

Parent & Student Signature Page for File

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.

Date _____

Print Student Name _____

Home Address _____

Parent 1 Print Name _____

Parent 1 Signature _____

Resides with student? Yes No Parent 1 Phone _____

Parent 2 Print Name _____

Parent 2 Signature _____

Resides with student? Yes No Parent 2 Phone _____

Please Read, Affirm and Initial the following:

_____ **Residency & Enrollment** I understand that if I fail to provide all required residency documents, my child's registration cannot be processed, resulting in not being placed on a class list. 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 online Student Information section. 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. 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 or phone number. If you register for the school year and move prior to the beginning of classes, the registration is null and void. 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, may be required to provide additional documents, meet with an administrator, or agree to a home visit to verify residency. 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 I have entered online is correct and has my approval.

_____ **Health Data** 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.

_____ **Computer Usage** Parent & Student have read and agree to all terms and conditions of the computer usage and Google apps user agreements.

_____ **Emergency Authorization** If the student's parent, guardian, or emergency contact persons cannot be reached, 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.

These affirmations are in effect until the child either graduates from District 91 or is withdrawn from the District.