

**Signature Page
Registration 2018-2019**

By signing this page, you are affirming that all registration information entered online is true and accurate. A person who knowingly or willfully presents to any school district any false information regarding the residency of a pupil for the purpose of enabling that pupil to attend any school in that district without the payment of a non-resident tuition charge shall be guilty of a Class C misdemeanor. District 91 will prosecute to the fullest extent of the law.

Print Student Name _____ **Grade** _____

Please Initial: _____ *I understand that if I fail to provide all required residency documents, my child's registration cannot be processed, resulting in not be placed on a class list.*

STUDENT HEALTH SURVEY AFFIRMATION:

I affirm all data entered on the online health survey is complete and accurate. I understand all prescription medicine given in school must be prescribed by a doctor. A written order from the prescribing doctor must be provided and the name of the medicine, dosage, and time intervals that the medicine is to be taken should be included. Any over-the-counter medication needs the parent authorization completed and on file at school. Medication must be brought to school in the original package. Over-the-counter medication shall be brought in with the manufacturer's original label and the child's name affixed to the container. Written parent/guardian consent is to be placed on file requesting the medication be given during school hours.

Parent/Guardian Signature: _____ **Date:** _____

COMPUTER USAGE / GOOGLE APPS USER AGREEMENT:

We have read and agree to all terms and conditions of the computer usage and Google apps user agreements.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

EMERGENCY AUTHORIZATION:

Please Initial: _____ *If the student's parent, guardian, or emergency contact persons cannot be contacted, I authorize Lockport School District 91 administration, staff and hospital emergency room personnel to take such action as may be deemed necessary, and I will accept responsibility for any expense incurred in handling any emergency care. This form may be copied for hospital and emergency personnel.*

RESIDENCY AFFIRMATION:

Please Initial: _____ *In addition, I certify that I am the person named in the Parent/Guardian Information section and that this student resides at the address shown in the Student Information section. I agree to notify the District if the student no longer resides with me, there is a change in custody, or if there is a change of address. I understand the District employs a private investigator to check on all residencies and I may be asked to provide current residency documents at any time. I also realize that fraudulent enrollment will result in an immediate dismissal from District 91 schools and in an assessment of District 91's current per capita tuition charge. I certify that the information on this form is correct and has my approval.*

Parent/Guardian Signature: _____ **Date:** _____

Print Parent Name: _____

Address: _____ **Phone:** _____