

STUDENT / PARENT SIGNATURE PAGE

The student handbook describes important information about TCP. I understand that I should consult the Principal regarding any questions not answered in the handbook. You may download a copy of the student handbook from the school website (www.tricityprep.org).

Since the information and policies described are subject to change, I acknowledge that revisions to the handbook may occur. All such changes will be communicated through official notices and I understand that revised information may supersede, modify or eliminate existing policies.

I understand that it is my responsibility to read and comply with the policies contained in the student handbook and any revisions made to it. I have read and understand the following policies. Please initial the areas below and return this page to the office. Thank you.

Student/Parent(Both Must Initial)

- _____ _____ Administering Medicines to Students
- _____ _____ Approved School Attire
- _____ _____ Student Safety – Weapons Including pocket knives
- _____ _____ Right to Search
- _____ _____ Drug Free Zone
- _____ _____ Computer/Internet Policy/Agreement
Four digits for student's computer password _____
- _____ _____ Release of student contact information for military, school directory and/or scholarships
(Please check one)
You **may** **may not** release information on my student
- _____ _____ Photo Release **(Please check one)**
You **may** **may not** use any pictures of my student for press release.
- _____ _____ Cell Phone Restrictions
- _____ _____ Plagiarism Policy

PARENT SERVICE REQUEST

Please list any services you would like the school to be aware of or that you are requesting: Please provide information.

- _____ ELL
 - _____ Special Ed
 - _____ 504
 - _____ Screening
 - _____ Homeless
 - _____ Early Child intervention referral
 - _____ Medical conditions that require services
- _____
- _____

STUDENT / PARENT DATA

Address: _____

Home Phone: _____
 Work Phone Father: _____
 Work Phone Mother: _____
 Cell Phone Father: _____
 Cell Phone Mother: _____

Legal Guardian(s): Father - Yes No
 Mother - Yes No
 Grandparent - Yes No

Lives With: Father - Yes No
 Mother - Yes No
 Grandparent - Yes No

People authorized to pick up student from school: _____

STUDENT/S NAME (printed): _____ STUDENT'S SIGNATURE: _____ Date: _____

PARENT'S NAME (printed) _____ PARENT'S SIGNATURE: _____ Date: _____