



2020-2021

Name of Student: _____ Name of Parent: _____ Today's Date: _____

ADMISSION INSTRUCTIONS AND CHECKLIST

Please complete one packet for each student seeking admittance to the school. Please return the printed packet with all accompanying documentation or email completed packet with attached documents to admissions@rockwoodprep.com.

Admission will be considered incomplete and will not be reviewed for acceptance until all required documents are submitted. Applicants have five days from the day it was received to complete and submit all documentation. Incomplete or late paperwork may result in a student losing their position on the waitlist.

Parents, please initial the box for each item on the list below as you complete/include it. If an item does not apply to your child's situation, indicate this by writing "NA" in the box.

Forms for Tuition Funding:

_____ **Copy of DDD ISP Plan** Is your student receiving Developmental Disabilities Division (DDD) Services? Please provide a copy of their Individualized Service Plan (ISP) so we can assess what areas we can help with in therapies; or advocate with you for increased services such as Early Childhood Autism Specialized Habilitation (ECA) hours.

_____ **Copy of ESA Award Letter or STO Award Letter(s) for prior year and copy of Current Year Applications** If you are not currently receiving funds, we will work with you to determine which funding is best to apply for during this academic year.

_____ **Completed and signed Student Fees Agreement (Page 5)**

Forms for Special Education Records and Medical Records:

_____ **Copy of Current Individualized Education Plan (IEP) and Multidisciplinary Evaluation Team (MET)**

_____ **Copy of Psychological Evaluation Diagnosis** This helps us consider best classroom placement for your student and funding needs for scholarships.

_____ **Copy of Immunization Record or Exemption letter**

_____ **Copy of Medical Insurance Card**

_____ **Completed Student Health Profile (Page 11)**

_____ **Completed and signed Emergency Contact Information and Protocol (Page 12)**

_____ **Completed and signed Over the Counter Medication Administration (Page 12)**

_____ **Completed and signed Prescription and Nonprescription Med Administration Request (Page 13 if applicable)**

_____ **Completed and signed Medical Records Release Form--only for access to relevant psychiatric, behavioral or developmental concerns (Page 14)**

_____ **Signed and acknowledged School Health Policy (Page 15)**

Forms for Enrollment

- _____ Copy of Withdrawal Form from previous school
- _____ Completed New Student Information (Page 3)
- _____ Completed Parent Contact Information (Page 3)
- _____ Completed and signed Student Media Consent and Release (Page 4)

Forms for Programs and Waivers

- _____ Completed and signed Programs Waiver (Page 6)
- _____ Completed and initial Swimming Survey (Page 7)
- _____ Completed and signed YMCA Waiver (Page 8-9)
- _____ Completed, signed, and initialed Authorization and Waiver to Transport (Page 10)

The following Medical forms will be provided to those families who need them:

All forms listed below must be **signed by a Doctor**. If your child will require treatment that is not listed below, please contact the school and we will provide the correct form for you.

- 1. Asthma Treatment Plan
- 2. Gastronomy Tube feeding and care plan
- 3. Allergy Action Plan
- 4. Oxygen care plan
- 5. Respiratory/Tracheostomy suctioning plan
- 6. Seizure Action Plan

If you have any questions regarding these forms or the health procedures of Rockwood Preparatory Academy, or if you would like to speak to the School Nurse about your child's health issues, please contact the school. We are committed to the health and wellbeing of your child. In order to maintain the safety and wellbeing of your child, we need the forms to be completed and returned to the School Nurse **no later than the first day of attendance**.

Our Student Assessment Process:

1. Complete the funding and enrollment forms and turn them in.
2. Our educational and therapeutic team will conduct an initial assessment and placement plan for your child.
3. The assessment will help us determine what support, resources and accommodations are needed to meet your child's needs. We are committed to doing what is best for your child, therefore, if we are unable to accommodate their needs, we will refer you to another school.
4. After the initial assessment, adjustments will be made by the classroom teacher as academic needs are addressed.
5. A final Individualized Learning Plan will be developed based on your child's academic, social development, emotional, and therapeutic goals and needs.

