscal year **7/1/10 - 6/30/11**.

I prefer to be billed \$ _____/month \$ _____/quarter other \$ _____/ _____

Corporate matching gifts program can significantly boost your donation to the Schools Foundation. Check with your Human Resources Office and enclose the necessary forms.

Expect a corporate matching gift from _____

- Do **not** include my/our name in any published lists.
- Do **not** give me/us Yard Sign recognition in May 2011.

The San Marino Schools Foundation is a 501(c)(3) non-profit corporation; donations are tax deductible.
 Donations may be mailed to SMSF, File 54654, LA, CA 90074. All other correspondence may be directed to:
 SMSF, 1665 West Drive, San Marino, CA 91108. 626/299-7014. Donate on-line at the Foundation's website: www.smsf.org
 The San Marino Schools Foundation solely funded this flyer.