

Parent Signature: ___

CLEVELAND 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.

>>> <u>I</u>	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
	HONE NUMBER AND EMAIL YOU PREFER TO RECEIVE SCHOOL INFORMATION IS: : Email TXT:
raren	น รายทนเนาะ: Date
	t Signature: Date triangle by the property of th
Studer	nt Signature: Date
Any sp	pecial instructions or health concerns we need to know about:
	Student's Name: Grade:
	PROVIDE THE FOLLOWING INFORMATION:
	District.
	and other activities. <u>I DO</u> or <u>I DO NOT</u> 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
	Publications Frequently Emery School District wishes to feature student achievements, extra-curricular activities, clubs, sports,
	PARENT AND FAMILY ENGAGEMENT POLICY
	TITLE 1 STUDENT PARENT INVOLVEMENT COMPACT
	VISION SCREENING OPT OUT Information
	you.) Otherwise payment is due at the time of registration.
	FEE WAIVER PROGRAM (If applying, you will need to bring proof of income; taxes or pay stubs. Bring completed form with
	I want to roll balance to the next year or other family member
	I want a refund
	FOOD SERVICE ACCOUNT BALANCE at the end of the year
	please contact the school.
	EMERY DISTRICT MEAL PROGRAM / Go online and apply for this school year as soon as possible. If you need help applying.
	SCHOOL COUNSELING - I DO Or I DO NOT Give consent for my student to participate in school counseling services.
	CONCUSSION AND HEAD INJURY POLICY
_	COMPULSORY ATTENDANCE LAW
	INTERNET SAFETY POLICY
	SOCIAL MEDIA POLICY
	INTERNET, I DO Or I DO NOT give permission to use the internet while at school BRING YOUR OWN TECHNOLOGY POLICY
	be terminated at any time for improper use as determined by school officials. Please (X) only one box below.
	STUDENT or VISITOR ACCEPTABLE USE AGREEMENT All internet accounts are subject to review by the school and can
_	DISTRICT HEALTH INSURANCE INFORMATION
_	TRANSPORTATION POLICY/ RULES (INCLUDES EVENTS & FIELD TRIPS)
	SCHOOL HANDBOOK

_____ Date __