New Student Information

Name of child (FIRST) _____ (MI) _____ (LAST) _____
Preferred Name: _____ Date of birth: _____/_____/_____ Age: _____
Gender: _____ Ethnicity: _____ Primary language: _____

School currently attending to request records: _____ Grade: _____

Home Address: _____

Student Lives with: (i.e. Mom, Dad, Siblings, other, etc.) _____

When was your child's last IEP written? _____

Has your child ever been evaluated for dyslexia? A Yes A No

If yes: approximate date of evaluation? _____

Name of provider or company who performed the evaluation: _____

Parent Contact Information

Contact Information for Parent/Guardian #1

Name: _____ Email: _____

Home Address: _____

Home Phone: _____ Work phone: _____ Cell/Other: _____

Occupation: _____ Employer: _____

Contact Information for Parent/Guardian #2 (If applicable)

Name: _____ Email: _____

Home Address: _____

Home Phone: _____ Work phone: _____ Cell/Other: _____

Occupation: _____ Employer: _____

Student Media Consent and Release

Throughout the school year, students may be highlighted in efforts to promote Rockwood activities and achievements. For example, students may be featured in materials to train teachers and/or increase public awareness of Rockwood and our programs through newspapers, radio, television, the internet, DVDs, displays, brochures, and other types of media.

The undersigned hereby authorizes and grants to Rockwood Preparatory Academy Schools, Inc. (RWPASI), its employees, representatives and authorized media organizations and assigns an irrevocable license and permission to use my child's name, photograph, likeness, voice, testimonial and biographical material, in whole or in part, for publication or reproduction in any

medium including but not limited to television, radio, print media and the Internet, among others, for any purpose including but not limited to public relations, education, advertising, marketing, training and research. My consent extends to such use without restriction or limitation as to time or geographic boundary.

I hereby waive all rights I may have to any claims or demands for payment or royalties in connection with the use of any such materials, regardless of the purpose of such use or publication, and regardless of whether a fee is charged or collected by Rockwood for any product and/or service in connection with such use and publication. I also waive any right to inspect, review or approve any photograph, recording or other written material at any time, and waive the right to approve the use and medium of publication determined by Rockwood.

I understand that RWPASI owns all rights in and to any such photograph, recording or testimonial, including any copyright and/or trademark relating to such use, which Rockwood may be entitled to claim.

I further release and relieve Rockwood, its Board of Directors, employees, and other representatives from any liabilities, known or unknown arising out of the use of this material.

I declare that I am the legal guardian of the student named below, am at least eighteen (18) years of age and am legally competent to execute this assignment and release.

The undersigned is the Parent and/or Legal Guardian of the named Minor and executes this permission and consent and release agreement and joins therein, on behalf of such Minor.

Student Name: _____ Date: _____

Signature of Legal Guardian: _____

Printed Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Fees Agreement

- **ADMISSIONS FEE: \$250** per student and is required at time of enrollment. We do not authorize ESA funds to be used for this fee. We accept cash, check, or card.

- **MINIMUM TUITION FEE: \$28,500 or the awarded ESA amount, whichever is greater.** This ensures that the appropriate quality academic accommodations are provided to your student.

- **FUNDING:** If the ESA award is less than the minimum amount needed for yearly tuition, parents are obligated to provide the additional funds through donations and private scholarships.

ESA Award Amount: \$_____ (Qtrly amount: \$_____)

STO or Donation Amount (If applicable): \$_____ (Due in full by April 1st)

TOTAL tuition funding: \$_____

AUTHORIZATION TO CHARGE ESA CARD FOR TUITION FEES OR ACCEPT STO FUNDS

I AUTHORIZE ROCKWOOD PREPARATORY ACADEMY SCHOOLS, INC. TO CHARGE MY ESA CARD ON FILE AND KEEP IT ON FILE OR TO SEND ME AN INVOICE TO UPLOAD TO CLASS WALLET FOR PURPOSES OF PROVIDING TUITION PAYMENT FOR MY CHILD TO ATTEND PRIVATE EDUCATION FOR THE CURRENT SCHOOL YEAR IN THE **AMOUNT OF \$28,500.00 OR THE AMOUNT AWARDED, WHICHEVER IS GREATER.**

I AGREE TO PROCESS INVOICES IN A TIMELY FASHION AND UPLOAD TO CLASS WALLET WITHIN **72 HOURS** OF RECEIVING THE INVOICE.

