

## 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](http://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: \_\_\_\_\_