



## 2017-2018 Program Checklist

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Thank you for your interest in Pivot Charter School! To ensure that you provide us with all of the information we need to begin processing your student registration, we ask that you refer to this list of required documents.

1. **All pages of this enrollment form must be complete**
2. **Immunization Records**
3. **Birth Certificate**
4. **Proof of guardianship (Caregiver Affidavit or other legal document), if you are not the legal parent or guardian.**
5. **Transcript with year ending grades, progress report, or report card, withdrawal grades.**
6. **Proof of Residency-- Utility Bill, Rental/Mortgage Agreement, or Other Proof of Residency**
7. **Copy of IEP – if applicable**
8. **Copies of any legal custody documents**

To expedite the processing of your application, please **Email** the completed application to the following number:

**Attn: Pivot Charter School North Bay**

**Email: [atoso@pivotcharter.org](mailto:atoso@pivotcharter.org)**

*(Must have signature if emailed registration packet)*

Or you may mail the application and requested documents to our office:

**2999 Cleveland Avenue Suite D**

**Santa Rosa, CA 95401**

**(P) 707-843-4676**

## Pivot Charter School Survey

Please fill out a short survey on why you are choosing Pivot Charter School

- Being bullied in prior school
- Was not passing my courses
- Need more help/support from teachers
- I need to be more challenged
- Want more advanced placement options

- Need Pivot's flexible school schedule
  - I have a job
  - I travel
  - Family Obligations
- Want Pivot's diverse course offerings
- Health issues

### Program Time Choice

Please tell us what days you would like to attend the resource center

- 5 days a week  
  3 days a week  
  2 days a week  
  1 day a week  
  Virtual

### For High School Only (grades 9-12)

### 2017-2018 Pivot Charter School Academies

Please indicate your choice of the Pivot Charter School Academy in which you would like to enroll in for the 2017-18 School Year:

**UPREP Academy**

University Preparatory Academy requires 210 credits to graduate. These graduation requirements are aligned to Cal State Universities and the University of California A-G minimum requirements for acceptance. Graduating from the UPREP Academy does not guarantee acceptance into any UC or CSU school. The student who graduates from the UPREP academy will have met the minimum acceptance criteria. Students are encouraged to take classes above the minimum requirements for entry into the University of California or Cal State schools and are also encouraged to take Advanced Placement courses. Students will work in Apex Learning curriculum.

I would like to enroll in UPREP Academy

**Liberal Arts Academy**

The Liberal Arts Academy also requires the student to complete 210 credits to graduate. The course requirements are NOT aligned to the University of CA or CSU requirements for admissions. Students who graduate from the Liberal Arts Academy will still be eligible to attend many other four and two year colleges and Universities in California and throughout the country. Liberal Arts Academy students will work in the Apex Learning curriculum. The primary differentiation from the University Preparatory Academy is that since the focus is not on completing the University of California A-G course requirements, students have more flexibility of which courses will meet their high school diploma requirements. For example, all Pivot students must finish 2 years of science in order to receive a diploma; one year of physical science and one in an earth science. University Prep students must take Biology, Chemistry and Physics. Liberal Arts Academy students can substitute different courses to fulfill their science requirements by taking rigorous courses such as marine biology or paleontology.

