

PARENT/STUDENT CONSENT FORM

Please complete this form and the update Registration/Enrollment Information and return to School Office
Access Handbook/Family-School-Compact/Technology Agreement/Concussion Awareness/Athletic Training can be accessed on the
District Web site at: springportschools.net or you may pick up a printed copy in the school office.

Student's Name:	Parent's/Guardian's Name:
Address:	Home & Cell Phone:
City, State, Zip:	Work Phone:

STUDENT HANDBOOK

I agree that I have read and reviewed the Springport Public School Handbook pertaining to the school my student is attending (including the Attendance Policy and Dress Code) as provided to me by Springport Public Schools as found at www.springportschools.net or by requesting a hard copy from the office and that I will abide by the rules and policies as set forth in the Student Handbook.

→ Student Signature: _____ Date: _____

→ Parent/Guardian Approval Signature: _____ Date: _____

FAMILY-SCHOOL COMPACT – BYLAWS & POLICIES

I agree that I have read and reviewed the Springport Public Schools Family-School Compact as provided to me by Springport Public Schools at www.springportschools.net or by requesting a hard copy from the office and that I will abide by the Family-School Compact.

→ Student Signature: _____ Date: _____

→ Parent/Guardian Approval Signature: _____ Date: _____

TECHNOLOGY USER AGREEMENT POLICY

I agree that I have read and reviewed the Springport Public Schools Technology User Agreement Policy as provided to me by Springport Public Schools at www.springportschools.net or by requesting a hard copy from the office and agree to adhere to the privileges, responsibilities and consequences as outlined. I authorize my child permission to publish documents on the World Wide Web as described in the Administrative Guidelines Section IX (springportschools.net), including photo, first name and last name. These documents might include a personal web page, story or poem, graphic, science or research project, group photography from an athletic team, activity or club, or a collaborative project with other students. **Without signatures, student will not have internet privileges.**

→ Student Signature: _____ Date: _____

→ Parent/Guardian Approval Signature: _____ Date: _____

PERMISSION TO PHOTOGRAPH

I grant permission for Springport Public Schools to photograph and/or videotape my child and my child's work as part of the education program produced by the district. This may include, but not limited to, newsletters, media releases, athletic events, marquee, and website information. I understand that my child's image, name, school, and grade may be revealed. Photos may be taken at various times throughout the year without advance notice. If you wish your child to be opted out of directory information, please send notice in writing to Springport Public Schools, 300 W. Main St., Springport, MI 49284.

→ Parent/Guardian Approval Signature: _____ Date: _____

FIELD TRIP PERMISSION

I understand transportation to and from field trip activities will be by school bus, or other school sanctioned vehicle, and my automobile insurance is the primary carrier under Michigan No-Fault Insurance, and I will not hold Springport Public Schools, its Board of Education, or Employees liable in case of accident, injury, or other mishaps. All trips will be chaperoned by school employees. I hereby give permission for my child to take part in said school sponsored activities. This approval is considered to be permanent until further notice.

→ Parent/Guardian Approval Signature: _____ Date: _____

ATHLETIC TRAINING CONSENT FOR TREATMENT

I have read and understand the Springport Public Schools Athletic Training Consent for Treatment and Authorization for Release of Injury or Illness Information as provided to me by Springport Public Schools as found at www.springportschools.net or by requesting a hard copy from the office. Please complete even if your student is **NOT** an athlete.

→ Student Signature: _____ Date: _____

→ Parent/Guardian Approval Signature: _____ Date: _____

CONCUSSION AWARENESS ACKNOWLEDGEMENT

I acknowledge in accordance with Public Acts 342 and 343 of 2012, that I have read and reviewed (springportschools.net/concussion-awareness or by requesting a hard copy from the office), the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students Provided by Springport Public Schools.

→ Student Signature: _____ Date: _____

→ Parent/Guardian Signature: _____ Date: _____

By signing this form, you agree to abide to the district's operational guidelines. Please return signed form to the Public School Office. Students that do not return this form with signatures (Technology User Agreement) will not have internet privileges until a signed form is returned to Springport Public Schools.

**Parent/Guardian signature required if Student is under 18 years of age*