

Okaw Valley High School

Student Name (please print) _____ Grade _____

Registration: Please return this completed form at registration or to the high school office to obtain your student schedule and handbook. Students and/or parents/guardians must present this **completed** document during registration. **Paying on line still requires that all forms are signed and turned in.**

Authorization for Electronic Network Access: The signatures below acknowledge responsibility on the part of parents/guardians and students to familiarize themselves with the Okaw Valley CUSD #302 Internet Access Policy. The policy can be referenced in the OVHS Parent/Student handbook. We understand that this District and /or its agents may access and monitor the student use of the internet, including e-mail and download materials, without prior notice. Abuse may result in revocation of access privileges and/or other disciplinary action, including legal action. In consideration for using the District's electronic network connection and having access to public networks, I hereby release the School District and its Board members, employees and agents from any claims and damages arising from my use or inability to use the internet. The signatures below acknowledge the presence of acceptable use conditions.

Extra-Curricular Code of Conduct: The signature below acknowledges parental consent and student participation in extracurricular activities. I have received, read and am familiar with the Okaw Valley Sports Extracurricular code and extracurricular handbook. I understand that when participating in an extracurricular activity that I am representing my school and my community. I am aware that I have an additional responsibility as a role leader to the younger children in the community who may be influenced by my actions. Participation in extracurricular activities is a privilege and I agree, by my signature below, to follow the extracurricular code.

Field Trip Permission: The signatures below acknowledge parent/guardian permission for student attendance to participate on off-campus, school-related activities during the 2017-2018 academic years. These may include, but are not limited to: academic, athletic, career and assessment activities, as well as student organization field trips. Parent/guardian will be notified of destinations, dates and times of the trips. The school district is responsible for providing transportation service.

Free/reduced lunch program: The signature below acknowledges receipt of the free/reduced lunch application. I understand that if I qualify for free lunch, I am eligible for a waiver of certain school fees.

Loan of secular textbooks: The signature below requests the loan of secular textbooks in accordance with Public Act 82-469 of 1981. I understand this request will remain valid so long as my child is enrolled in Okaw Valley CUSD # 302 and I may at any time withdraw this request.

Medical Authorization: The signature below acknowledges that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or the event of a medical emergency, I hereby authorize Okaw Valley CUSD #302 and its employees and agents, in my behalf and stead, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the School District), non-prescription medication brought in by the child. Any non-prescription medication brought in must be in the ORIGINAL container and labeled clearly with your child's name in permanent marker. I acknowledge that it will be necessary for the administration of medications to my child to be performed by an individual other than a school nurse and specifically consent to such practices and to indemnify and hold harmless the School District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication by the pupil.

(OVER)

Okaw Valley High School

Picture of my child: The signature below grants consent to the Okaw Valley School District to identify a picture of my child or ward, by full name and/or school, in any school sponsored material, publication, videotape, or website during the time the student is enrolled in Okaw Valley Schools. I understand that I may revoke this consent at any time by notifying the Building Principal. No consent or notice is needed or will be given before the school uses pictures of unnamed students taken while they are at school or school-related activity.

Parent/Student Handbook: The signatures below acknowledge responsibility on the part of parents/ guardians and students to familiarize themselves with school regulations and expectations. (Administration will discuss and clarify the contents of the handbook upon request)

Student absence policy: The signatures below acknowledge responsibility on the part of parents/guardians and students to maximize school attendance and abide by OVHS student absence policies. The policy can be referenced in the OVHS parent/ student handbook. Parents/ guardians must notify the school each day of student absence. School officials will determine whether such absences are excused and whether or not make-up privileges will be extended.

ATTENTION: FOR ALL HIGH SCHOOL STUDENTS

Student Driving/Riding Request: The signatures below acknowledge consent to allow my son/daughter to:

- _____ drive him/herself to **practices** – transportation is always provided (ex; SOV Football)
- _____ drive him/herself **home** during the school day for personal reasons (HS office discretion)
- _____ leave OVHS campus for **Service Learning** activities (student can drive themselves or ride with another student, Ex: Corps projects)
- _____ ride with OVHS staff during the normal school day – class project

Student treatment authorization: The signatures below acknowledge parent/guardian authorization of consent for emergency treatment of student while student is attending school or a school sponsored activity. It is understood that reasonable attempts shall be made to contact the undersigned prior to emergency treatment. I agree to accept responsibility for and to pay any transportation, medical and/or hospital charges for medical care authorized by the school designee. I agree to indemnify and hold harmless the School District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the rendering of emergency medical care or treatment.

Student Signature

date

Parent/Guardian Signature

date