

STUDENT/PARENT SIGNATURE FORM
DOWNLOAD THIS FORM, SIGN AND RETURN

By signing this, you are agreeing to the full media release.

** If you do not want your child's image or work released for any reason including yearbook, honor roll, newspapers, television and website, you must request this in writing to your school principal.

Parents/Guardians: Please complete this form and return to your child's school office by Friday, September 24, 2010. Thank you.

RECEIPT AND VERIFICATION

With your child(ren), please read the indicated sections of the Student/Parent Handbook and sign to verify that you have done so. Student signatures (over age 5) are also required.

Name of Student(s) at _____ School:

Name _____

Name _____

Name _____

Name _____

I have had the opportunity to read the 2010-11 Student/Parent Handbook for Arlington Heights School District 25 **online**. In particular, I have read and understand the responsibilities outlined in following sections with my child:

- Student Discipline Policies
- Student Responsibilities
- Appropriate Use of Online Resources
- Wellness/Celebrations

** _____
Parent/Guardian Signature *Date*

Student Signature *Date*

Student Signature *Date*

Student Signature *Date*

Student Signature *Date*