**Students and Parents/Guardians:**

**Please review your child’s Weston Middle School handbook and sign the Acknowledgement of Receipt below. Detach this page, and have your child return it to their Language Arts teacher.**

**Weston Middle School Acknowledgment of Receipt**

I acknowledge that I have received and reviewed the contents of the Weston Middle School Student Handbook. I understand that I am to keep the handbook for future reference. My and my child’s initials below indicate that we have been given notice about the following school policies in particular:

\_\_\_\_\_\_ \_\_\_\_\_\_ Acceptable Language Rules

\_\_\_\_\_\_ \_\_\_\_\_\_ Access to Student Education Records Information

\_\_\_\_\_\_ \_\_\_\_\_\_ Athletic/Extracurricular Eligibility

\_\_\_\_\_\_ \_\_\_\_\_\_ Attendance/Absences/Make-Up work

\_\_\_\_\_\_ \_\_\_\_\_\_ Behavior Expectations and Definitions/Discipline Guidelines

\_\_\_\_\_\_ \_\_\_\_\_\_ Closed Campus

\_\_\_\_\_\_ \_\_\_\_\_\_ Dress Code

\_\_\_\_\_\_ \_\_\_\_\_\_ Electronic Device/Cell Phone Rules

\_\_\_\_\_\_ \_\_\_\_\_\_ Food, Drink, and Gum Rules

\_\_\_\_\_\_ \_\_\_\_\_\_ Harassment, Bullying, Cyberbullying, and Threats Information

\_\_\_\_\_\_ \_\_\_\_\_\_ Immunization Information

\_\_\_\_\_\_ \_\_\_\_\_\_ Internet and Device Use Regulations

\_\_\_\_\_\_ \_\_\_\_\_\_ Medication Regulations

\_\_\_\_\_\_ \_\_\_\_\_\_ Possession of Alcohol, Tobacco, Drugs, and Weapons Information

\_\_\_\_\_\_ \_\_\_\_\_\_ Tardy Policy

\_\_\_\_\_\_ \_\_\_\_\_\_ Transportation Rules and Discipline Procedures

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Printed Name Parent’s/Guardian’s Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Parent’s/Guardian’s Signature

Student’s Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_