I would like to enroll in Liberal Arts Academy

X \_\_\_\_\_  
Student Signature

X \_\_\_\_\_  
Date

X \_\_\_\_\_  
Parent/Guardian Signature

X \_\_\_\_\_  
Date

## Student Registration Form 2017 - 2018

First Name:		Middle Name:		Last Name:		Suffix:	
Alias First Name:		Alias Middle Name:		Alias Last Name:		Alias Suffix:	
Gender:	Grade level:	Birthdate:	Birth City:	Birth State:	Birth Country:		
Physical Address		Permanent Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "no" see page 5)			Proof of residency on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address:				City:	State:	Zip:	
Mailing Address							
Mailing Address:				City:	State:	Zip:	
Home Phone:		Student Cell Phone:		County of Residence:	School District of Residence:		
Student E-mail Address:							
<input type="checkbox"/> Check here if student was born outside the U.S. but granted U.S. citizenship at time of birth <input type="checkbox"/> Check here if foreign student temporarily schooling in the U.S. <input type="checkbox"/> Check here if student is foreign born and has been enrolled less than 3 cumulative years in the U.S.							
<b>Ethnicity</b> * New federal ethnicity and race data collection/reporting requirements beginning in 2009-2010 require all students to identify their ethnicity from the 2 choices below:							
Is this student Hispanic or Latino?							
<input type="checkbox"/> No, not Hispanic or Latino				<input type="checkbox"/> Yes, Hispanic or Latino			
<b>Race</b> * In addition to ethnicity, at least one race must also be selected below:							
<input type="checkbox"/> <b>American Indian or Alaskan Native</b> A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.		<input type="checkbox"/> <b>Black or African American</b> A person having origins in any of the black racial groups of Africa  <input type="checkbox"/> <b>Mexican American</b>		<input type="checkbox"/> <b>White</b> A person having origins in any of the original peoples of Europe (including South/Central Americans), the Middle East, or North Africa.  <input type="checkbox"/> <b>Middle Eastern</b>			
<b>Asian (Please Check Below):</b> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Cambodian <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Laotian <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian				<b>Pacific Islander (Please Check Below):</b> <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Declined to State			

## Previous School/Enrollment Details

Name of Previous School:

Address of Previous School:

Previous School Type (please select one)

**Public School:**

- In the same district
- In a different district, same state
- In a different state
- Charter School
- Matriculated from another school/completed highest grade level offered there

**Private, non-religiously-affiliated school:**

- In the same district
- In a different district, same state
- In a different state
- Home Schooling Family

**Private, religiously-affiliated school:**

- In the same district
- In a different district, same state
- In a different state

**Other:**

- school outside of the United States
- Institution (example: correctional facility)

**Original Entry into US school:**

- enrolling in school for first time ever (i.e., no previous school)
- from a foreign country *without* schooling interruption
- from a foreign country *with* schooling interruption

Date first enrolled in the U.S.:

Grade first enrolled in this school:

**Parent/Guardianship Information**

Father  Mother  Both  Step-Father  Step-Mother  Guardian  Foster/Group Home  Other: \_\_\_\_\_

Is the above (checked) person(s) the student's LEGAL guardian?  Yes  No

If No, please complete a "Caregiver Affidavit".

If there is a legal custody agreement regarding this student, please check one:  Joint Custody  Sole Custody  Guardian

Shared percentage of custody: Father \_\_\_\_\_% Mother \_\_\_\_\_% Other \_\_\_\_\_%

**PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES**

Name:		Name:	
Relationship to Student:		Relationship to Student:	
Street Address: <input type="checkbox"/> Same as student		Street Address: <input type="checkbox"/> Same as student	
State:	Zip:	State:	Zip:
Mailing Address: <input type="checkbox"/> Same as student		Mailing Address: <input type="checkbox"/> Same as student	
City:		City:	
State:	Zip:	State:	Zip:
Employer:	Federal Employee?	Employer:	Federal Employee?
Active Duty Military:	Military Branch or Service:	Active Duty Military:	Military Branch or Service:
Employer Address:	Duty Station:	Employer Address:	Duty Station:
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Work Phone:	E-mail address:	Work Phone:	E-mail address:
Lives with student?	Send student mailings?	Lives with student?	Send student mailings?

<b>Type of housing:</b>	
<input type="checkbox"/> Development Center <input type="checkbox"/> Foster Family Home or Kinship Placement <input type="checkbox"/> Health Institution <input type="checkbox"/> Hotels/Motels <input type="checkbox"/> Incarceration Institution <input type="checkbox"/> Licensed Children's Institution <input type="checkbox"/> Other: _____	<input type="checkbox"/> Permanent Housing <input type="checkbox"/> Residential School/Dormitory <input type="checkbox"/> State Hospital <input type="checkbox"/> Temporarily Doubled Up <input type="checkbox"/> Temporarily Unsheltered <input type="checkbox"/> Temporary Shelters <input type="checkbox"/> Unknown
<b>Parent/Guardian 1 Highest Level of Education (Check One)</b> <input type="checkbox"/> Graduate Degree- Holds MA, MS, PhD, or EdD <input type="checkbox"/> College Graduate- Holds BA or BS <input type="checkbox"/> Some College- Holds AA or has completed 2 full years at a 4-year University <input type="checkbox"/> High School <input type="checkbox"/> Decline to State	<b>Parent/Guardian 1 Highest Level of Education (Check One)</b> <input type="checkbox"/> Graduate Degree- Holds MA, MS, PhD, or EdD <input type="checkbox"/> College Graduate- Holds BA or BS <input type="checkbox"/> Some College- Holds AA or has completed 2 full years at a 4-year University <input type="checkbox"/> High School <input type="checkbox"/> Decline to State
<b>Home Language Survey</b>	
What language did the student first learn to speak?	What language does the student most frequently read/speak at home?
What language does the parent/guardian most frequently speak to the student?	What language is most often spoken by adults in the home?
Is the student fluent in English? <input type="checkbox"/> Yes <input type="checkbox"/> No	



