



**Parent/Student Handbook Form—Please complete and return to school by August 16
PLEASE PRINT**

Office Use:
___ Updated Immunization (VPK, K, & 7 ONLY)
___ FP Reg. Form

Student Name(s): _____

Parent Name(s): _____

Please read an **initial** next to each statement, then **sign** the bottom. Please have your child(ren) sign the bottom of the form if they are capable, as well.
Thank you!

- _____ I have read and will follow the Parent/Student Handbook. My enrolled children will also follow school policies and procedures as stated.
- _____ I agree to have my child at school on time every day to help ensure his/her academic success.
- _____ I agree to have my child abide by the uniform policy every day.
- _____ I agree to have my child's photo(s) and/or images published. **Circle:** *Yes or No*
- _____ I understand and will follow the parking/drop off procedures.
- _____ I have read the Diocese of Orlando Network Acceptable Use Policy (DNAUP) (online at www.sjalakeland.org Links). **STUDENTS CANNOT HAVE ACCESS TO THE INTERNET UNTIL THIS FORM IS SIGNED AND RETURNED TO THE SCHOOL OFFICE.**
- _____ I have read and understand the Policy of Parish subsidy. (page 3 Parent/Student Handbook)
- _____ I have read and complied with the Immunization Requirements.
- _____ I understand that my child must have a yearly physical form on file if they participate in any after school sports program. (page 10 Parent/Student Handbook)
- _____ I read and understand that I must have an authorization on file for students to have medication given at school. Students cannot carry any medication or over the counter drug, including cough drops, on their person or in their backpack. Parents must give prescription to the school office. (page 8 Parent/Student Handbook)
- _____ I understand that fingerprints for volunteers and Safe Environment Training must be completed through the Diocese of Orlando to be allowed on the school campus or to chaperone any school field trips or activities. Additionally, I understand that to drive on a field trip, I must be cleared through the Diocese on an annual basis.
- _____ I give the employees of SJA permission to administer the following to my child(ren), if needed. **Circle:** First Aid Ointment or spray Anti-itch cream
- _____ All visitors, including parents **MUST** sign in AND out at the school office when on campus. This includes dropping off lunch in the dining hall or joining us for morning prayers or mass.

Parent/Guardian Signature: _____	Date: _____
Student Signature: _____	Date: _____
Student Signature: _____	Date: _____
Student Signature: _____	Date: _____
Student Signature: _____	Date: _____