ROCKWOOD PREPARATORY RESERVES THE RIGHT TO **UNENROLL** STUDENTS WITH AN **UNPAID BALANCE** AFTER 60 DAYS.

OTHER FEES: _____ (Internal office use only)

PRINT PARENT NAME: _____

PARENT SIGNATURE: _____ DATE: _____

Programs Waiver

Rockwood offers a myriad of afternoon programs. Many of the programs offered are included but not limited to:

- | | | |
|-----------------|----------------|-----------------------------------------------|
| Cool Image Gym | PE | Science Program |
| Life Skills | Dance/Aerobics | Social Skills |
| Art | Tumbling | Community Awareness |
| Karate | Music | YMCA (includes Zumba, Rockwall, and Swimming) |
| Park activities | | |

Parent Acknowledgment and Waiver: I am the parent or legal guardian of the Participant. I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) releasing the Rockwood Preparatory Academy from all liability on my and the Child(ren)'s behalf, (b) waiving my and my Child(ren)'s right to sue the school, (c) and assuming all risks of my Child(ren)'s participation in these Afternoon Program Activities, including travel to and from the Activities or any events incidental to these Activities. I allow my Child(ren) to participate in these Activities. I agree to be bound by the terms of this document.

Print Parent Name

Parent Signature

Date

Swimming Program

Welcome to the Rockwood Swim Program! We are so excited to be able to offer this wonderful opportunity to engage in regular water activities. In preparation for this program we wanted to get some additional information regarding your child, their current swimming ability, and level of comfort in and around water. Please take a moment to fill out this quick survey for us so that we can make the appropriate accommodations. Thank you!

1. Is your child comfortable putting their whole face in the water and holding their breath for 5-10 seconds?

A Yes A No

2. Is your child afraid of water? A Yes A No

3. Is your child fearless around water regardless of swimming ability? A Yes A No

4. Does your child require a flotation device? A Yes A No

If yes, please be aware that the YMCA does not allow the use of personal floatation devices.

5. Can your child swim without assistance? A Yes A No

6. Can your child swim the length of a pool, typically 25 yards? A Yes A No
 If no, about what distance can they swim without assistance? _____
7. Does your child know how to do any swim strokes? (i.e. Freestyle, backstroke, breaststroke, butterfly etc)

8. Is there anything specific we should know about your child as we begin pool activities? _____

Please read and initial your acknowledgement and agreement to the following:

_____ Send a swimsuit and towel on Fridays for our pool activities. We will be working on swimming skills for all non-swimmers but a certain amount of time for free swim will be included.

_____ The YMCA performs a swim aptitude test for each child. This determines what section of the pool your child will be given access to.

_____ There are three lifeguards on duty at the YMCA. We will always provide a low student/adult ratio. Non swimmers will be assigned an adult to supervise them.

YMCA WAIVER

The Valley of the Sun YMCA is a charitable, nonprofit entity that strives to support programs that build healthy spirit, mind and body for all. To continue to be able to offer our services to all who need them, regardless of ability to pay, all members and participants assume their own risk of injury while at the YMCA or participation in YMCA programs, and agree to sign the release and waiver of legal liability below. If you have any questions or concerns about this form, our policy or any of the YMCA's programs or services, please contact 602-404-9622.