## 2017 - 2018 Income Survey/NSLP Worksheet

Student First Name:	Student Middle Name:	Student Last Name:
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**Our school may qualify for various federal and state grants this year.** By taking time to fill out this income survey, **you can help us provide the additional resources necessary to serve all of our students.** It is our goal to provide students with the best opportunity to learn that we can offer, but we need your help. Generally, schools whose families have eligible incomes based on the free and reduced lunch programs may qualify for special grants. Please note that these grants are only based upon the number of students that would **qualify** for free and reduced lunch programs if such a program was offered, even when school lunch programs are not available. Please review the eligibility requirements below to determine if you would be eligible. Finally, please return this questionnaire to the school. Thank You.

- Step 1:** Please indicate your household size
- Step 2:** Please write in your family annual income
- Step 3:** Please indicate if you have any Assistance Programs

Household Size (how many family members in the home?): \_\_\_\_\_ Annual Income: \_\_\_\_\_

\*Annual household income: Check yearly gross earnings (before deductions) from work for all household members. (Include any income received by a child from full-time or regular part-time employment. Include income received for a child from SSI, Welfare, Child Support, or Adoption Assistance Payments).

**Assistance Programs – Check one of the following:**

- none  snap  calworks  fdpir

**If a program was checked above, please write the case number:** \_\_\_\_\_

- Our family does not qualify
- Should the fields checked and circled above indicate that my student is eligible/qualified for the National School Lunch Program, I choose to NOT-PARTICIPATE.

*The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. Â§ 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution*

I certify that all of the statements and information given above are true and correct to the best of my knowledge:

X \_\_\_\_\_  
Parent Signature

X \_\_\_\_\_  
Date

Enrollment Enhancements/Accommodations/Modifiers		
Is parent/guardian employed in one or more agricultural or fishing activities on a seasonal or other temporary basis? If Yes, must include ID number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Immunization information is included with this enrollment information	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Birth Certificate is included with enrollment information?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent/Guardian Release		
Parent wishes to opt-out of Cal-Grant GPA Submissions (AB2160)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I grant full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the group's aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Student Discipline		
Has your child been suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain
Is your child pending expulsion?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain
Has your child <u>ever</u> been expelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate grade _____ please explain
Individualized Education Plan (IEP) and Section 504 Plan Information		
<b>Does student currently have an Individualized Education Plan (IEP)?</b> <small>*If yes a copy of the IEP must be included with your application*</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Does student currently have a Section 504 Plan?</b> <small>*If yes a copy of the Section 504 Plan must be included with your application*</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the student ever been referred and/or evaluated to receive special education services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the student ever attended a Special Education Class?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes to either question, complete the following:</b>		
What special services has your child received? <b>(Please check all boxes that apply) Special Education:</b>	<input type="checkbox"/> Resource (RSP) <input type="checkbox"/> Special Day Class (SDC) <input type="checkbox"/> Speech/Language <input type="checkbox"/> 504 <input type="checkbox"/> Adaptive PE <input type="checkbox"/> OT <input type="checkbox"/> PT	
What was the last date your child was in a special education class or received services?	Month _____ Year _____	
School name and address where special education referral, assessment or IEP was developed.	School Name:  School Address:	
<b>If NO: Sign and date here.</b> <i>I certify that my student has never been referred, evaluated or received Special Education services of any kind.</i>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>X</b> _____            Parent/Guardian         </div> <div style="width: 45%;"> <b>X</b> _____            Date         </div> </div>		
<b>If YES Sign here and provide a copy of the IEP/504 including an exit IEP</b> <i>I understand I must submit all Special Education documentation n, and/or 504 Plan with my child's Enrollment paperwork, and that without it my child cannot be enrolled with this Charter School. I certify that all statements are true and correct to the best of my knowledge.</i>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>X</b> _____            Parent/Guardian         </div> <div style="width: 45%;"> <b>X</b> _____            Date         </div> </div>		



## Caregiver Affidavit

Use of this affidavit is authorized by Part 1.5 (commencing with section 6550) of Division 11 of the California Family Code. Please be aware of the notices and additional information provided on page two of this form.

