GALT JOINT UNION ELEMENTARY SCHOOL DISTRICT
1018 C Street, Suite 210, Galt, CA 95632 ~ (209) 744-4545 ~ www.galt.k12.ca.us

2026-27 REQUIRED FORMS AND NOTIFICATIONS

A copy of the Parent Information Guide is posted on the school district website at www.galt.k12.ca.us.

Please complete the required and optional forms in ParentVue (Synergy), or fill out the attached hard copies and submit them to your child's school.

REQUIRED FORMS

_____ 1. Receipt of Information on Parent/Guardian Legal Rights

_____ 2. California Healthy Kids Survey - 5th & 6th grade only

_____ 3. Chromebook User Agreement

_____ 4. Google Apps For Education Participation Form and Acceptable Use Policy

_____ 5. School Funding Benefit Form (Household Income)

_____ 6. Housing Questionnaire

_____ 7. Internet Responsibility Contract

_____ 8. Student Accident Insurance Form

OPTIONAL FORMS

_____ 9. California Healthy Kids Survey - 7th & 8th grade only

_____ 10. Insurance Billing and Release of Student Records

_____ 11. Volunteer Application

_____ 12. Student Opt-Out Form pg. 1

_____ 13. Student Opt-Out Form pg. 2

_____ 14. Advisory Committees

REQUIRED NOTIFICATIONS

_____ 15. Concussion Information Sheet

_____ 16. Fentanyl Fact Sheet

_____ 17. Sudden Cardiac Arrest

_____ 18. What is Type 1 Diabetes

_____ 19. What is Type 2 Diabetes

INFORMATIONAL

_____ 20. Middle School Sports Fees

GALT JOINT UNION ELEMENTARY SCHOOL DISTRICT
1018 C Street, Suite 210, Galt, CA 95632 ~ (209) 744-4545 ~ www.galt.k12.ca.us

2026- 2027
RECEIPT OF INFORMATION ON PARENTS LEGAL RIGHTS

As required by law, the Parent Information Guide is to notify you of your legal rights and responsibilities.

"I hereby acknowledge that I have received information from Galt Joint Union Elementary School District about the legal rights of parents and guardians with children in California public schools."

Name(s) of Students(s)	**Schools**

_____
Parent Name

_____ _____
Parent Signature *Date*

Please sign and return this form to your child's teacher.

GALT JOINT UNION ELEMENTARY SCHOOL DISTRICT
1018 C Street, Suite 210, Galt, CA 95632 ~ (209) 744-4545 ~ www.galt.k12.ca.us

CONSENT FOR THE CALIFORNIA HEALTHY KIDS SURVEY

2026-2027 SCHOOL YEAR (Active Consent)

5TH & 6TH GRADE ELEMENTARY SCHOOL STUDENTS ONLY

Dear Parent or Guardian:

Your **5th/6th** grade student is being asked to be a part of our school's California Healthy Kids Survey (CHKS), sponsored by the California Department of Education (CDE). This is a very important survey that will help promote better health and well-being among our youth, improve the school learning environment, and combat problems such as drug abuse and violence. *Your child does not have to take the survey. Participation is voluntary and requires your permission.*

Survey Content. The survey gathers information on developmental supports provided to youth; school connectedness and barriers to learning, as well as behaviors such as physical activity and nutritional habits; alcohol, tobacco and other drug use; and school safety.

You may examine a sample questionnaire in the school office or at your district's website: www.galt.k12.ca.us

The results from this survey are compiled into district- and county-level CHKS Reports. To view a copy of your district's report, go to https://calschls.org/reports-data/search-lea-reports/ (Outside Source) and type in the district name.

It is Voluntary. Students who agree to participate with your permission do not have to answer any questions they do not want to, and may stop taking the survey at any time.

It is Anonymous. No names are recorded or attached to the survey forms or data. The results will be made available for analysis only under strict confidentiality controls.

Administration. The survey will be administered during the second trimester.

Potential Risks. There are no known risks of physical harm to your child. Risks of psychological or social harm are very small. None have been reported in 20 years of survey administration. In rare instances, some discomfort might be experienced from the questions. The school's counseling services will be available to answer any personal questions that may materialize.

For Further Information. The survey was developed for the CDE by WestEd, a public, non-profit educational institution. If you have any questions about this survey, or about your rights, call the district at 209-744-4545 x 331

Parent Consent Form for the California Healthy Kids Survey

___ I ***give permission*** for my child to be in the California Healthy Kids Survey.

___ I ***do not give permission*** for my child to be in the California Healthy Kids Survey.

Signature:_____ Date: _____

My child's name is:_____ Circle Grade Level: 5th or 6th
(Please Print)

GALT JOINT UNION ELEMENTARY SCHOOL DISTRICT
1018 C Street, Suite 210, Galt, CA 95632 ~ (209) 744-4545 ~ www.galt.k12.ca.us

2026-27 School Year
Galt Joint Union Elementary School District
Chromebook User Agreement

My child and I agree to read and discuss the terms of the Galt Joint Union Elementary School District's Technology Handbook for Parents and Students, available on the school's website. A hard copy of the Technology Handbook can be picked up in the school office or BFLC.

We understand that there is ***no option for Chromebook insurance through the school district,*** but we could seek a third-party insurance company on our own if we desire insurance.

The following are the estimated costs of the Chromebook parts and replacement:

- Total replacement of Chromebook: $425
- Power Supply/Cord Replacement: $30
- Non-Touch Screen/Touch Screen Replacement: $25/$50
- Keyboard/Missing Keys Replacement: $45
- Replacement battery: $20
- Plastic LCD Bezel: $20
- Hinge Cap: $10
- Chromebook Bag: $15
- Touch & Non-Touch Bottom Case: $20

Hotspot (WiFi) Charges:

- Hotspot Device: $99
- Case: $15
- Charging Adapter: $15

☐ **We understand that we are responsible for damages and will be charged appropriately for the estimated costs of Chromebook parts or replacement.**

Families can opt out of taking the device home if *all* of the following requirements are met:

- Child has access to a laptop or computer at home
- Child has access to the internet
- Chrome is used as the web browser on the home device
- Device can access Google Apps (Google Docs, Clever, Google Drive, etc).

