

**After reading the handbook and the notice printed below,
Please sign this form and return it to the High School Principal's office**

PARENT/GUARDIAN & STUDENT REVIEW OF STUDENT HANDBOOK

In accordance with Nebraska State Law, Section 79-4, 176 para (3) which states in part: "Rules and Standards which form the basis for discipline shall be distributed to students and parents at the beginning of each school year or at the time of enrollment". Parents or guardians and students are requested to sign and return the receipt form below:

This is to verify that we, parent/guardian & student, received and read the Central City High School Student Handbook which includes rules and policies of the Central City High School.

Parent or Guardian's Signature

Students Signature

Date

NOTICE CONCERNING DISCLOSURE OF STUDENT RECRUITING INFORMATION

The "No Child Left Behind Act of 2001" requires the Central City Public Schools to provide military recruiters and institutions of higher education with access to secondary school students' names, addresses, and telephone listings. Parents and secondary students have the right to request the Central City Public Schools to NOT provide this information (i.e., not provide the student's name, address, and telephone listing) to military recruiters or institutions of higher education, without their prior written parental consent. The Central City Public Schools will comply with any such request.

PLEASE CIRCLE YOUR CHOICE FOR EACH LINE:

YES or NO The Central City Public Schools **CAN** provide Institutions of higher education with my student's name, address and telephone listing.

YES or NO The Central City Public Schools **CAN** provide military recruiters with my student's name, address and telephone listing.

STUDENT INFORMATION SHEET

Name _____ Grade _____
Gender _____ Soc. Sec. # _____
Phone _____ Birth date _____
Address _____

PARENT/GUARDIAN

Name _____ Relationship _____ Custody _____
Employer _____
Address _____ Cell Phone _____
Home Phone _____
Email Address: _____ Work Phone _____

PARENT/GUARDIAN

Name _____ Relationship _____ Custody _____
Employer _____
Address _____ Cell Phone _____
Home Phone _____
Work Phone _____

EMERGENCY CONTACT

Name _____ Relationship _____
Address _____ Home phone _____
Employer _____
Work phone _____

MEDICAL INFORMATION

Doctors Name _____ Medical Alert information _____

Medical Consent: The school nurse may apply first aid treatment until the family doctor and/or dentist can be contacted. We give our consent for the nurse to use her own judgment in securing medical aid and ambulance service in case the parents can not be reached. Consent is granted to the attending physician to proceed with any minor medical treatment, x-rays, and/or immunizations for my son/daughter until I can be contacted. I also consent to have school personnel distribute medication initialed below.

Signature _____
Date _____

Please initial your consent:
Yes to distribute Tylenol _____
Yes to distribute Ibuprofen _____

CENTRAL CITY PUBLIC SCHOOLS COMPUTER SYSTEM

STUDENT ACCESS/USE AGREEMENT

I have read, understand and will abide by the Rules and Regulations for the Policy # 5131.10, *Rules and Regulations for the Student Use of School's Computer System*. I further understand that any violation may result in access privilege revocation, school disciplinary action as deemed necessary and appropriate by the building principal, civil action and/or criminal prosecution. In consideration for the privilege of using the Central City Public School's computer system and in consideration for having access to the information contained on it, I hereby release the Central City Public Schools from any and all claims of any nature arising from my use of the network system.

STUDENT NAME (please print) _____

STUDENT SIGNATURE _____

DATE ____/____/____

PARENT OR GUARDIAN CONSENT

As the parent or guardian of this student, I have read the Rules and Regulation for the Policy #5131.10, *Rules and Regulations for the Student Use of School's Computer System*. I understand that Central City Public Schools Computer System is designed for educational purposes. I also recognize it is impossible for the Central City Public Schools to restrict access to all controversial materials and I will not hold them responsible for the materials acquired on the system.

PARENT/GUARDIAN NAME (please print) _____

PARENT/GUARDIAN SIGNATURE _____

DATE ____/____/____

DISTRICT WEB SITE

Signatures from both the parent/guardian and the student must be obtained prior to placing any student photographs, artwork, writing or other projects on the district web site. Signatures grant permission to the district for placing student items on the district web site. NO PERSONAL CONTACT INFORMATION ABOUT THE CHILD SUCH AS HOME ADDRESS, PHONE NUMBER OR E-MAIL ADDRESS WILL BE GIVEN. ONLY STUDENT'S FIRST NAMES WILL BE USED.

PARENT/GUARDIAN SIGNATURE _____

STUDENT SIGNATURE _____

DATE ____/____/____

CAR REGISTRATION

High School students who park in the school's parking lots
Are expected to register their vehicles(s) through the High
School office.

Please Print the information below:

Student Name _____

License Plate number(s) _____

Vehicle Color(s) _____

Make/Model _____