



San Joaquin County Office of Education
Mick Founts, Superintendent of Schools

Academic Pentathlon 2011-2012

**Deadline:
Friday,
March 30, 2012**

Student Participation Form

NAME OF STUDENT _____
First M. Ini. Last

now a student at (school name) _____ / _____
School District

in grade _____ and living at _____
Street Address City Zip Code

(Telephone Number)

wishes to participate in the 18th Annual San Joaquin County Academic Pentathlon, a voluntary competition. As stated in California Education Code Section 35330, I understand that I hold the San Joaquin County Office of Education, its agents and employees, harmless for any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. My signature is shown below and I hereby agree to have my son/daughter follow the Competition Day rules and accept the interpretations and decisions made by the Competition Day Committee. By signing this request I acknowledge that I have carefully read this voluntary participation form and expressly grant authority to, and indicate consent to, the possible release of educational information about or relative to, the participation of this student in Competition Day Activities. Such information shall include, but not be limited to, the release of photographs, test results, the reproduction of sound, motion picture, or video tape recording, etc. Consent is likewise given to the use of school information by any institute of higher learning, recognized educational study group, or educator for the purposes of study, comparison and the furtherance of knowledge in the fields of education or human behavior. The County Office shall have the right to reproduce, use, display and disseminate in such manner as they see fit, without obligation of any kind to any person, the test efforts resulting from Competition Day Activities.

Check here if applicable. I have a disability or special condition which requires a modification of the testing procedures. Please contact me to discuss it further.

Signature of Student Date

Signature of Parent/Guardian Date

(FOR SCHOOL COUNSELOR OR ADMINISTRATOR ONLY)

As a counselor or administrator at _____ (School), I hereby indicate that the above-named student meets the Pentathlon requirements for the following category:

HONOR _____ SCHOLASTIC _____ VARSITY _____
(3.75-4.0) (3.25-3.74) (0.00-3.24)

Signature of Counselor/Administrator _____ Date

Please Print Name _____ Title

PLEASE RETURN BY FRIDAY, MARCH 30, 2012, TO: Annie Cunial, Academic Pentathlon Coordinator
San Joaquin County Office of Education
P.O. Box 213030, Stockton, CA 95213-9030
(209) 468-4866 / Fax # 468-9232