Shiocton School District

Grades 7-12 Parent Signature Form

Student Name_____

Grade Level_____

Attendance:

☐ **According to State Statute, a child may be excused by a parent for <u>not more than 10 days in the school year</u>.** I understand that I have the responsibility of making sure my child attends school regularly and that he/she arrives on time each day.

Busing/Transportation (including field trips):

☐ **My** child agrees to follow all of the busing rules as set forth by the Shiocton School District. Violation of the busing rules may result in disciplinary action.

Student Handbook

☐ <u>Grades 7-12</u>: A copy of the Student Handbook can be found on the school website at www.shiocton.k12.wi.us.

I understand that the handbook contains information that my child and I may need during the school year. I will discuss the handbook information with my child prior to the beginning of the 2016-2017 school year. I understand that my child will be expected to follow all of the rules as set forth in the handbook.

Chromebook Handbook (for students in grades 6-12 only):

☐ My child and I will review the Chromebook Handbook located at the table in the lobby or will review the information at http://bit.ly/1sspjJI or on the district website at www.shiocton.k12.wi.us. My child agrees to follow the guidelines outlined in the Chromebook Handbook and I understand that failing to follow these guidelines may result in disciplinary action.

Co-curricular Code (for students in grades 6-12 only):

☐ My child and I will review the co-curricular code on the district website at www.shiocton.k12.wi.us under the "Shiocton Athletics" tab on the left OR the one in the student handbook. I understand that if my child violates the co-curricular code, he/she will be subjected to disciplinary action.

OVER ⇨

School Website:

- ☐ My child's name and/or picture may appear on the school website
- ☐ I do not want my child's name and/or picture to appear on the school website

Student Assurance Insurance:

- ☐ I waive my right to the Student Assurance Insurance.
- ☐ I am interested in purchasing the Student Assurance Insurance. Please pick up an application at registration or get forms and information on their web site at www.sas-mn.com or call 1-800-328-2739.

Parent Signature:_____

Date

Parent Name (Print):_____