

**Elk Grove Unified School District
Early Childhood Education**

Receipt of Information

I hereby acknowledge that I have received information from the Elk Grove Unified School District regarding the Elk Grove Unified School District Pre-Kindergarten Programs including information on parents' legal rights and the Tobacco Free Schools Board Policy 33513 (a)

Name of Student _____

Preschool Site _____

Signature of Parent or Guardian _____ Date _____

Name of Parent or Guardian (Print) _____ Date _____