

FALL RIVER JOINT UNIFIED SCHOOL DISTRICT

Superintendent  
Greg F. Hawkins



*“Education is Power”*

Governing Board  
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Parent “Opt Out” Form for Student Participation

Please return this form to your child’s school ONLY if you would not like your child to participate

Dear Parent/Guardian:

Deputy District Attorney Sarah Murphy from the Shasta County District Attorney’s Office is going to visit FRJUSD schools to offer a presentation regarding internet safety and specifically students “sexting” or sharing private pictures/information with each other on their cell phones, through gaming systems and computers. We feel this is a timely and important topic as we are dealing with an increasing number of situations that involve “sexting” or other inappropriate use of cell phones or Chromebooks. It is a new and sometimes dangerous world that our students are trying to navigate and we want to give them all of the information up front so that they don’t compromise themselves today, or in their future.

Because of the sensitive information offered in this presentation, we need to provide an opportunity to “opt out” for any parent/guardian who **does not** want their child to participate. If you do NOT want your child to view this valuable presentation, please indicate below and return this form to your child’s school. We will honor your wishes and hope that you will discuss this information with your child in your own home. A great resource for this information can be found at [commonsense.org](http://commonsense.org). Parents are welcome to attend as well.

The presentation will be held at the following times and locations:

- Burney High School **Friday, March 10**, 6-8 Grade: 9:15 – 10:15; 9-12 Grade: 10:30 – 11:30  
Mt. View High School and Burney Community Day School Students will also be attending
- Fall River High School **Monday, March 13**, 6-8 Grade: 9:15 to 10:15; 9-12 Grade: 10:30 – 11:30. Soldier Mountain High School and Fall River CDS will also be attending

If you have any questions, please call Superintendent, Greg Hawkins at 530-335-4538.

My child(ren), does NOT have permission to participate in the presentation described above.

\_\_\_\_\_  
Parent/Guardian Printed Name

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

Student(s) Name(s)\_\_\_\_\_

\*Please do not return this form unless you DO NOT want your child to participate.