☐ **We would like to opt out of the 1:1 device take-home program and will provide our child with all the above requirements. We understand that our child will be provided with a Chromebook during the school day. We understand that we are responsible for damages and will be charged appropriately for the estimated costs of Chromebook parts or replacement.**

_____ _____
Student Name (Print) Student ID

_____ _____
Student Signature Date

_____ _____
Parent Name (Print) Contact Number

_____ _____
Parent/Guardian Signature Date

GALT JOINT UNION ELEMENTARY SCHOOL DISTRICT
1018 C Street, Suite 210, Galt, CA 95632 ~ (209) 744-4545 ~ www.galt.k12.ca.us

2026-2027
GOOGLE APPS FOR EDUCATION PARTICIPATION FORM

_____ _____
Student First Name Student Last Name

_____ _____
Student Birthdate Student Grade Level

_____ **I have read** the Google Apps for Education Acceptable Use Policy below. **I understand my** Google Apps account will be monitored by school officials and I will be held accountable for my actions online.

_____ _____
Student Signature Date

_____ _____
Parent First Name Parent Last Name

_____ **I give permission** for my child to use Google Apps for Education as described in the Google Apps for Education Acceptable Use Policy. By doing so, I agree to enforce appropriate use when my child is off district property.

_____ _____
Parent Signature Date

_____ **I DO NOT give permission** for my child to use Google Apps for Education as described in the Google Apps for Education Acceptable Use Policy. By doing so, I understand that my child will not be issued a **student.galt.k12.ca.us** account to access collaborative work and resources offered by the district. Any existing account will be made inactive.

_____ _____
Parent Signature Date

Google Cloud Acceptable Use Policy

Last modified: October 13, 2025

Use of the Services is subject to this acceptable use policy ("AUP").
If not defined here, capitalized terms have the meaning stated in the applicable contract ("Agreement") between the customer, reseller or other authorized user ("You") and Google.
You agree not, and not to allow third parties or Your End Users, to use the Services:

- to violate, or encourage the violation of, the legal rights of others;
- to engage in, promote, or encourage illegal activity, including child sexual exploitation, child abuse, or terrorism or violence that can cause death, serious harm, or injury to individuals or groups of individuals;
- for any unlawful, invasive, infringing, defamatory, or fraudulent purpose including Non-consensual Explicit Imagery (NCEI), violating intellectual property rights of others, phishing, or creating a pyramid scheme;
- to distribute viruses, worms, Trojan horses, corrupted files, hoaxes or other items of a destructive or deceptive nature;
- to gain unauthorized access to, disrupt, or impair the use of the Services, or the equipment used to provide the Services, by customers, authorized resellers, or other authorized users;
- to alter, disable, interfere with or circumvent any aspect of the Services, Software, or the equipment used to provide the Services;
- to generate, distribute, publish or facilitate unsolicited mass email, promotions, advertisements, or other solicitations (“spam”);
- to test or reverse-engineer the Services in order to find limitations or vulnerabilities, or to evade filtering capabilities, except as expressly permitted in the Agreement; or
- to use the Services, or any interfaces provided with the Services, to access any other Google product or service in a manner that violates the terms of service of such other Google product or service.

In addition, if you are using Google Workspace or Google Workspace for Education, you agree not, and not to allow third parties or Your End Users, to use the Services:

- to grant multiple individuals access to an individual End User Account other than via the delegation features provided within the Services;
- to create End User Accounts assigned to business functions rather than to human beings for the purpose of sharing files within or outside of the domain;
- to resell End User Accounts, or parts thereof, as added into a commercial product offered to third parties; or
- to record audio or video communications without consent if such consent is required by applicable laws and regulations (you are solely responsible for ensuring compliance with all applicable laws and regulations in the relevant jurisdiction(s)).

If You use Google Workspace for Education, You agree to use all Services, Additional Products, and Third-Party Offerings that are accessible with Your Account only (a) for educational purposes, and (b) if You are an End User, as authorized by Your school.

Your failure to comply with the AUP may result in suspension or termination, or both, of the applicable Services pursuant to the Agreement.

Galt Joint Union Elementary 26-27

School Funding Benefit Form: Your response helps our District receive funding that directly supports your student's school. Completing this form is quick, confidential and benefits your student's class.

Household Last Name: Phone: E-mail

Part I Fill in the following information for children living in your household					
Name of Child(ren) attending a California K-12 Public School			School Attending	Birth Date	Grade Level
Last	Middle	First			
1					
2					
3					
4.					
5.					
6.					

Part II Fill in the following for Household Size and Household Income

Based on your household size, check the appropriate box if your total annual household income is within the range displayed for Category 1 or Category 2. Do not check an income in both categories.

For help in determining your household size and total annual household income, please see instructions on the back of this form.

Household Size	Category 1- Free Total Annual Household Income is Within This Range	Category 2 — Reduced Total Annual Household Income is Within This Range
1	$0-$20,748	$20,749-$29-526
2	$0-$28,132	$28,133-$40,034
3	$0-$35,516	$35,517-$50,542
4	$0-$42,900	$42,901-$61,050
5	$0-$50,284	$50,285-$71 ,558
6	$0-$57,668	$57,669-$82,066
7	$0-$65,052	$65,053-$92,574
8	$0-$72,436	$72,437-$103,082

If household size is greater than 8, list household size and total annual income below:

Household Size_____ Total Annual Income_____

If your total annual household income exceeds the ranges above, check here: _____

Part III Signature

I certify &. (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the Information could be subject to review.