Confidentiality, Release, Waiver, and Indemnity Agreement

IN CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OF USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM BY OR AFFILIATED WITH THE YMCA, AT ANY LOCATION, I PERSONALLY, AND ON BEHALF OF MY MINOR CHILD NAMED AS A PARTICIPANT BELOW, HEREBY AGREE TO THE FOLLOWING:

1. I agree that prior to participating, each participant will inspect the facilities and equipment to be used, and if I or the participant believes anything is unsafe, I will immediately advise YMCA staff of such condition(s) and refuse to participate.
2. I acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious personal injury, including permanent disability and death and severe social and economic losses which may

or may not result from the participant's own actions, inactions, or negligence or from the participation in any of the YMCA's programs or use of any of the YMCA's facilities or equipment. Further, I understand that there may be other risks not known to the YMCA or not reasonably foreseeable.

3. I personally, and on behalf of my minor child, assume all the foregoing risks and accept personal responsibility for any and all claims, demands, causes of actions, suits, losses, costs, damages or expenses (including reasonable attorney fees) following any such personal injury, disability, death, and social and economic loss, including for any pain and suffering, loss of wages, loss of consortium, or damage to person or property.
4. I personally, and on behalf of my minor child, RELEASE, WAIVE, FOREVER DISCHARGE AND COVENANT NOT TO SUE the YMCA, their affiliates, assignees, directors, officers, employees, agents, representatives, volunteers and insurance carriers (hereinafter referred to as "releasees") from any and all claims, demands, causes of actions, suits, losses, costs, damages or expenses (including reasonable attorney fees) for any and all personal injuries, pain and suffering, loss of wages, loss of consortium, death or damage to person or property, RESULTING FROM PARTICIPATION IN THE YMCA'S PROGRAMS, INCLUDING BUT NOT LIMITED TO ANY PERSONAL TRAINING SESSION/ASSESSMENT BY FITNESS STAFF OF THE YMCA, USE OF THE YMCA'S FACILITIES OR EQUIPMENT, AT ANY LOCATION, AND THE USE OF ANY PERSONAL INFORMATION (DEFINED HEREIN) AS PROVIDED HEREIN.
5. I personally, and on behalf of my minor child, agree that if I or a participant has any concerns about a participant's health or ability to participate in the YMCA's programs or use of the YMCAS's facilities of equipment, at any location, I will discuss my or the participant's concerns with the participant's physician before deciding or allowing a participant to participate in the YMCA's programs or use the YMCA's facilities or equipment and further agree to follow the participant's physician's recommendation regarding physical activity including participation in the YMCA's programs or use of the YMCA's facilities or equipment at any location.
6. I acknowledge and agree that the YMCA and its releasees reserve the right to decline to accept any participant or to require any participant to withdraw from its programs or use of its facilities or equipment at any time, when such action is determined by the YMCA or its releasees to be in the best interests of the health, safety, and general welfare of the other participants of the YMCA or of the individual participant.
7. I acknowledge and agree that I have been informed that the YMCA conducts regular sex offender screenings on all members, participants and guests to determine if I am a registered sex offender and if it is found to be true will no longer qualify to be a member of the YMCA and my membership and/or program participation will be terminated immediately.
8. By Participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.
9. I acknowledge that I have been informed that personal, health, family, enrollment, usage and program participation information of a participant (the "Personal Information") obtained during the YMCA's programs, the use of the YMCA's facilities or equipment, or personal training session/assessment by fitness staff of the YMCA will be treated as private and confidential and, except as expressly provided herein, will not be released or revealed to any person outside the YMCA fitness staff without my express written consent. Personal information will not be shared with third parties for purposes of solicitation. I consent to the use of Personal information for research and statistical purposes so long as the ultimate results of such research and statistical analysis does not identify me or trade facts that could lead to my identification. The personal information and any other non-Personal Information may be used by the YMCA fitness staff in the course of establishing a program of healthy living (including fitness training) for me or the participant and evaluating my or the participant's progress in the program. I further expressly agree that this CONFIDENTIALITY, RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and all-inclusive as is permitted by the law of the State of Arizona and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

10. I personally, and on behalf of my minor child, agree that any picture taken of me or my minor child may be used for YMCA publicity purposes.

