

STUDENT INITIAL SHEET

NAME: _____

DATE: _____

BY INITIALING BELOW I AM VERIFYING THE 2015-2016 STUDENT & PARENT HANDBOOK ITEMS NOTED BELOW WERE REVIEWED:

ITEM REVIEWED--PAGE #

STD INITIALS

Morning Attendance--6-9	
Tardiness--6-7	
Leaving School Early--7	
High School Attendance--8	
Make-Up Work Procedures--8	
Homework Requests--13	
Textbooks--14	
Internet Use--14	
Student Dress--18	
Behavior During Lunch Periods--19	
Behavior in Study Hall--19	
Passes--19	
Prohibited Items (electronic devices)--20	
Academic Tutorial (AT) --33-37	
Required Course Load--9	
Community Service Requirement--9	
Promotion/Retention--10	
Incomplete Grades--11	
Tutoring--12	
High School Add/Drop Policy--12	
Student & Parent Handbook sign off form is due to my 1 st period teacher on Monday, September 14 th .	
Other Items Teacher Addressed:	XXXXXXXXXX
I UNDERSTAND IT IS MY RESPONSIBILITY TO REVIEW ALL ITEMS IN THE 2015-2016 STUDENT & PARENT HANDBOOK AND ASK THE BUIDLING PRINCIPAL TO CLARIFY ITEMS I DON'T UNDERSTAND.	

Teachers, please review each student's form and alphabetize them prior to returning them to Ms. Restino in the Main Office.

Thank you,

Ms. Vadney

Hoosick Falls School District USER ACCOUNT AGREEMENT

USER SECTION (to be filled out by the user)

Your Name (First and last printed) _____ Date _____
Grade _____

I have read the Hoosick Falls School District Network/Internet Policy @ <http://www.hoosickfallscsd.org/resources/internetpolicy.pdf>. I agree to follow the rules contained in this Policy. I understand that if I violate the rules my account can be terminated and I may face other disciplinary measures.

User's Signature (cursive) _____ Date _____

Your user id will be your last name and first letter of your first name all in lower case without any spaces (i.e. Bob Jones -jonesb)

In the space below PRINT the password you wish to use. **It must be 5-9 letters/numbers long. No spaces and all lower case.**

I want my password to be _____

REMEMBER: You are responsible for keeping your password private. You will be held responsible if someone uses your password. You can have your password changed at any time. To do so, write a note requesting a password change. In the note write your name and new password. Put the note into Mr. Colwill or Mr. Breese's mailbox.

PARENT/GUARDIAN SECTION(to be filled out if user is less than 18 years old)

I have read the Hoosick Falls School District Network/Internet Policy. (If remote access is provided—I will supervise my child's use of the system when my child is accessing the system from home.)

I hereby release the district, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the district system, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in the district policy. I will emphasize to my child the importance of following the rules for personal safety.

I give my permission to issue an account for my child and certify that the information contained in this form is correct.

Parent Signature _____ Date _____

Parent Name(printed) _____

Address _____ Phone _____