

Student Name _____

Grade _____

Please initial the appropriate space for each section below, sign and date at the bottom.

Receipt of Parkview Christian School Student Handbook

_____ I acknowledge having received a copy of the Parkview Christian School Handbook and promise to abide by rules and guidelines set forth in it.

Permission for Field Trips

_____ My child has permission to participate in approved field trips for the current school year. You will receive detailed information prior to any field trip.

It is understood that transportation generally will be provided on school busses or the school van, supervised by a professional staff employee of Parkview Christian School.

In some cases, transportation is provided in private automobiles driven by a responsible licensed adult. (Properly licensed person that is at least 21 years of age with a good driving record.)

Parents will be notified in advance of trips of this type.

Procedure my Child Should Follow if School Closes Early Due to an Emergency

If an emergency school closing occurs, we must know how you want your child to be dismissed. It is very important to have this planned BEFORE an emergency arises, since telephone lines are jammed after announcements are made that school is closing early. Please indicate below the procedures you want your child to follow if school were to be dismissed prior to the regular dismissal time (check one):

_____ My child should go to the extended care program as usual and I will come to pick them up as soon as possible.

_____ I will come to school to take my child home.

_____ My child may drive him/herself home.

_____ Other. Please specify: _____

Computer Use Statement

_____ My child may use the internet with teacher supervision.

_____ My child is NOT allowed to use the internet while at school.

Photograph and/or Tape Release

_____ I give my permission to Parkview Christian School to photograph, have recorded on film and/or tape, my child. I give further permission to Parkview Christian School to utilize these films, photographs, and/or tapes as they see fit to better promote or explain the classrooms for Parkview Christian School. A few examples are:

- A crew videotaped various scenes and activities throughout the school for a video tape to promote Parkview Christian School.
- Occasionally the Lincoln newspapers will write an article and use photographs.
- Sometimes a demonstration of teaching technique is video taped.

Authorization for over-the-counter medication

_____ I give permission to school personnel to administer over-the-counter medications (tylenol, antacids, etc.) that I have provided according to the manufacturer’s dosage label.

_____ I understand that the medications must be supplied in the original container with the original label in tact.

_____ I understand that a dosage, greater than stated on the package of an OTC medicine can not be administered unless it is requested in writing from a physician stating the dosage to be given.

Please list appropriate conditions that medication may be administered for:

Reason(s): Headache_____ Menstrual Cramps_____

Dental Pain_____ Muscle or Joint Pain_____

General Discomfort_____

Other:_____

Discipline Policy

_____ I understand that disciplinary action may require my student to remaining after school for a time of detention, lose points on grades or be assigned to a building-cleaning project.

Military & College Representative Visits

_____ I give my high school student permission to visit with any military and college representatives that come to Parkview Christian School.

_____ My high school students may not visit with military or college representatives.

Parent/Guardian Signature

Date

Student Signature

Date