

**Handbook Acknowledgement.**

Please fill out this packet in its entirety. When finished, please return it to the school. If you have multiple children you may list them all in the box below and turn in one form.

Student Last Name	First name
Names of additional children:	

**Initial each** of the following statements after you have read and understand them completely.

- \_\_\_\_\_ 1. I have received a copy of the GCSHD Handbook.
- \_\_\_\_\_ 2. I understand and have talked to my student(s) about the rules and guidelines expected for all SHS students as stated in the GCSHD Student Handbook. We agree to check the handbook for updates on a yearly basis.
- \_\_\_\_\_ 3. I have read the Internet and Technology Use Policy and the Galena City School District Conditions of Computer Use, both found in the GCSHD Student Handbook. I understand that this document is legal and binding agreement between the student and the Galena City School District. All conditions are non-negotiable.
- \_\_\_\_\_ 4. I have read the Media Release Form found in the GCSHD Student Handbook. I hereby give consent to Galena City school District, its officers, employees, agents, chapters, assignees, licensees, and cooperating entities to use my student's name, picture or portrait, likeness, writings or biographical information, and/or audiotape or videotape recordings and sound or silent motion pictures of my student in any media for editorial, educational, promotional and advertising purposes, for the solicitation of contributions, grants, and for any other purposes in furtherance of the purposes and objectives of the Galena City School District. This release and consent shall be binding upon my student's heirs, executors, administrators, assigns, and all legal guardians of my student.
- \_\_\_\_\_ 5. To participate in academic and educational related school field trips that may occur during the 2022-2023 school year these initials cover the current school year. If I should change my mind or wish to exempt my student from a field trip, I will do so by communicating with my student's teacher or administrator.

As a parent/guardian of a child enrolled in Sidney Huntington School, I have the same rights to access the Galena City School District appeal process as the students in the district's other programs. I certify that the information included on and with this form is true and correct and that I have read and understand all questions, statement, and expectations herein.

\_\_\_\_\_  
Legal/guardian Signature

Date: \_\_\_\_\_