I HAVE READ AND UNDERSTAND THIS CONFIDENTIALITY, RELEASE, WAIVER, AND INDEMNIFICATION AGREEMENT, INCLUDING THE FACT THAT I AM RELEASING AND WAIVING CERTAIN OF MY POTENTIAL RIGHTS AND THE POTENTIAL RIGHTS OF MY MINOR CHILDREN, AND VOLUNTARILY AND FREELY AGREE TO THE TERMS AND CONDITIONS SET FORTH HEREIN.

Participant Name: _____

If under 18 years old, parents or legal guardians must sign below, individually and on behalf of the participant.

Participant/Parent Signature: _____ Date: _____

Participant/Parent Signature: _____ Date: _____

Authorization and Waiver to Transport

Child's Name: _____ Date of Birth: _____

I authorize Rockwood Preparatory Academy to transport my minor child in a company or other bus or van, driven by an individual authorized by Rockwood Preparatory Academy. I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or staff or volunteer. I have read, understand, and discussed with my child the following:

1. My child will travel in a motor vehicle driven by an adult and my child is to wear their safety belt during travel.
2. My child is expected to listen to supervising staff/driver, respect staff and other children, the vehicles they ride in, and the people they travel with during the trip.
3. Riding in a motor vehicle may result in personal injuries or death from collisions or acts by riders, other drivers, or objects.
4. My child is to remain in their seat and not be disruptive to the driver of the vehicle.

Please initial each statement below:

_____ I recognize participation in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or death. I hereby attest and verify I have been advised of the potential risks, and I have full knowledge of the risks involved in this activity. I assume any expenses incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

_____ As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge Rockwood Preparatory Academy, and their agents, officers, employees

and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation.

_____ I understand that if my child cannot participate in the off site activity due to medical or other reasons and/or I do not give authorization to transport my child, an alternate activity and supervision will be provided to them at the school.

_____ I have read this entire waiver and authorization form, I fully understand its terms and conditions, and I agree to be legally bound by its terms.

Parent/Guardian Name: _____

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

HEALTH SERVICES

Please check the box from the list below if your child has any of the following:

Conditions:

- Seizures or seizure like activity
- Medication administration during school hours
- Diabetes
- Severe anaphylaxis allergies requiring the use of Benadryl or an Epi-pen
- Trach changing/cleaning or Respiratory suction
- Asthma
- Use of Oxygen
- G-Tube button feedings, medication administration, feeding pumps, bolus feeding

If your student has any of these conditions, you will need to obtain the proper medical forms from the school. These forms are good for 1 year. If the student's condition or medication changes, new forms will be required from the doctor

A. Student Health Profile

Health Care Provider Information:

Physician/Clinic: _____

_____ Phone: _____ Fax: _____

Student Health Information:

Allergies: _____

Usual reaction to above allergens: _____

Usual treatment of above allergic episode: _____

Any Toileting needs or assistance while at school: _____

Does your child wear glasses? Yes A No If yes, for: A Reading A All the time

Chronic Medical Conditions (diabetes, seizures, arthritis, asthma, ADHD etc): _____

Medications taken at school: _____

Medications taken at home: _____

Conditions that may affect your child's school experience (family, behavior, social/emotional, medical):

B. Emergency Contact Information and Protocol

Emergency Contact (different from parent)/authorized for pick up:

Name: _____ Cell: _____

Name: _____ Cell: _____

Name: _____ Cell: _____

In an emergency, I give consent for evaluation and treatment as described:

- The administration of any first aid and/or medical treatment deemed necessary by a Registered Nurse, Licensed Practical Nurse, EMT, Nurse Practitioner or Licensed Physician.
- The transfer to the closest hospital or health clinic when medically necessary and the parent/guardian cannot be reached.
- The administration of CPR/First Aid by trained school staff

Parent Signature: _____ Date: _____

C. Over the Counter Medication Administration

Please check-mark each authorized medication. No over the counter medication will be administered without parental permission.

- | | |
|--------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> A Tylenol | <input type="checkbox"/> A Hydrocortisone cream |
| <input type="checkbox"/> A Ibuprofen | <input type="checkbox"/> A Antibiotic ointment |
| <input type="checkbox"/> A Cough Drops | <input type="checkbox"/> A Benadryl |
| <input type="checkbox"/> A Antacid Tablets | |
- Do not administer any over the counter medication to my child.

