

EMERY HIGH SCHOOL

Forms & Signature Sheet

Instructions: Use this form to simplify the registration process. A box is provided for each policy that you need to read. All policies are available on the school website. After reading each document, mark the box (X) indicating that it has been read. Then, fill out the requested information at the bottom of the page. The student and parent are required to sign the form. Computers are available at the school or the town library, if you do not have access.

	SCHOOL HANDB	300K		
	SCHOOL DRUG, A	ALCOHOL, TABACCO POLICY		
	SCHOOL ATTENI	DANCE POLICY		
	DISTRICT ATTEN	NDANCE POLICY		
	TRANSPORTATI	ON POLICY/ RULES (INCLUDES EVE	ENTS & FIELD TRIPS)	
	DISTRICT HEAL?	TH INSURANCE INFORMATION		
	STUDENT or VIS	SITOR ACCEPTABLE USE AGREEMEN	NT All internet accounts are	subject to review by the school and can be
		ny time for improper use as determin		
	INTERNET <u>, I DO</u>	or I <u>DO NOT</u> give permi	ssion to use the internet whi	le at school
	BRING YOUR OW	VN TECHNOLOGY POLICY		
	SOCIAL MEDIA F	POLICY		
	INTERNET SAFE	TTY POLICY		
	COMPULSORY A	TTENDANCE LAW		
	CONCUSSION AN	ND HEAD INJURY POLICY	_	
	SCHOOL COUNSI	ELING - <u>I DO</u> or I <u>DO NO</u> T	Give consent for my studen	t to participate in school academic, career and
	well-being couns			
	EMERY DISTRIC	T MEAL PROGRAM / Go online and	l apply for this school year	as soon as possible. If you need help applying,
	please contact the school.			
		ACCOUNT BALANCE at the end of the	•	
	I want a refund	I want to roll balance to the n	next year or other family mer	nber
	FEE WAIVER PROGRAM (If applying, you will need to bring proof of income; taxes or pay stubs. Bring completed form with			
	you.) Otherwise payment is due at the time of registration.			
		ING OPT OUT Information		
				vements, extra-curricular activities, clubs, sports,
				name, picture, achievements, artwork, and school
		in association with web-based prog	rams, news media, posters, a	nd other activities connected with Emery School
DI EACE	District.	OLI OMING INFORMATION		
		OLLOWING INFORMATION:	C 1-	
Print S	student's Nam	ne:	Grade:	_
Any sp	ecial instruct	tions or health concerns we	need to know about:	
Studor	t Signature			
rureni	ı sıynatare:		Date	_
THE D	HONE NUMBE	D AND EMAIL VOLLDDEEED T	O DECEME COMO IN	CODMATION IC
		R AND EMAIL YOU PREFER TO		
Phone	·	Email		TXT:
>>>P	<u>LEASE CHECK</u>			ON. MAKE CORRECTIONS ON THE FORM
		<u>I have confirmed the info</u>	ormation on the other	<u>side of this form</u>
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