

2018-2019 Sign off sheets for Families

Family Name: _____

Address: _____

- | | |
|---|---|
| <input type="radio"/> Greenville MI 48838 | <input type="radio"/> Gowen MI 49326 |
| <input type="radio"/> Belding MI 48809 | <input type="radio"/> Fenwick MI 48834 |
| <input type="radio"/> Rockford MI 49341 | <input type="radio"/> Sheridan MI 48884 |
| <input type="radio"/> Trufant MI 49347 | <input type="radio"/> Other: _____ |

Insurance Information in Case Emergency Medical Treatment is needed

Health Insurance Company: _____

Contract/Policy Number: _____

Group number/Service Code/Plan Code: _____

Transportation

My child/children will be transported by: Car: ___ Walk: ___ Bus: ___ I will call or send a note if this is different than the norm.

Pesticide Notification

I have read the pesticide information on the website:

_____ I wish to be notified prior to a scheduled pesticide treatment inside the building

_____ I wish to be notified prior to a scheduled pesticide treatment to the outside of the school

_____ Both of the above

_____ I do not wish to be notified

Acceptable Use Policy Diocese of Grand Rapids– Electronic Information Access and Acceptable Use of School Systems

_____ I have read and understand the Acceptable Use Policy from the Office of Catholic Schools that is on the website and accept responsibility for my child/children and their use of electronics at school as written in the policy. I also have gone over this information with my child/children.

School Family Directory

There are times when different school organizations and parents ask the school for a school directory which includes name, address and telephone number. The Diocese asks that we receive permission from parents to allow the school to distribute school directories as needed.

_____ Yes, I grant permission to have my address and phone number in the class and family List or other school directories as needed.

_____ No, I do not grant permission to have my address and phone number in the class and family List or other school directories as needed.

Media Relations/Promotions Release

I/we give my/our permission to the Roman Catholic Diocese of Grand Rapids, Michigan, (the Diocese) and all entities, representatives, employees, and agents operating under its authority to use, without prior notice, my name or my minor child/children’s name, city and state, and/or audio, video(s), photo(s), and/or any other likeness and to use statements made by or attributed to me or my child/children relating to the Diocese, without compensation, for web, social media, publicity or similar promotions for the Diocese. I waive my right to inspect or approve such publications, including any written copy that may be created in connection therewith. I/we agree that my/our signature(s) below releases any and all claims against the Roman Catholic Diocese of Grand Rapids, or its associated entities related to or arising out of the Diocese’s use of the stated items as media relations/promotional material(s).

_____ Yes, I grant permission for the release

_____ No, I do not grant permission for the release

Student Handbook

_____ I have read and understand the Student Handbook on the website.

My signature below states that I am in agreement with the checked statements on this form.

Signature _____ Date _____

Signature _____ Date _____