GALT JOINT UNION ELEMENTARY SCHOOL DISTRICT

1018 C Street, Suite 210, Galt, CA 95632 ~ (209) 744-4545 ~ www.galt.k12.ca.us

HOUSING QUESTIONNAIRE

Student Name:	**Date:**
School:	**Teacher:**

Dear Parent/Guardian,

The information below will help the District determine whether your family may be eligible for additional services. For your child, this could include educational services and resources. The information provided on this form will be kept confidential and only shared with the appropriate school district and site staff.

Are you and/or your family currently living in any of the following situations? Please select one:

- ☐ Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or a Federal Emergency Management Agency (FEMA) trailer
- ☐ Sharing housing with others(s) due to loss of housing, economic hardship, natural disaster, lack of adequate housing, or a similar reason
- ☐ Living in a car, park, campground, abandoned building, or other inadequate accommodations (i.e. lack of water, electricity, or heat)
- ☐ Temporarily living in a motel or hotel due to loss of housing, economic hardship, natural disaster, or similar reason
- ☐ None of the above (living in a permanent residence, renting or owning)

The undersigned parent/guardian certifies that the information provided above is correct and accurate.

Parent/Guardian Name:	**Signature:**
Address:	**Phone:**

Your child or children may have the right to:

- Immediate enrollment in the school they last attended (school of origin) or the local school where you are currently staying, even if you do not have all the documents normally required at the time of enrollment.
- Continue to attend their school of origin, if requested by you and it is in the best interest.
- Receive transportation to and from their school of origin, the same special programs and services, if needed, as provided to all other children, including free meals.
- Receive the full protections and services provided under all federal and state laws related to homeless children, youth, and their families.

Please list all children currently living with you.

NAME	BIRTHDATE	SCHOOL

Only one form per family is needed. Please return this form to your child's school office. If you have any questions or an immediate need, please contact the District's Homeless Liaison: Kuljeet Nijjar, Educational Services Director; knijjar@galt.k12.ca.us; 209-744-4545 ext. 303

GALT JOINT UNION ELEMENTARY SCHOOL DISTRICT
1018 C Street, Suite 210, Galt, CA 95632 ~ (209) 744-4545 ~ www.galt.k12.ca.us

INTERNET RESPONSIBILITY CONTRACT

All schools in the Galt Joint Union Elementary School District have access to the Internet, a collection of thousands of interconnected computer networks worldwide that allows the almost instantaneous sharing of information.

Students and staff will have access to college and university libraries, information and news from various sources and research institutions, software of all types, electronic mail, discussion groups on various topics, and online learning resources.

The Galt Joint Union Elementary School District strongly believes in the educational value of such electronic services and recognizes their potential to support our curriculum and student learning in our district. Our goal in providing this service is to promote educational excellence by facilitating resource sharing, innovation and communication. We also want to take every precaution to protect students and staff from any misuse or abuse of this worldwide service.

With access to computers and people all over the world also comes the potential availability of material that may not be considered to be of educational value in the context of the school setting. There may be some material or individual communications that are not suitable for school-age children.

While the use of the Internet will be supervised by an adult at all times, students must agree to the responsible use of the system. Students should not:

- ✓ Send or receive messages that indicate or suggest unethical or illegal solicitation, threatening or obscene material, racism, sexism, inappropriate language, or other issues deemed inappropriate by the school staff.
- ✓ Use the Internet for commercial purposes.
- ✓ Reveal personal home addresses or phone numbers, or the addresses and phone numbers of others.
- ✓ Use copyrighted material in reports without permission
- ✓ Vandalize hardware, software and/or network systems.

Use of the district's computer systems is a privilege, not a right. Consequences for violating the behavior standards outlined above include:

- ✓ Loss of technology for one full year
- ✓ Repayment of any damages caused to equipment
- ✓ Suspension / Expulsion

In order to use the Internet in any of the district's schools, students and parents must sign below to indicate an understanding of the responsible use of the system and read the District Technology Handbook for parents and students located on the district website at www.galt.k12.ca.us

_____	_____
Teacher	Date
_____	_____
Student Name	Student Signature
_____	_____
Parent Name	Parent Signature

GALT JOINT UNION ELEMENTARY SCHOOL DISTRICT
1018 C Street, Suite 210, Galt, CA 95632 ~ (209) 744-4545 ~ www.galt.k12.ca.us

STUDENT ACCIDENT INSURANCE

Dear Parents:

The Galt Joint Union Elementary School District **does not provide medical, accident or dental insurance** for pupils injured on school premises or through school activities. To help you provide coverage for your child, the District is making available a low-cost medical/dental accident insurance program through Pacific Educators. The purpose of this plan is to provide assistance at a minimum cost to meet some of the expenses for accidental injury. The plan does not provide unlimited coverage but does offer substantial assistance in the event of injury.

There are two levels of benefits available. The "High Option" is recommended if your child has no family coverage or if your private coverage has a high deductible. All plans are available on a "School Time" or "24-Hour" (all day, every day) basis and can **cost as little as $11 (one-time annual payment). See rates below.**

Please visit your child's school office to obtain a detailed brochure/application, or you may obtain one and sign up online at www.peinsurance.com (click on Products, then Student Insurance). Please read the Student Benefits Plan Brochure to select the plan that best meets your needs.

NOW AVAILABLE AT NO COST – FREE PRESCRIPTION DRUG CARD – GET ONE AT YOUR CHILD'S SCHOOL OFFICE OR THE WEBSITE ABOVE.

The plans pay the first $500.00 in benefits in addition to other insurance, which can help you meet your primary insurance deductibles and/or co-payments. Since the district does NOT provide medical/dental accident insurance, we urge that serious consideration be given to the program. If you have further questions, please call Pacific Educators, Inc., Student Accident Department at (800) 722-3365 or (714) 639-0962.

All Plans are a **ONE TIME ANNUAL** payment		
Options	**Low**	**High**
At School Plan Grades P-8	$11.00	$25.00
24-Hr-a-Day Plan Grades P-8	$75.00	$161.00

To document that you have been notified of this matter, please sign and complete the bottom of this form.

