South Fork School District #14
Acknowledgements and Consents

The following documents are located at www.southforkschools.com. If you would like a hard copy of the following please let your building secretary know.

► 2017-2018 South Fork School District #14 Student Handbook
► Elementary/Jr. High Student Supply List
► Free/Reduced-Price Lunch Information and Application Form. Parents must submit a completed application or a Direct Eligibility Certificate in order to qualify (Every family must fill out even if you don’t qualify).
► Board Policy 7:270 Administering Medicines to Students and a Medication Administration/Self-Administration Consent Form. (A form must be completed by parent and doctor then submitted to the School Secretary if you child needs to take any medication at school).
► Internet Usage Policy
► Student Accident Insurance Information & Brochure
► Medicaid Information
► Head Lice Policy

I give my consent for the following items. Please initial each item to which you give consent and then sign at the bottom of the page. If more information is desired, please contact your building secretary.

<table>
<thead>
<tr>
<th>I understand the school district's Internet Use Policy. I give my permission for my child to use the school district's internet, and I understand that I may be liable for any and all misuse of the internet perpetrated by my child.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I give my child permission to attend all of the 2017-2018 field trips for his/her class. I understand that permission for any individual trip may be withdrawn by notifying the building principal at least (1) day before the scheduled excursion. (Information will be sent home before each trip.)</td>
</tr>
<tr>
<td>I give permission to allow my child's photograph to be posted on the District Website, <a href="http://www.southforkschools.com">www.southforkschools.com</a> or School/Class Facebook Page</td>
</tr>
<tr>
<td>I understand any afterschool dismissal changes MUST occur before 2:00pm.</td>
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<tr>
<td>I wish to receive notification of the use of pesticides in my child's school. I understand that notification will be given two days prior to application or as soon before as is practicable.</td>
</tr>
<tr>
<td><strong>Students in 7th Grade and High School Health</strong> will be learning about human sexuality in class. A curriculum is in place involving the textbooks, handouts, and videos. I give my child permission to participate in Sexual Education Unit in Health Class.</td>
</tr>
</tbody>
</table>

I verify that I have received the above named information and that I have initialed the programs in which I wish my child to participate for the 2017-2018 school year.

Student's Name ______________________________________________________________________
Parent/Guardian's Name (please print)______________________________________________________________________________
Parent/Guardian's Signature ________________________________________________________________
Date _________________________