



**ORANGE COUNTY DEPARTMENT OF EDUCATION  
COMMUNITY HOME EDUCATION PROGRAM (CHEP)**

Teacher

**ACKNOWLEDGEMENT OF PARENT OR GUARDIAN OF ANNUAL RIGHTS AND  
RESPONSIBILITIES NOTIFICATION**

Sign and return this page to your child's CHEP teacher indicating you have access, via the CHEP website, to your rights, responsibilities, and protections.

*Student's Name:* \_\_\_\_\_

*School:* \_\_\_\_\_ *Community Home Education Program* \_\_\_\_\_ *Grade:* \_\_\_\_\_

I hereby acknowledge receipt of information regarding my rights, responsibilities, and protections.

*Signature of Parent or Guardian:* \_\_\_\_\_ *Date:* \_\_\_\_\_

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**Permission for Usage of Child's Photo**

I hereby give permission for CHEP to use the above named student's photograph in a CHEP yearbook.

☐ yes ☐ no

*Signature of Parent or Guardian:* \_\_\_\_\_ *Date:* \_\_\_\_\_

I hereby give permission for CHEP to use the above named student's photograph in the CHEP newsletter and/or on the CHEP website.

☐ yes ☐ no

*Signature of Parent or Guardian:* \_\_\_\_\_ *Date:* \_\_\_\_\_