

# Student Handbook Receipt Form

## Please Complete, Sign, and Return This Form to Your Building Principal

**Student Handbook Information:** Please indicate by checking one of the lines how you wish to receive your Parent/Student Handbook:

\_\_\_\_\_ I am choosing to access the Smackover-Norphlet’s Parent/Student Handbook electronically on the Smackover-Norphlet School District’s Website.

OR

\_\_\_\_\_ Please provide a paper copy of the Smackover-Norphlet’s Parent/Student Handbook.

- Attached to this form, you will find documents containing information in which parent signatures are required (Please keep the informational forms for your reference.)
- Please initial the items below to indicate that you “agree” or “do not agree” to each item listed below.

AGREE	DO NOT AGREE	
		Display student photo or video on website or media
		Student Electronic Device and Internet Use Agreement
		Google Email account and access to Google Docs, Calendar, and Sites
		Authorize school nurse or his/her designee to administer medications to my child
		Medical: Permission to submit personal student education records to be disclosed to a Third Party Billing Agent for the purpose of billing Medicaid and/or private insurance for reimbursement purposes only <b>(Under no circumstances will the student/family receive a bill for any of the screening services provided at the school)</b>
		Acknowledgement of Field Trip Rules (NES Only)
		Medical Release Consent

Received	Not Received	
		School Parent Compact
		Parent Right to Know
		Regulations for Students riding Buses

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Grade/Homeroom