As parent/guardian of _____/_____/_____, I understand that the
(please print child's name) (school) (grade)

Galt Joint Union Elementary School District does not provide medical insurance for student injuries but does make voluntary student insurance available. I have received the information on this program.

_____ I will enroll my child in the program _____ I will not enroll my child in the program

_____ _____
Parent Name Parent Signature

_____
Date

GALT JOINT UNION ELEMENTARY SCHOOL DISTRICT
1018 C Street, Suite 210, Galt, CA 95632 ~ (209) 744-4545 ~ www.galt.k12.ca.us

CONSENT FOR THE CALIFORNIA HEALTHY KIDS SURVEY

2026-2027 SCHOOL YEAR (Passive Consent)

MIDDLE SCHOOL STUDENTS ONLY

Dear Parent or Guardian:

Your Middle School Student is being asked to be a part of our school's California Healthy Kids Survey (CHKS) sponsored by the California Department of Education (CDE). This is a very important survey that will help promote better health and well-being among our youth, improve the school learning environment and combat problems such as drug abuse and violence. Your child does not have to take the survey. You must notify your school if you do not want your child to complete the survey.

Survey Content. The survey gathers information on developmental supports provided to youth; school connectedness and barriers to learning; school safety; health-related concerns such as physical activity and nutritional habits; alcohol, tobacco and other drug use; risk of depression and suicide; and protected class identifiers such as sexual orientation and gender identity.

You may examine the questionnaire in the school office or at your district's website: www.galt.k12.ca.us

The results from this survey are compiled into district- and county-level CHKS Reports. To view a copy of your district's report, go to https://calschls.org/reports-data/search-lea-reports/ (Outside Source) and type in the district name.

It is Voluntary. Students who, with your permission, agree to participate do not have to answer any questions they do not want to answer and may stop taking the survey at any time.

It is Anonymous. No names are recorded or attached to the survey forms or data. The results will be made available for analysis only under strict confidentiality controls.

Administration. The survey will be administered during the second trimester.

Potential Risks. There are no known risks of physical harm to your child. Risks of psychological or social harm are very small. None have been reported in 22 years of survey administration. In rare instances, some discomfort might be experienced from the questions. The school's counseling services will be available to answer any personal questions that may materialize.

For Further Information. WestEd, a public, non-profit educational institution, developed the survey for the CDE. If you have any questions about this survey or about your rights, call the district at 209-744-4545 x332

If you do not want your child to participate, you may contact Jennifer Giordano at 209-744-4545 x331 or jgiordano@galt.k12.ca.us

---

CHKS Withdrawal Form

By returning this form, I do not give permission for my child to be in the California Healthy Kids Survey.

My child's name is:_____Grade:_____
(Please Print)

Teacher's name or Class subject:_____

Signature:_____Date:_____

GALT JOINT UNION ELEMENTARY SCHOOL DISTRICT

1018 C Street, Suite 210, Galt, CA 95632 ~ (209) 744-4545 ~ www.galt.k12.ca.us

CONSENT FOR INSURANCE BILLING AND RELEASE OF STUDENT RECORDS

Federal and state laws allow local educational agencies to file for insurance benefits to pay for health services provided in the educational setting. Seeking claim reimbursement **will NOT impact** your child's overall insurance cap or deductible. Parents/guardians must consent to the release of education and or health/medical records to file for insurance benefits claims. Please complete the information below:

I, _____**[Parent/Guardian],** on behalf of [**Student]**, Date of Birth _____ hereby authorize the Galt Joint Union Elementary School District to release Student's records to file for insurance benefits claims.

☐ I decline to consent to the release of my child's education and medical/health information for the purposes of filing for insurance benefits to pay for the care my child receives while at school.

Records to be released may include:

- Student's Name; date of birth; gender; insurance information; the date, time and type of health services provided; and the rendering provider.
- Student's behavioral, medical, health and/or education records.

Primary Insurance:

Name of Insurance Provider	**Identification Number**	**Group Number**
Insurance Provider Address	**Subscriber's Full Name**	**Relation to Student**

Secondary Insurance:

Name of Insurance Provider	**Identification Number**	**Group Number**
Insurance Provider Address	**Subscriber's Full Name**	**Relation to Student**

Certification: I hereby certify I am the parent/legal guardian of the student named herein. I hereby consent to the elease of the above-mentioned student records for the purpose of submitting claims to my child's insurance provider for reimbursement of health services provided in the school setting. I further agree to hold the District and its officers, agents, and employees harmless, and I expressly waive any right I may have to institute legal proceedings against the District, its officers, agents, or employees based upon any disclosure of the student records identified herein. I understand that I have a right to request a copy of any student record that I have given consent to disclosure. I understand that I have the right to revoke this consent at any time, subject to any and all exceptions under the law; however, absent any earlier revocation, this consent shall expire one year from the below date. Furthermore, I understand that a student's treatment does not depend upon me signing this consent.

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian: _____ Date: _____

This consent is issued pursuant to the Health Insurance Portability and Accountability Act (HIPAA) (45 CFR §§ 164.502, 164.506, 164.520) and the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g: 34 C.F.R. part 99). The Consenting Party acknowledges and agrees that Protected Health Information (PHI) may be used for billing purposes without additional authorization in accordance with HIPAA (45 CFR § 164.20), and Notice of Privacy Practices must be provided to explain its use.

Galt Joint Union Elementary School District

VOLUNTEER APPLICATION (TK-8)

Applicant must attach a copy of current driver's license or valid state ID card with a clear picture.

