

# Streator Elementary School District #44

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please circle **YES** or **NO**, or provide the requested information in each space below:

- YES NO My child's **picture and name may be published in the newspapers** and corresponding webpages.
- YES NO My child's **picture may appear on the district's web site** with no name given.
- YES NO **Works and projects produced by my child may be posted** along with a first name on the district's website.
- YES NO My child has **accident and hospitalization insurance** with \_\_\_\_\_ (company name). Additional insurance through a provider approved by Streator Elementary Schools is not desired for the school year.
- YES NO I authorize that in the event all reasonable attempts to contact a parent/guardian have been unsuccessful, the Principal, their designee, or other persons that I have listed as emergency contacts with the District, may **consent to such necessary medical treatment** due to an emergency from an accident or illness to my child.
- YES NO I, the parent/guardian for a the above named student, agree to hold the Streator Elementary District #44, its Board of Education, and employees **harmless from any liability** whatsoever by reason of participation in any and all school sponsored extracurricular and co-curricular activities during the school year.
- YES NO I, the parent /guardian for the above named student, agree **to review upon receipt the Streator Elementary District Student/Parent Handbook and District Parent/Guardian Handbook** with my child.
- YES NO My child **may participate in all scheduled class trips** during the year.
- YES NO I hereby understand the loan and return of instructional materials, library books, technology equipment and mathematics/science equipment. I understand if these **item(s) are damaged or lost** while in my child's possession, I will accept the responsibility of replacement costs.
- YES NO I agree to the **Computer and Internet usage policies** set forth by the District as stated in the Handbook. I understand that any violation of these policies could result in my child's internet privileges being revoked.
- YES NO I, the parent/guardian for the above named student, agree to review the **bus rules** with my child as stated in the District Parent/Guardian Handbook.

*The state of Illinois requires the district to ask if the student's parent(s)/guardian(s) are member of the **Armed Forces of the United States** and if the parent/guardian(s) are either deployed to active duty during the school year.*

YES NO Parent/Guardian(s) is a member of the Armed Forces of the United States?

YES NO Active duty deployment expected?

*The school bus incident policy from the Illinois Department of Public Health allows for not transporting all passengers to the hospital after a bus incident. In the event of a school bus accident the Emergency Medical Service (EMS) personnel will determine by the seriousness of the accident and injury is a person should be transported to an appropriate hospital. The District shall abide by the judgment of the appropriate EMS personnel, and will not transport uninjured students to the hospital, unless otherwise directed to do so in writing in advance, by a parent or guardian completing and signing the below form approved by the District. Any such transportation or services will be at the expense of the parent or guardian.*

## Please circle only one option.

I agree to allow the District to abide by the judgment of the appropriate EMS personal, and not transport my uninjured child to the hospital.

**I agree with this option.**

**OR**

Even though the EMS personnel determined that my child was not injured and was not to be sent to the hospital, I request that my child be transported to the hospital to be checked. I further agree that this request will be at my expense and not the expense of the District.

**I request this option.**

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_