



**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 you 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](http://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 10 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 8 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.
- \_\_\_\_\_ All visitors, including parents **MUST** sign in AND out at the school office when on campus.

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