Last Name:	First Name:	Middle Initial:
Driver's License Number:	Birthdate:	
Address:	Phone Number:	
Email Address:		
Student Name(s):	Relationship to Student(s):	
School Site(s):	Teacher Name(s):	

CRIMINAL BACKGROUND:
Have you ever been convicted of a felony or misdemeanor, or do you currently have a felony or misdemeanor charge pending? If yes, please explain below. You may omit minor traffic violations. Drunk or reckless driving is not a minor offense. (The existence of a criminal record does not automatically bar you from volunteering. However, failure to report is cause for disqualification or dismissal.) For adults chaperoning an overnight student trip, Department of Justice fingerprint clearance is required through the Galt Joint Union Elementary School District Office.

_____

_____

MEGAN'S LAW CLEARANCE:
Every adult wishing to participate in a school or classroom activity or chaperone a field trip must be cleared through the Megan's Law Database. The site will conduct a Megan's Law background check (Penal Code 290).

TB CLEARANCE:
The Galt Joint Union Elementary School District requires that all employees and volunteers who are working directly with students must present a Verification of Clear Tuberculosis result which has been taken within the last four (4) years. Tuberculosis verifications are valid for four (4) years. Please submit a copy of your recent TB test result to your School when returning your completed Volunteer Application Form. (For your application to be complete, you must submit proof of a negative TB test result.)

LIVE SCAN FINGERPRINTING (If applicable based upon description below):
Required for all volunteers working with students outside immediate supervision of a school employee complete a Live Scan. Contact school site secretary to determine if you fall under this parameter.

MANDATED REPORTER TRAINING (If applicable based upon description below):
Required for all volunteers working with students outside immediate supervision of a school employee. Contact school site secretary to determine if you fall under this parameter. This training is approximately **40 minutes** and will be completed through the free online training module through Public School WORKS. Proof of completion must be attached to the submitted volunteer application.

CONFIDENTIALITY:
I understand that in the course of my association with the Galt Joint Union Elementary School District, I share the responsibility of maintaining the confidentiality of any employee or student information that I may have available to me. I understand that it is my responsibility to ensure the rights and confidentiality of information, both written and verbal.
I further understand that in the performance of my duties, I am not to discuss academic or other confidential information regarding students or employees with anyone. Any breach of confidentiality will be carefully reviewed and if substantiated, may result in termination of volunteer involvement with the School District.

WORKERS COMPENSATION COVERAGE:
This is to advise you that the Galt Joint Union Elementary School District has adopted a Board Resolution to cover authorized volunteers for the purpose of Workers' Compensation Benefits. Workers' Compensation benefits will be provided in accordance with the California Labor Code for any injury or illness sustained while engaged in the services of the Galt Joint Union Elementary School District. Should you be injured while serving in this capacity, and therefore covered under our Workers' Compensation Program, we need to advise you that you would not be eligible to file any civil claim, action, or proceeding. By signing this document, you acknowledge that Workers' Compensation benefits will be the sole remedy and agree to waive any civil liability.

APPLICANT SIGNATURE _____ ***DATE*** _____

To be completed by site personnel:

Megan's Law Cleared: Yes ☐ **No** ☐ **Cleared by:** _____ **Date of Negative TB Test:** _____
(Please Check)

Principal Signature: _____ Date: _____

District Signature: _____ Date: _____

GALT JOINT UNION ELEMENTARY SCHOOL DISTRICT
1018 C Street, Suite 210, Galt, CA 95632 ~ (209) 744-4545 ~ www.galt.k12.ca.us

STUDENT OPT-OUT FORM

This form provides parents the opportunity to opt out their student of public media coverage, posting of student images and names on GJUESD digital communication tools, the release of directory information, films, and family life education. Please read each section of the form carefully.

If you would like to opt your child out of any of the following sections, please fill out your child's information (one form per child), check the associated box and sign the form.

Please note: This is an OPTIONAL form. The form should only be returned to the school if you wish to opt your child out of one of these areas.

_____ _____ _____
Student First Name Student Last Name Grade

_____ _____
Parent Name Parent Signature

_____ _____
Teacher/Homeroom Teacher Name Date

MULTIMEDIA WITHHOLD FORM

There are occasions when news media are on school campuses to interview, photograph and videotape students for print and broadcast stories. Many of these stories are positive and highlight the good things happening in GJUESD schools. However, there are times when the media seeks access to our schools on more controversial issues. At all times our goal is to maintain student security and privacy.

If you want your child to be excluded from media stories, please check the box below and sign the form. Please know that there are times when the media will interview or photograph students off campus or without checking in with the front office. This form only acts as a guide to media coverage. It does not guarantee that your child will not be interviewed or photographed.

❑ I **DO NOT** want media representatives to publish/broadcast interviews with or photographs/video identifying my child.

POSTING OF STUDENT IMAGES AND NAMES ON GJUESD DIGITAL COMMUNICATION TOOLS

GJUESD offers a number of opportunities to publicize positive school and student events and accomplishments through district and school digital communication tools. Parents have the choice to withhold their student's images (photos and video) and name from being posted by checking the area below. It is the district's policy when using student images that first and last names are not posted with the image.

The only exception to this rule is the posting of student photos with first and last name into a GJUESD administrative system such as the student information system (Synergy) or the library system. These are closed systems that only GJUESD teachers, administrators and limited support staff have access to through password protected logons. There is no opt-out of these closed systems.

❑ I **DO NOT** want my student's image and name posted through any GJUESD digital communication tools.

GALT JOINT UNION ELEMENTARY SCHOOL DISTRICT
1018 C Street, Suite 210, Galt, CA 95632 ~ (209) 744-4545 ~ www.galt.k12.ca.us

STUDENT OPT-OUT FORM

_____ _____
Student First Name Student Last Name

_____ _____
Teacher/Homeroom Teacher Name Parent Signature

RELEASE OF DIRECTORY INFORMATION/YEARBOOK INFORMATION

Pursuant to the Family Educational Rights and Privacy Act (FERPA) and the California Education Code, the District may release directory information to certain persons or organizations, as specified in this handbook, when it is requested. Directory information may include a student's name, photograph, address, telephone information, email address, major field of study, participation in officially recognized activities and sports, weight and height of members of the athletic teams, dates of attendance, degrees and awards received, and the most recent previous public or private school attended. In the case of students who have been identified as having special needs or who are homeless, no material can be released without parent or guardian consent. Parents and guardians can opt out of having their child's directory information released by checking the box below and signing the form.

