SanRafael Middle School

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
- ❑ School Drug, Alcohol, Tabacco Policy
- ❑ School Attendance Policy
- ❑ I give the school permission to administer the surveys found on the district website under Students & Parents - Surveys
- ❑ District Attendance Policy
- ❑ Transportation Policy/Rules (Includes Events and Trips)
- ❑ District Health Insurance Information
- ❑ Student or Visitor Acceptable Use Agreement. All internet accounts are subject to review by the school and can be terminated at any time for improper use as determined by school officials. Please (X) only one box below.
- ❑ Internet **I DO** ☐ **or I DO NOT** ☐ give permission to use the internet while at school.
- ❑ Technology Policies: Electronic Communication device use, Technology Security, use of Technology in Instruction, Internet Safety, Password, Web Pages & Social Media Policies.
- ❑ Annual FERPA & Protection of Pupil Rights Notice
- ❑ Student Data Collection Notice, Data Governance Plan,
- ❑ Directory Information you would like to opt out of sharing _____
- ❑ Compulsory Attendance Law
- ❑ Concussion and Head Injury Policy
- ❑ Emergency Management and Safety Resources and information
- ❑ School Counseling **- I DO**☐ or **I DO NOT** ☐ Give consent for my student to participate in school academic, career and well-being counseling services.
- ❑ District Food Service Program, apply **for free and reduced lunch as soon as possible**
- ❑ Fee Waiver Program **(If applying, you will need to bring proof of income; taxes or pay stubs. Bring completed form with you.) Otherwise payment is due at the time of registration.**
- ❑ Vision Screening OPT Out Information
- ❑ Publications --- Frequently Emery School District wishes to feature student achievements, extra-curricular activities, clubs, sports, and other activities. I DO ☐ or I DO NOT ☐ give permission for your child's name, picture, achievements, artwork, and school work to be used in association with web-based programs, news media, posters, and other activities connected with Emery School District.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Print Student's Name: _____ Grade: _____

Any special instructions or health concerns we need to know about: _____

_____

***Student Signature*: _____ Date _____**

***Parent Signature*: _____ Date _____**

THE PHONE NUMBER AND EMAIL YOU PREFER TO RECEIVE SCHOOL INFORMATION IS:

Phone: _____ Email _____ TXT:_____

>>>>PLEASE CHECK OTHER SIDE FOR WRONG OR MISSING INFORMATION. MAKE CORRECTIONS ON THE FORM

I have confirmed the information on the other side of this form

***Parent Signature*: _____ Date _____**