



Ferron Elementary 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 HANDBOOK
- DISTRICT ATTENDANCE POLICY
- TRANSPORTATION POLICY/ RULES (INCLUDES EVENTS & FIELD TRIPS)
- DISTRICT HEALTH INSURANCE INFORMATION
- STUDENT or VISITOR ACCEPTABLE USE AGREEMENT All internet accounts are subject to review by the school and can be terminated at any time for improper use as determined by school officials. Please (X) only one box below.
- INTERNET, I DO or I DO NOT give permission to use the internet while at school
- BRING YOUR OWN TECHNOLOGY POLICY
- SOCIAL MEDIA POLICY
- INTERNET SAFETY POLICY
- COMPULSORY ATTENDANCE LAW
- CONCUSSION AND HEAD INJURY POLICY
- SCHOOL COUNSELING - I DO or I DO NOT Give consent for my student to participate in school academic, career and well-being counseling services
- EMERY DISTRICT MEAL PROGRAM / **Go online and apply for this school year as soon as possible. If you need help applying, please contact the school.**
- FOOD SERVICE ACCOUNT BALANCE at the end of the year
I want a refund I want to roll balance to the next year or other family member
- VISION SCREENING OPT OUT Information
- TITLE 1 SCHOOL LEARNING COMPACT
- PARENT INVOLVEMENT POLICY
- Publications --- Frequently Emery School District wishes to feature student achievements, extra-curricular activities, clubs, sports, and other activities. I DO or I DO NOT give permission for your child's name, picture, achievements, artwork, and school work to be used in association with web-based programs, news media, posters, and other activities connected with Emery School District.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Print Student's Name: _____ **Grade:** _____

Any special instructions or health concerns we need to know about: _____

Student Signature: _____ **Date** _____

Parent Signature: _____ **Date** _____

THE PHONE NUMBER AND EMAIL YOU PREFER TO RECEIVE SCHOOL INFORMATION IS:

Phone: _____ **Email** _____ **TXT:** _____

>>>>PLEASE CHECK OTHER SIDE FOR WRONG OR MISSING INFORMATION. MAKE CORRECTIONS ON THE FORM

I have confirmed the information on the other side of this form

Parent Signature: _____ **Date** _____