

PCHS District No. 101 Handbook/Proof of Residency Signature Page

All PCHS policies are available on line at pchspanthers.com. I understand that it is the responsibility of both the student and parent to be knowledgeable of the contents in the 2021-2022 handbook.

I have read, understood, and accept responsibility for the following conditions of the handbook:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Authorization of Network Use
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parent & Student Acceptance of Handbook Rules
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Use of Photo Permission
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Athletic Policy
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Drug Testing Policy

Unless "No" is specifically marked, it will be assumed that permission and/or acceptance is granted upon receipt of the signed Signature Page.

Do you; Own your home Rent Other _____

I hereby certify that _____ (print name of student) legally resides with me, his/her parent or guardian, at the address listed below, which is within the boundaries of Pinckneyville Community High School District No. 101.

I understand that I will be held responsible for illegally enrolling the student in the program and will be liable for the current tuition charges.

I also understand that Pinckneyville Community High School District No. 101 will pursue payment through whatever means are available to the School District.

The said child eats (his/her) meals regularly at said residence	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The said child sleeps regularly at said residence	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The said child spends (his/her) weekends regularly at said residence	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The said child spends (his/her) summers regularly at said residence	Yes <input type="checkbox"/>	No <input type="checkbox"/>

STUDENT'S NAME (Printed) _____

911 ADDRESS _____

PO BOX (Mailing Address, if Different from 911 Address) _____

CITY _____, IL ZIP _____ PHONE _____

Student's Signature _____ Date _____

Parent's Signature _____ Date _____