Parent/Guardian signature

Date

Comments: _____

D. Script and Nonprescription Med Administration Request

- Medications must be provided directly to the school nurse in the original container with a label from the pharmacy. Meds must not be expired. Only medication that is required during school hours will be administered.
 - Nonprescription medication must be in the original packaging, with all the directions, dosages, compound contents, and proportions clearly legible. Age appropriate dosage as stated on the label will be dispensed
 - For the protection of all, students are not permitted to have medications in their possession--with the exception of inhalers or EpiPens, for which written permission has been given by the child's physician and parents.

- All medication must be picked up by the parent/guardian at the end of the medication times or by the last day of school. Any medication that is not picked up will be discarded after three (3) days from the end of the school year. Medications will not be sent home with students.

Student's Name: _____ Date of birth: _____

PARENT/GUARDIAN SIGNATURE

I authorize the school nurse to administer the following medication as prescribed by the physician to my child.

Parent/Guardian Signature: _____ Date: _____

STUDENT DIAGNOSIS: _____

MEDICATION	PURPOSE	DOSAGE	ROUTE	FREQUENCY

Dates to be given from _____ to _____

Side Effects (diarrhea, drowsiness etc): _____

Check all that may apply: _____ Self Administer _____ Nurse Administer

Reviewed by School Nurse or Health Services Member: _____

E. Medical Records Release Form

Patient's Name: _____

Street Address: _____

City, State, Zip: _____

Date of Birth: _____

I authorize the release of Medical Records and or discussion with DDD services for coordination of care, for diagnosis, treatment, medication, visit notes or referrals relevant to the above patients psychiatric, behavioral or developmental concerns. Please release information to:

Rockwood Therapies, LLC
PO Box 1648
Higley, AZ 85236
Ph. 480-256-2678
Email: pmiller@rockwoodprep.com

Signature: _____ Date: _____

Printed Name: _____

Relationship to Child: _____
(Parent or Guardian)

F. School Health Policy

Medication/Treatments at school: All medications must be checked in by a member of Health Services. If a prescription or nonprescription medication is needed during school hours, the school must have a completed and signed *Medication Administration Request* form on file. All equipment and supplies necessary for the care of your child must be furnished by the parents/guardians. Medications and supplies will be administered by a member of the Health Services or other properly trained staff member of Rockwood Preparatory

Frequent absences: If your student is expected to miss 10 days of school consecutively due to illness, upcoming surgeries, or procedures, please ask Health Services for a chronic illness form to be filled out by

your doctor to protect their attendance and hold their space in the classroom. Any consecutive absences of 3 days or more will require a doctor's note.

Immunizations: As a resource, we have provided a schedule of immunizations your child should have at various points in his/her development. Immunizations are required per state law for any student under 18 years of age. ARS 15-871-874 states a child will not be able to attend school until proof of immunization is submitted to the school. All students must be up to date on their immunizations or have a valid personal or medical exemption on file to attend school.

Fever/Temperature: Please keep your child home if they have a temperature of 100 degrees or higher. They may return to school after being fever-free for at least 24 hours without the use of medication.

Sneezing/coughing: Please keep your child home if they are sneezing and/or coughing green or yellow mucus from their nose or mouth.

Vomiting and/or diarrhea: Please keep your child home until they are symptom free for at least 24 hours.

Pink eye: The student may return to school after a full 24 hours of antibiotic treatment.

Strep Throat: The student may return to school after a full 24 hours of antibiotic treatment and be fever-free without medication.

Lice: We have a nit-free policy. If a student contracts lice, please do not send them to school until they have been treated and all lice and nits are removed from the hair. Please report this condition to the teacher or School Nurse. The student will need to be examined by the School Nurse for lice and/or nits before returning to school.

We look forward to providing excellent service to your child!

Please sign below acknowledging you have received and agree to the School Health Policy.

Parent/Guardian name printed: _____

Signature: _____

Date: _____