**Instructions:** Completion of items 1-4 and the signing of the affidavit are sufficient to authorize enrollment of a minor in school and authorize school-related medical care. Completion of items 5-8 is additionally required to authorize any other medical care. Print clearly.

The minor named below lives in my home and I am 18 years of age or older.

1. Name of minor: \_\_\_\_\_
2. Minor's birth date: \_\_\_\_\_
3. My name (adult giving authorization): \_\_\_\_\_
4. My home address: \_\_\_\_\_
5.  I am a grandparent, aunt, uncle, or other qualified relative of the minor (see back page of this form for a definition of "qualified relative").
6. Check one or both (for example, if one parent was advised and the other cannot be located):  
 I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care, and have received no objection.  
 I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time to notify them of my intended authorization.
7. My date of birth: \_\_\_\_\_
8. My California's driver's license or identification card number: \_\_\_\_\_

**Warning: Do not sign this form if any of the statements above are incorrect or you will be committing a crime punishable by a fine, imprisonment, or both.**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

**X:** \_\_\_\_\_  
Parent/Gaurdian

**X:** \_\_\_\_\_  
Date

## Caregiver Affidavit

### NOTICES

1. This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor.
2. A person who relies on this affidavit has no obligation to make any further inquiry on investigation.
3. This affidavit is not valid for more than one year after the date on which it is executed.

### ADDITIONAL INFORMATION TO CAREGIVERS

1. "Qualified relative," for purposes of item 5, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great," or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
1. The law may require you, if you are not a relative or a currently licensed foster parent, to obtain a foster home license in order to care for a minor. If you have any questions, please contact your local department of social services.
2. If the minor stops living with you, you are required to notify any school, health care provider, or health care service plan to which you have given this affidavit.
3. If you do not have the information requested in item 8 (California driver's license or I.D.), provide another form of identification such as your social security number or Medi-Cal number.

### ADDITIONAL INFORMATION TO SCHOOL OFFICIALS

1. Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for a determination of residency of the minor, without the requirement of a guardianship or other custody order, unless the school district determines from actual facts that the minor is not living with the caregiver.
2. The school district may require additional reasonable evidence that the caregiver lives at the address provided in item number 4.

### ADDITIONAL INFORMATION TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS

1. No person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those stated on the affidavit, is subject to criminal liability or to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.
2. This affidavit does not confer dependency for health care coverage purposes



## Release of Records

In accordance with the Family Educational Rights and Privacy Rights Act of 1974 and California State Law, please release to the school named below all records, including:

**Cumulative Record**

- Transcripts of Completed Work Including Grades to Date
- CELDT Scores and Related EL Information
- Any Other Educational Information

**Immunization Records**

- CSIS Student Number
- IEP/504 Information

### For Parent to Complete

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Last School Attended: \_\_\_\_\_

Fax Number of Last School Attended Registrar Office (to request records) \_\_\_\_\_

Address of Last School Attended: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates Attended: \_\_\_\_\_

No previous school attended (Check here if student was not previously enrolled in a school.)

### Pivot Charter School Use

Please **FAX** the following records (**Student has not officially started yet**) circle the following:

**Transcript    Immunizations    withdrawal grades    Discipline Records    Other \_\_\_\_\_**

Please **MAIL** the cume file at your earliest convenience

**(Student is officially enrolled with a start date of: \_\_\_\_\_)**

### Receiving Registrar

**Receiving Registrar: Please complete the following in response to education records, sign and date and return either by FAX or by mail.**

Please check the appropriate box(es):

- Expulsion Dates: from \_\_\_\_\_ to \_\_\_\_\_
- Expulsion Pending     E.C. #49079 Advise Teacher Regarding Violent Pupil
- I.E.P     504     Student is/has been recently suspended