❑ **OPTION A**: Exclude from Student directory information

❑ **OPTION B**: Exclude from yearbook and award listings

GROWTH AND DEVELOPMENT INSTRUCTION

Each year, District schools provide instruction to students in grades 5 & 6 on Growth and Development. This instruction focuses on body changes, hygiene, self-care, nutrition, and fitness.

If you prefer your child not participate in this instruction, please complete this form.

❑ **I DO NOT** want my child to participate in the Growth and Development instruction. I prefer that my child be given alternative assignments.

MOVIES AND VIDEOS

The District has a policy limiting the types of movies that can be shown in classrooms. PG-13-rated movies that are District-approved may be shown only to students in grades 6-8. If you do not want your child to view PG-13 rated movies during the 2026-27 school year, please check the box below:

❑ **I DO NOT** want my child to view approved PG-13 rated movies. I prefer that my child be given alternative assignments.

JOIN A DISTRICT ADVISORY COMMITTEE

2026-2027

www.galt.k12.ca.us.com

Galt Joint Union Elementary School District

HELP GUIDE THE FUTURE OF THE DISTRICT!

The advisory committees serve as liaisons between the schools and the school district concerning school district improvement efforts and district planning. Members include parents, teachers, school staff, assistant principals, principals, district office staff, and the superintendent.

District Advisory Committee (DAC)

DAC Meetings are held on the following Thursdays at 3:30 pm.

1. Sept. 26, 2026
2. Dec. 10, 2026
3. Jan. 14, 2027
4. Mar. 11, 2027
5. April 8, 2027
6. May 13, 2027

The DAC serves in an advisory capacity to the school district and as a communication link between the schools and the community. DAC members provide valuable input regarding the District Education Programs and the District's Local Control Accountability Plan (LCAP).

For more information please contact your school principal or Kauai Bock at kbock@galt.k12.ca.us or 209-744-4545 ext. 308

Parent Advisory Committee (PAC)

The PAC discusses topics related to Special Education. They share important information and offer workshops and activities to support parent/family education.

PAC Meetings are held from 3:30-4:30 pm. in the following months: Dates to be determined.

1. October 2026
2. January 2027
3. March 2027
4. May 2027

Please contact your school principal or Kuljeet Nijjar at knijjar@galt.k12.ca.us or 209-744-4545 ext. 303 for more information.

District English Learner Committee (DELAC)

The DELAC acts as the English Learner Parent Advisory Committee. The DELAC shall also review and comment on the development and annual update of the Local Control and Accountability Plan (LCAP).

DELAC Meetings are held on the following Thursdays at 4:30pm.

1. Sept. 26, 2026
2. Dec. 10, 2026
3. Jan. 14, 2027
4. Mar. 11, 2027
5. April 8, 2027
6. May 13, 2027

Please contact your school principal or Laura Marquez at lmarquez@galt.k12.ca.us or 209-745-256 ext. 303

A FACT SHEET FOR

Parents

CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports one or more of the symptoms of concussion listed below, or if you notice the signs or symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

Signs & Symptoms of a Concussion

Signs Observed by Parents or Guardians

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to hit, bump, or fall
- Can't recall events *after* hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

Symptoms Reported by Your Child or Teen

Thinking/Remembering

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Emotional

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual

**Only ask about sleep symptoms if the injury occurred on a prior day.*

To download this fact sheet in Spanish, please visit: www.cdc.gov/HEADSUP. Para obtener una copia electrónica de esta hoja de información en español, por favor visite: www.cdc.gov/HEADSUP
January 2021

Danger Signs

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if she or he has one or more of these danger signs:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Children and teens with a suspected concussion should NEVER return to sports or recreation activities on the same day the injuried occurred.

They should delay returning to their activities until a healthcare provider experienced in evaluating for concussion says it's OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class
- Sports practices or games
- Physical activity at recess

What should I do if my child or teen has a concussion?

1. **Seek medical attention right away.**
   A healthcare provider experienced in evaluating for concussion can determine how serious the concussion is and when it is safe for your child or teen to return to normal activities, including physical activity and school (concentration and learning activities).
2. **Help them take time to get better.**
   If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen may need to limit activities while s/he is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. After a concussion, physical and cognitive activities—such as concentration and learning—should be carefully managed and monitored by a healthcare provider.
3. **Talk to your child or teen about how they are feeling.**
   Your child may feel frustrated, sad, and even angry because s/he cannot return to recreation and sports right away, or cannot keep up with schoolwork. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement.

How can I help my child return to school safely after a concussion?

Most children can return to school within a few days. Help your child or teen get needed support when returning to school after a concussion. Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms.

Your child's or teen's healthcare provider can use CDC's Letter to Schools to provide strategies to help the school set up any needed supports.

As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer
- Sit out of physical activities, such as recess, PE, and sports until approved by a healthcare provider
- Complete fewer assignments
- Avoid noisy and over-stimulating environments

To learn more, go to www.cdc.gov/HEADSUP or call 1.800.CDC.INFO

January 2021

THE FACTS ABOUT

FENTANYL

Fentanyl is a synthetic opioid that is up to **50 times stronger than heroin and 100 times stronger than morphine**. It is a major contributor to fatal and nonfatal overdoses in the U.S.

Fentanyl is a synthetic opioid that is up to

50x
Stronger than heroin

100x
Stronger than morphine

WARNING
Social media platforms are being used to promote synthetic drugs, like fentanyl, to children.

