

BOOK CLIFF ELEMENTARY Forms & Signature Sheet

Instructions: Use this form to simplify the registration process. A box is provided for each policy that you need to read. All policies are available on the school website. After reading each document, mark the box (X) indicating that it has been read. Then, fill out the requested information at the bottom of the page. The student and parent are required to sign the form. Computers are available at the school or the town library, if you do not have access.

	SCHOOL HANDBOOK	
	I give the school permission to administer the school and district student surveys found on the district website under S	tudents &
Pai	arents - Surveys	
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□ ter	STUDENT or VISITOR ACCEPTABLE USE AGREEMENT All internet accounts are subject to review by the school and car rminated at any time for improper use as determined by school officials. Please (X) only one box below.	ı be
	INTERNET I DO \square or I DO NOT \square give permission to use the internet while at school.	
	TECHNOLOGY POLICIES: Electronic device use, Technology Security, use of Technology in Instruction, Internet Safety, Password, Web Pages & Social Media Policies, Data Governance, Bring your own Technology	
	ANNUAL FERPA & PROTECTION OF PUPIL RIGHTS	
	STUDENT DATA COLLECTION NOTICE	
	COMPULSORY ATTENDANCE LAW	
	CONCUSSION AND HEAD INJURY POLICY	
	,	ınd well-being
_	ounseling services.	
u nle	EMERY DISTRICT MEAL PROGRAM / Go online and apply for this school year as soon as possible. If you need help ease contact the school.	<u>) appiying,</u>
	want a refund ☐ I want to roll balance to the next year or other family member ☐	
ı w		form with
	ou.) Otherwise, payment is due at the time of registration.	101111 WILLI
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	and other activities. I DO \square or I DO NOT \square give permission for your child's name, picture, achievements, artwork, and schools are suppressed to the contract of the contr	_
	sed in association with web-based programs, news media, posters, and other activities connected with Emery School Distr	
		ict.
DIEACE	NOTICE OF Student Records Management and Access PROVIDE THE FOLLOWING INFORMATION:	
	Student's Name: Grade:	
Any s	special instructions or health concerns we need to know about:	
Stude	ent Signature: Date	
	nt Signature: Date	
_ 017 071		
THE P	PHONE NUMBER AND EMAIL YOU PREFER TO RECEIVE SCHOOL INFORMATION IS:	
Phone	e:	
<u>>>>></u>	PLEASE CHECK OTHER SIDE FOR WRONG OR MISSING INFORMATION. MAKE CORRECTIONS ON T I have confirmed the information on the other side of this form	THE FORM

Parent Signature: ______ Date _