# STUDENT/PARENT HANDBOOK CONFIRMATION

## STUDENTS

Please sign below and return to the office.	Your signature indicates that you have read the Whitewater Public Schools
Student/Parent Handbook and understand t	the rules and regulations as approved by the Trustees of School District #20D.

X	
Signature	e of student
As an inf	Guardian formed parent, your signature below indicates that you have read the rules and regulations of the Whitewater Public student/Parent Handbook. This does not imply approval or disapproval. This is for your benefit.
	Please indicate your consent by checking either or all box(s).
	My child may be video taped during class time for educational purposes.
	I give my son/daughter permission to participate in any City-County Health Screening (vision, hearing, dental).
	I will allow the school to publish my child/children's directory information.
Please si	gn below indicating that you have read the rules and regulations.
X	
Signature	e of parent/guardian
Return th	his page and return to the main office by August 31, 2020
MEDICA	AL RELEASE.
permissio	tand that medical emergencies are sometimes associated with school related activities. I hereby give school personnel on to transport my son/daughter to the nearest hospital and medical staff personnel permission to administer the y treatment. Efforts to contact me, the parent/guardian, will be a high priority.
Parent si	gnature consenting to the above
X Student's	s name
	give my consent for the following mentioned student to be transported and attended by qualified medical personnel as t of illness or injury.
Print nan	ne of parent/guardian signature of parent/guardian
Address	home phone
Insurance	e company work phone

Remove and return this page to the main office by August 31, 2020

### ACKNOWLEDGEMENT CONCERNING USE OF STUDENT PARKING

I acknowledge and understand that:

- 1. Students are permitted to park on school premises as a matter of privilege, not right.
- 2. The school system retains authority to conduct routine patrols of student parking lots and inspections of the exteriors of student automobiles on school property.
- 3. The school system may inspect the interiors of student's automobiles whenever a school authority has reasonable suspicion to believe illegal or unauthorized materials are contained inside the automobiles.
- 4. Such patrols and inspections may be conducted without notice, without student consent, and without a search warrant.
- 5. If I fail to provide access to the interior of my car upon request by a school official, I will be subject to school disciplinary action.

X		X	
Student signature	date	Parent signature	date

## ACKNOWLEDGEMENT CONCERNING USE OF LOCKERS

I acknowledge and understand that:

- 1. Student lockers are property of the school system.
- 2. Student lockers remain at all times under the control of the school system.
- 3. I am expected to assume full responsibility for my school locker.
- 4. The school system retains the right to inspect student lockers for any reason at any time without notice, without student consent, and without a search warrant.

X		X	
Student signature	date	Parent signature	date

# **MEDICATION PERMISSION FORM**

Please fill out the form below and return to the office as soon as possible if your child will be taking medication during the day while attending Whitewater Public Schools.

Name of Student		
Grade		
Teacher		
Medication	Dosage	-
		-
Time of day medication is to be gi	iven	
	ds to be given at school	
Signature of physician		
5 F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	to take the above medicate very responsibility to furnish this medication.	tion at school as
Date X	Signature of parent/guardian	-

Note: All medication is to be brought to school in a container appropriately labeled by the pharmacy, or physician, stating the name of the student, the name of the medication, and the dosage.