There are two types of fentanyl: pharmaceutical fentanyl and illicitly manufactured fentanyl. Both are considered synthetic opioids. Pharmaceutical fentanyl is prescribed by doctors to treat severe pain, especially after surgery and for advanced-stage cancer. However, most recent cases of fentanyl-related overdose are linked to illicitly manufactured fentanyl, which is distributed through illegal drug markets for its heroin-like effect. It is often added to other drugs because of its extreme potency, which makes drugs cheaper, more powerful, more addictive, and more dangerous.

ILLICITLY MANUFACTURED FENTANYL

Illicitly manufactured fentanyl (IMF) is available on the drug market in different forms, including liquid and powder. Fentanyl-laced drugs are extremely dangerous, and people may be unaware that their drugs are laced with fentanyl.

Powdered fentanyl looks just like many other drugs. It is commonly mixed with drugs like heroin, cocaine, and methamphetamine and made into **pills** that are made to resemble other prescription opioids.

In its **liquid form**, IMF can be found in nasal sprays, eye drops, or dropped onto paper like small candles.

DRUGS DO NOT COME WITH AN INGREDIENTS LIST MANY CONTAIN DEADLY DOSES OF FENTANYL.

Street Names for Fentanyl: Apache, Dance Fever, Friend, Goodfellas, Jackpot, Murder 8, Tango & Cash

FENTANYL AND OVERDOSE

Fentanyl and other synthetic opioids are the most common drugs involved in overdose deaths. Even in small doses, it can be deadly.

150

Over 150 people die every day from overdoses related to synthetic opioids like fentanyl.

Drugs may contain deadly levels of fentanyl, and you wouldn't be able to see it, taste it, or smell it. It is nearly impossible to tell if drugs have been laced with fentanyl unless you test your drugs with fentanyl testing strips. Testing strips are inexpensive, typically give results within 5 minutes, and can be the difference between life or death. Even if the test is negative, caution should be taken as test strips might not detect more potent fentanyl-like drugs, like carfentanil.

SIGNS OF OVERDOSE

Recognizing the signs of opioid overdose can save a life. Here are some things to look for:

- Small, constricted "pinpoint pupils"
- Falling asleep or losing consciousness
- Slow, weak, or no breathing
- Choking or gurgling sounds
- Limp body
- Cold, clammy, and/or discolored skin

WHAT TO DO IF YOU THINK SOMEONE IS OVERDOSING

It may be hard to tell whether a person is high or experiencing an overdose. If you aren't sure, it's best to treat the situation like an overdose-you could save a life.

1	2	3	4	5
Call 911 Immediately.	Administer naloxone, if available.	Try to keep the person awake and breathing.	Lay the person on their side to prevent choking.	Stay with them until emergency workers arrive.

SUDDEN CARDIAC ARREST:

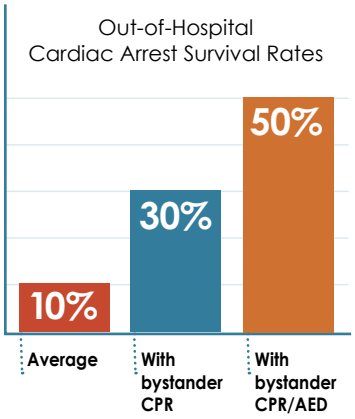
YOU CAN SAVE A LIFE

Sudden Cardiac Arrest (SCA) is a life-threatening emergency that occurs when the **heart suddenly stops beating**. When SCA happens, the person collapses and doesn't respond or breathe normally. They may gasp or shake as if having a seizure.

Sudden Cardiac Arrest IS NOT the same as a heart attack.

SCA VICTIM:	HEART ATTACK VICTIM:
• Unresponsive	• Responsive
• Not breathing normally	• Breathing
• Needs CPR/AED	• Doesn't need CPR/AED

BYSTANDER ACTION SAVES LIVES



EVERY SECOND COUNTS

SCA leads to death in minutes if the person does not get help right away. For every minute that passes, survival odds decrease by 10%.

THE SHOCKING FACTS

Sudden Cardiac Arrest (SCA) is a national public health crisis affecting **1,000 people outside hospital settings each day**. It strikes people of all ages who may seem to be healthy, even children and teens.

Today only **1 in 10** survives SCA.

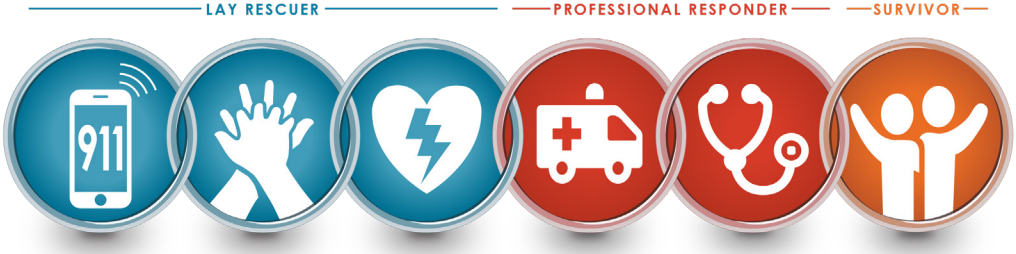
If bystanders give CPR & use AEDs immediately **5 in 10** could survive.

7 IN 10 SCAs HAPPEN AT HOME.

You could save the life of someone you love by starting CPR.

CHAIN OF SURVIVAL

Survival from SCA depends on the quick actions of people nearby.



Call 911
If a person is unresponsive and not breathing normally, call 911.

Start CPR
Push hard and fast in the center of the chest.

Use AED
Use an AED to restart the heart.

Response
EMS provides advanced life support and transport to the hospital.

Care
Medical team provides integrated post-cardiac arrest care.

Recovery
Support team addresses the physical, social, and emotional needs of survivors and their families.

Sudden Cardiac Arrest Foundation

Learn more at sca-aware.org. Follow us:

Proud Co-Sponsor of the **CallPushShock**℠ Movement

TYPE 1 DIABETES AWARENESS

What Is Type 1 Diabetes?

