

Student School Permission Form 2020-2021

One Form Per Student

Student Information

Student Name: _____

School Student Handbook Agreement

Student Handbook 2020-2021

As a student or parent/guardian of a student attending the Lee County School district, I acknowledge that by signing this document I understand that I have access to the Lee County Student Handbook online at <http://leecountyky.apptegy.us/o/lee-county/browse/73153> (Campus Life- Handbook Policies link from District Website) and I am aware of my responsibility to read its contents. Further, I understand it is my responsibility to gain a working knowledge of the policies outlined in this handbook and share this information with my child/children. I am also aware of my right to question the school principal or the designated school staff members concerning any policy within this handbook that I do not understand.

**** Hard copies of this document are available upon request.

Initial Here

Parent Signature: _____ Date: _____

Student Signatures: _____ Date: _____

PRINTED NAME OF PARENT COMPLETING THIS FORM: _____

If you would like a hard copy of the Code of Conduct and District Handbook sent home with your child, please initial here: _____

Drug Testing Permission FOR LEE COUNTY MIDDLE HIGH SCHOOL ONLY

I hereby acknowledge that I have read Policy 09.423 (Use of Alcohol, Drugs, and Other Controlled Substances), contained in the Lee County Middle High School Handbook, and that I understand the policy and procedures, and that I agree to be bound by the terms and conditions contained in the policy and procedures.

Please mark one:

_____ I want my child to participate in the student random drug testing throughout the school year, regardless of his/her participation in an extracurricular activity.

_____ I want my child to participate in the student random drug testing program only during the time he/she is involved in the extracurricular activity and/or is a registered driver.

Initial Here

Parent/Guardian's Signature Date

(if student is under 18)

Student's Signature Date

Parent Signature: _____ Date: _____

Student Signatures of those 18 or over: _____

PRINTED NAME OF PARENT COMPLETING THIS FORM: _____