

Student(s) Last Name _____ First Name(s) _____

**ST. PAUL SCHOOL DISTRICT
PERMISSION RELEASE FORM
2018-2019**

Please read each section carefully before signing. If you have any questions, refer to the documentation in the School Registration Packet or call the office at 503-633-2541.

Handbook Consent Agreement

My student(s) and I have read the Parent/Student Handbook. I agree that my family and I will abide by the policies outlined in the Student Handbook as they are written.

_____ **Agree** _____ **Disagree**

Student Medications

I have read the Student Medication Policy and understand that if my student needs to take **any** medication during the school year, I must personally bring the medication into the office and fill out a medication form, even for over the counter (OTC) medications. I understand that students (grades 9-12) are permitted to self-medicate with permission from me (the parent), the principal, and the doctor (for prescription medications). I understand that the prescription must be in its original bottle with the pharmacy label and I will need to fill out and sign a Medical Authorization form before the school will administer the medication.

_____ **Agree** _____ **Disagree**

Infectious Disease Instruction

The Oregon Department of Education Standards requires that schools incorporate an age-appropriate curriculum about infectious diseases, including Acquired Immune Deficiency Syndrome (AIDS) (ARC) (HIV) and Hepatitis B as an integral part of the health education curriculum throughout elementary, middle and high school grade levels. Any parent may request that their child(ren) be excused from that portion of the instructional program required by this rule under the procedures set forth in ORS 336.025(2) and OAR 581-22-415.

_____ **YES. My child(ren) may participate in the communicable & sexually transmitted disease unit.**

_____ **NO. My child(ren) may not participate in the communicable & sexually transmitted disease unit.**

Personally Identifiable Information

I give permission to the St. Paul School District #45 to release personally identifiable information from the educational records of my child(ren) for use by school athletic teams, school publications such as yearbook and newsletters, the media such as our website and the newspapers. For the sole purpose of this consent, this identifying information shall be limited to the student's name, schoolwork and/or photograph.

_____ **YES. Information about my child(ren) can be published as outlined above.**

_____ **NO. Information about my child(ren) cannot be published as outlined above.**

Student information to Military Recruiters

The district is required by law to release secondary students' names, addresses and telephone numbers to military recruiters and/or institutions of higher education unless parents or eligible students request the district withhold this information.

_____ **YES, the district may share information about my student with military recruiters and institutions of higher education.**

_____ **NO, the district *may not* share information about my student with military recruiters and institutions of higher education.**

PLEASE CONTINUE ON BACK PAGE.....

Student Telecommunication Acceptable Use Agreement

For the Student:

As a user of the St. Paul School District computer network, I have read and agree to comply with the stated rules. I understand the consequences for improper access and/or use included in my school's Student Handbook.

_____ **Agree** _____ **Disagree**

For the Parent:

As a parent or guardian of the above named student(s), I have read the Acceptable Use Agreement and understand the Internet sites are filtered and the electronic information may be monitored. I understand my child(ren) may be disciplined for inappropriate or unacceptable use of the computer network. I further understand that student use of the computer network is designed for educational purposes. I understand it is impossible for St. Paul Schools to filter or restrict access to all inappropriate materials. I will not hold the St. Paul School District responsible for inappropriate or unacceptable materials my child(ren) may acquire on the network system.

_____ **Agree** _____ **Disagree**

Lunch Policy (GRADES 9-12 ONLY) /Permission Form

My student(s) and I have read the lunch policy and agree to abide by the following lunch guidelines:

1. I will not arrive tardy or miss 5th period.
2. I will not allow another student to ride with me and I will not ride with another student (unless it is my sibling).
3. I will not go to any other destination other than my own home.
4. I understand the consequences of abusing this privilege may range from a detention or In-School suspension to the loss of the privilege to leave school for lunch.

Student Name (please print)	Grade	Student Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

Athletic and Activities Participation (Appendix B)

NOTE: Regardless of whether or not you participate in sports programs, students are expected to abide by this policy for any and all activities associated with St. Paul Schools.

The complete Athletic and Activities Participation Policy can be found in the Student Handbook in Appendix B.

I have read the statement of policy governing student athletic and activities participation and commit myself to this policy.

_____ **Agree** _____ **Disagree**

I certify by my signature below that all the information provided on these pages is true and accurate to the best of my knowledge. I further certify by signing below that I agree with and will comply with all the policies and procedures listed above, on the pages of the Student Registration Packet and in the Student Handbook.

_____	_____
Parent's Signature	Date

Parent's Name (please print)

Student(s) Name (please print)	Grade	Student Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____