If you have type 1 diabetes, your pancreas doesn't make insulin or makes very little insulin. Insulin helps blood sugar enter the cells in your body for use as energy. Without insulin, blood sugar can't get into cells and builds up in the bloodstream. High blood sugar is damaging to the body and causes many of the symptoms and complications of diabetes.

Type 1 diabetes was once called insulin-dependent or juvenile diabetes. It usually develops in children, teens, and young adults but can happen at any age.

Type 1 diabetes is less common than type 2—about 5-10% of people with diabetes have type 1. Currently, no one knows how to prevent type 1 diabetes, but it can be treated successfully by:

- Following your doctor's recommendations for living a healthy lifestyle.
- Managing your blood sugar.
- Getting regular health checkups.
- Getting diabetes self-management education and support.

TYPE 1 DIABETES

Type 1 Diabetes is a chronic life-threatening autoimmune disease in which a person's pancreas produces little, to no insulin. Insulin is needed to survive. Though the onset of Type 1 Diabetes can occur at any age, many are diagnosed as children and teens.

What Causes Type 1 Diabetes?

Type 1 diabetes is thought to be caused by an autoimmune reaction (the body attacks itself by mistake). This reaction destroys the cells in the pancreas that make insulin, called beta cells. This process can go on for months or years before any symptoms appear.

Some people have certain genes (traits passed on from parent to child) that make them more susceptible to developing type 1 diabetes. However, many of them won't go on to have type 1 diabetes even if they have the genes. **A trigger in the environment, such as a virus, may also play a part in developing type 1 diabetes.**

TOP 4 SYMPTOMS:

- *Extreme Thirst*
- *Weakness/Fatigue*
- *Frequent Urination*
- *Weight Loss*

Symptoms and Risk Factors

It can take months or years before symptoms of type 1 diabetes are noticed. Type 1 diabetes symptoms can develop in just a few weeks or months. Once symptoms appear, they can be severe.

Some type 1 diabetes symptoms are similar to symptoms of other health conditions. Don't guess! If you think you could have type 1 diabetes, see your doctor to get your blood sugar tested. Untreated diabetes can lead to very serious—even fatal—health problems.

Risk factors for type 1 diabetes are not as clear as for prediabetes and type 2 diabetes. However, studies show that family history may play a part.

Testing for Type 1 Diabetes

A simple blood test will let you know if you have diabetes. If you were tested at a health fair or pharmacy, follow up at a clinic or doctor's office. That way you'll be sure the results are accurate.

DON'T ASSUME IT'S A VIRUS

Ask your doctor for a urine test or finger prick blood test to rule out Type 1 Diabetes.

If your doctor thinks you have type 1 diabetes, your blood may also be tested for autoantibodies. These substances indicate your body is attacking itself and are often found with type 1 diabetes but not type 2. You may have your urine tested for ketones too. Ketones are produced when your body burns fat for energy. Having ketones in your urine indicates you have type 1 diabetes instead of type 2.

TYPE 2 DIABETES AWARENESS

Type 2 Diabetes?

More than 37 million Americans have diabetes (about 1 in 10), and approximately 90-95% of them have type 2 diabetes. Type 2 diabetes most often develops in people over age 45, but more and more children, teens, and young adults are also developing it.

What Causes Type 2 Diabetes?

Insulin is a hormone made by your pancreas that acts like a key to let blood sugar into the cells in your body for use as energy. If you have type 2 diabetes, cells don't respond normally to insulin; this is called insulin resistance. Your pancreas makes more insulin to try to get cells to respond. Eventually, your pancreas can't keep up, and your blood sugar rises, setting the stage for prediabetes and type 2 diabetes. High blood sugar is damaging to the body and can cause other serious health problems, such as heart disease, vision loss, and kidney disease.

Symptoms and Risk Factors

Type 2 diabetes symptoms often develop over several years and can go on for a long time without being noticed (sometimes there aren't any noticeable symptoms at all). Because symptoms can be hard to spot, it's important to know the risk factors and to see your doctor to get your blood sugar tested if you have any of them.

SYMPTOMS:

- *Frequent Urination*
- *Very Thirsty*
- *Weight Loss*
- *Very Hungry*
- *Have Blurry Vision*
- *Have Numb or Tingling Hands or Feet*
- *Feel Very Tired*
- *Have Very Dry Skin*
- *Have Sores that Heal Slowly*
- *Have More Infections Than Usual*

TYPE 2 DIABETES IN CHILDREN AND TEENS

Childhood obesity rates are rising, and so are the rates of type 2 diabetes in youth. More than 75% of children with type 2 diabetes have a close relative who has it, too. But it's not always because family members are related; it can also be because they share certain habits that can increase their risk. Parents can help prevent or delay type 2 diabetes by developing a plan for the whole family:

- *Drinking more water and fewer sugary drinks*
- *Eating more vegetables & fruits*
- *Making favorite foods healthier*
- *Making physical activity more fun*

Healthy changes become habits more easily when everyone makes them together.

Testing for Type 2 Diabetes

A simple blood test will let you know if you have diabetes. If you've gotten your blood sugar tested at a health fair or pharmacy, follow up at a clinic or doctor's office to make sure the results are accurate.

Managing Diabetes

Unlike many health conditions, diabetes is managed mostly by you, with support from your health care team (including your primary care doctor, foot doctor, dentist, eye doctor, registered dietitian nutritionist, diabetes educator, and pharmacist), family, and other important people in your life. Managing diabetes can be challenging, but everything you do to improve your health is worth it!

HEALTHY EATING IS YOUR RECIPE FOR MANAGING DIABETES.

Galt Joint Union Elementary School District

Admission Prices

Admission Prices for Sporting Events

Individual Admission Prices	Adult	Student (K-12)
Middle School Sporting Events	$4.00	$2.00

All proceeds go directly to our students in the form of officiating, equipment purchases, and uniform purchases at Robert L. McCaffrey Middle School.