**REGISTRAR - PLEASE FORWARD THE STUDENT CUMULATIVE RECORDS TO:**

Pivot Charter School North Bay  
2999 Cleveland Ave, Suite D  
Santa Rosa, CA 95401

(P) 707-483-4676 (F) 707-544-2908 email: [atoso@pivotcharter.org](mailto:atoso@pivotcharter.org)



Verification Proof of Residency

PARENT/GUARDIAN STATEMENT

PART A:

I, \_\_\_\_\_ hereby certify that the following person(s)  
Parent/Guardian Name

\_\_\_\_\_, is presently living in my home at  
Student Name

\_\_\_\_\_  
Street Address, City, and Zip

\_\_\_\_\_  
Parent/Guardian Signature

(Please attach current copy of utility bill or other proof of residency for verification)

\* Complete Part B **ONLY** if living in a residence other than your own.

Part B:

I, \_\_\_\_\_, hereby certify that I am the parent/guardian of  
Parent/Guardian Name

\_\_\_\_\_, and that we are presently living with:  
Student Name(s)

\_\_\_\_\_  
Name Relationship

Who resides at \_\_\_\_\_  
Street Address, City, and Zip

\_\_\_\_\_  
Telephone Number X: \_\_\_\_\_  
Parent/Guardian Signature

I, \_\_\_\_\_, hereby certify that the following person(s) is living in my home at the  
Name address listed above.

### Emergency Card/Contact Information

Student Name:	Gender:	Grade:	Birthdate:	Age:	
Physical Street Address:	City:		State:	Zip:	
Mailing Address:	City:		State:	Zip:	
Parent/Guardian Name:		Relationship:			
Address:		Home Phone:			
		Cell Phone:			
		Work Phone:			
		Email:			
Parent/Guardian Name:		Relationship:			
Address:		Home Phone:			
		Cell Phone:			
		Work Phone:			
		Email:			
Custody issue regarding the student:					
Legal restrictions for any parent:					
<b>Emergency Contacts</b> (Relatives/neighbors/friends who will assume temporary care of your child if you cannot be reached)					
Contact 1 Name:	Relationship to student:	Phone Number 1:	Phone Number 2:		
Contact 2 Name:	Relationship to student:	Phone Number 1:	Phone Number 2:		
<b>Other Children in Family</b>					
<b>Name</b>	<b>Gender</b>	<b>Year Born</b>	<b>School Currently Attending</b>	<b>over 18 (yes or no)</b>	<b>Relationship to student</b>

<b>Health Information</b>		
Medications taken by student at School or at Home (written authorization from doctor required for medications taken at school):		
Other Health Condition:		
What action is to be taken if student has a complication due to his/her allergic condition or other health condition (Please be specific):		
<b>Health Information Continued -Known Conditions: (check all that apply)</b>		
<input type="checkbox"/> Asthma <input type="checkbox"/> Bee Sting Allergy <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart Condition <input type="checkbox"/> Nut Allergy <input type="checkbox"/> Seizures	<input type="checkbox"/> Known hearing problem <input type="checkbox"/> Wears hearing aid  <input type="checkbox"/> Glasses to be worn at all times <input type="checkbox"/> Known eye condition/defect in vision <input type="checkbox"/> Wears contact lenses <input type="checkbox"/> Wears glasses	<input type="checkbox"/> Other (Please specify below): <hr/> <hr/> <hr/>
<b>Insurance</b>		
Health Insurance Carrier:	Insurance ID or Policy #:	Hospital Preference
<b>Physician</b>		
Name of Physician:	Address:	Phone:
Vision (list Dr):		
Hearing (list Dr):		
<b>Parent Signature</b>		
<p><i>In case of accident or other emergency, if parent or guardian cannot be reached, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation.</i></p> <p><i>Under such circumstances, I further authorize the physician named above to undertake such acts and treatment of my child as he/she considers necessary. In the event said doctor is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.</i></p> <p><i>I certify that all of the statements and information given above are true and correct to the best of my knowledge:</i></p> <p>The undersigned hereby agree to bear all costs incurred as a result or the forgoing. This authorization will remain in effect until revoked by the undersigned in writing:</p>		
<b>X:</b> _____ Parent/Guardian Signature	<b>X:</b> _____ Date	