

CERTIFICATION OF HANDBOOK ACCEPTANCE

I have read, had read to me, or will read, the information concerning the expectations of my attendance at Lake Roosevelt Elementary School and will do my utmost to uphold them. I realize that I am responsible for my own actions, both positive and negative. On a daily basis, I will strive to help Lake Roosevelt Elementary School be a better place for all students to learn and grow.

Please circle below what size t-shirt your child wears, so they can receive a District T-shirt.

Child Small Child Medium Child Large Child X-Large Adult Small Adult Medium Adult Large

Student's Signature or Printed Name _____ Date _____

As parent/guardian of the above-named student, I have reviewed the rules and procedures contained in the Lake Roosevelt Elementary School Handbook concerning the expectations of my child while in attendance at Lake Roosevelt Elementary School.

Parent/Guardian's Signature _____ Date _____

PARENTAL ASSUMPTION OF RESPONSIBILITY FOR STUDENTS ON FIELD TRIPS

I hereby grant the Grand Coulee Dam School District #301J permission to take my son/daughter _____ on any educational tour located within walking distance of Lake Roosevelt Elementary School and any events that would take students via bus to a school approved field trip.

Allergies or other health problems (describe) _____

Medications _____

Doctor and phone number _____ Emergency contact number _____

Type of insurance coverage _____ Policy Number _____

I give my permission for my son/daughter to participate and I assume full responsibility for his/her conduct. In the event of illness or accident I authorize the school designated personnel responsible for this trip to approve Emergency Medical Care. Further, I agree to indemnify and hold harmless Grand Coulee Dam School District #301J.

Parent/Guardian Signature _____ Date _____

I pledge that my conduct will at all times reflect credit upon myself, parents and school. I understand school rules of conduct apply while on the trip.

Student's Signature or Printed Name _____ Date _____

MEDIA RELEASE

I give permission for Lake Roosevelt Elementary School to release photos and/or student names for publication in newspapers and school/district website related to school activities. _____ Yes _____ No

Parent/Guardian Signature _____ Date _____

UNEXPECTED EARLY DISMISSAL

In the event that Lake Roosevelt Elementary must conduct an unexpected, early dismissal of school, please do the following as I have indicated below:

_____ Send my student home on their normal route

_____ Keep my student at school until contact has been made with:

Name of Person to Contact

Phone Number

1. _____

2. _____

3. _____

Printed Student Name _____

Printed Parent Name _____

Parent Signature _____