



OAK CREST PARENT FOUNDATION

Supporting an Enriched Student Experience

At Oak Crest Middle School, every student has opportunities to develop academically, explore the arts, and connect with new interests. Our school continues to face challenges due to a gap between public funding and what our teachers and staff need to ensure our students are getting the best middle school experience.

The Oak Crest Parent Foundation (OCPF) is requesting a donation of \$100 per student.

Your donation helps ensure teachers have supplies they need, and that they can bring new technology, creativity and enriching experiences to the classroom.

Thank you for supporting Oak Crest Middle School.

Areas OCPF Expects to Support in 2018-2019:

- Classroom and Staff Supplies
- Technology Purchases
- Student Assemblies and Parent Forums
- Home Room and Club Support
- Materials for Learning Commons

To view a list of items funded for the 2017-2018 school year visit: www.oakcrestparentfoundation.org

Please return this form with your donation

Donation Amount \$ _____

OCPF payable checks can be brought to the front office or donate online at www.oakcrestparentfoundation.org.

Contact Info (receipt will be sent via e-mail):

Student(s): _____

Parents: _____

Email: _____

Your donation is tax deductible. Our tax ID number is 33-0004167.
If offered by your employer, please request corporate matching funds.
Questions: e-mail ocparentfoundation@gmail.com

SAN DIEGUITO ALLIANCE FOR DRUG FREE YOUTH

asks you to take the Parent Pledge

“ALL EVENTS FOR YOUTH IN MY HOME WILL BE CHAPERONED AND FREE OF ALCOHOL, TOBACCO, MARIJUANA AND OTHER DRUGS.”

The Parent Pledge is...

- ❖ Sponsored by San Dieguito Alliance, a nonprofit coalition committed to the prevention of alcohol, tobacco, marijuana, and other drug use by young people and to the drug abuse education of parents and community members.

Do you know?

- ❖ 50% of adolescent death is alcohol related and 75% of all preventable death is caused by alcohol and tobacco use. Average age for the inception of alcohol, tobacco, marijuana and other drug use is 12.
- ❖ Communicating a clear and consistent family policy about alcohol, tobacco, marijuana and other drug use delays or prevents drug use. Notifying parents of suspected teen alcohol, tobacco, marijuana and other drug use is essential for immediate intervention.
- ❖ Teenage parties in our communities are being held without supervision, and alcohol, tobacco, marijuana and other drugs are readily available, sometimes provided by a parent or sibling.
- ❖ It is illegal to allow minors to drink at parties or other gatherings. Penalties may include a \$1,000 fine, six months in prison and/or the cost of police services.

Parent Pledges are compiled in late Fall into a directory by zip code with parents' names and phone numbers (NO ADDRESSES). The Parent Pledge Directory will be found on the San Dieguito Alliance website and available only by a code that will be mailed to you so parents may network.

SAN DIEGUITO ALLIANCE FOR DRUG FREE YOUTH

serves the communities of Cardiff, Carmel Valley, Del Mar, Elfin Forest, Encinitas,
Fairbanks Ranch, La Costa, Rancho Santa Fe, Solana Beach

Phone/Fax (858) 755-6598 www.sandieguitoalliance.org SDAlliance4@aol.com



“ALL EVENTS FOR YOUTH IN MY HOME WILL BE CHAPERONED AND FREE OF ALCOHOL, TOBACCO, MARIJUANA AND OTHER DRUGS.”

I believe parents today are: less likely just as likely more likely to allow teen drinking in their homes than three to four years ago.

- Please include my/our name(s) and phone number (no addresses) in the Parent Pledge Directory.
- Enclosed is a tax deductible donation to **SAN DIEGUITO ALLIANCE FOR DRUG FREE YOUTH** (Federal Tax ID #33-0016843) to assist with its alcohol, tobacco, marijuana and drug prevention education, activities and policies.

____ \$25 (Family) ____ \$50 (Silver) ____ \$100 (Patron) ____ Any amount is welcome though not necessary

- Please charge my credit card for my donation of \$_____. Credit Card Number: _____
Expiration Date: _____ Code on back: _____ Billing Zip Code for Credit Card: _____

PARENT(S) LAST NAME(S) (Print) _____ PARENTS' FIRST NAME(S) _____

CHILD'S LAST NAME (ONLY if different from parent) _____

ADDRESS _____ CITY/ZIP _____

TELEPHONE _____ SCHOOL/GRADE _____

THANK YOU for your concern and support of youth.

RETURN this form to

SAN DIEGUITO ALLIANCE Post Office Box 2448 Del Mar, CA 92014 Fax (858) 755-6598