



Please complete, sign and RETURN TO YOUR CHILD'S SCHOOL

Student Name: Last _____ First _____ Middle _____
School _____ Grade _____

BACK TO SCHOOL
2018-2019 INFORMATION REVIEW

Dear Parents/Guardians:
Please read the important information below and mark the agreement checkboxes.

CONTACT INFORMATION

Contact information for students and guardians provided at registration is maintained electronically by Souderton Area School District. In order to effectively communicate with guardians and students, it is imperative that we have current, accurate contact information in our records. Please follow the procedures below for updating contact information.

- Yes, I understand that updates to mailing address information must be presented in person at the Souderton Area School District Registration Office.
Yes, I understand that updates to phone numbers and e-mail address information must be completed electronically via the Souderton Area School District Web site Parents & Students > Update Contact Information link (www2.soudertonsd.org/parents-students/contact-sm/).

DISTRICT POLICIES AND PROCEDURES

Establishing safe and nurturing learning communities is of paramount importance for the staff, faculty and administration in the Souderton Area School District. To this end, the District has established policies to make our schools safe for all children. Our Handbooks are posted online to remind students and parents of these policies and procedures. We expect parents to review the handbook with their child so that everyone is aware of the expectations and so students can be active contributors to the safety of our schools. Please pay close attention to the sections below as violating these areas may have serious implications:

- Yes, I have read and understand the Elementary School Handbook, Middle School Handbook, or High School Handbook.
Yes, I have read and understand the Souderton Area School District Attendance Regulations.
Yes, I have read and understand the policies and procedures listed in the Student Discipline and Disciplinary Procedures and Responses for School Board Policy #218 and #218.1 relating to weapons.
Yes, I have read and understand the policies and procedures listed in the Drug and Alcohol Policy for School Board Policy #218.2 relating to Drugs and Alcohol.
Yes, I have read and understand the policies and procedures listed in the Nondiscrimination and Anti-Bullying/Cyber Bullying Policies for School Board Policies #103, #103.1 and #249 relating to discrimination and bullying behavior.

Parent Name _____

Parent Signature _____ Date _____

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Unplanned School-Wide or Weather-Related Dismissals

In the event of an unplanned school-wide or weather-related dismissal, if your child normally walks or rides the bus, he/she will go home as usual. If you would like to authorize another adult(s), such as a neighbor or relative, to be able to sign your student out from school during an unplanned school-wide or weather-related dismissal, please list their full names, relationship, and phone numbers below.

Listed below are adults, in addition to the child's parent/guardian, whom I authorize to remove my child from school in the event of an unplanned school-wide or weather-related dismissal (The school will not release the child to anyone other than a parent or the persons listed below):

Name	Relationship	Phone Numbers	
_____	_____	Home: _____	Cell: _____
_____	_____	Home: _____	Cell: _____

We will take every precaution in getting your child home quickly and safely. Crossing guards will be notified and safety patrol members will be on duty. Thank you for your cooperation.

AFTER SCHOOL PROGRAM:

The Kids Kare after school program will be open during an unplanned school-wide or weather-related dismissal.

School closings are announced as follows:

(1) *Communicate* notification system
 (2) The SASD Web site www.soudertonsd.org and the SASD e-mail notification system (sign-up required)
 (3) Radio stations KYW-1060 AM for the Souderton Area School District closing number 309, and WNPV-1440 AM
 (4) Television channels 3, 6, 10, 29, 69, and SATV (Comcast channel 28, Verizon channel 46)

Health Information

Does your child have any allergies? No ___ Yes ___ If yes, please specify: _____

Does your child have any specific medical or emotional condition? No ___ Yes ___

If yes, please specify: _____

Does your child take any medications on a daily basis? No ___ Yes ___

If yes, please specify: _____

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

My child may receive the following during school hours from an authorized school employee:

Tylenol - Generic (No Brand Name) No ___ Yes ___

Ibuprofen - Generic (No Brand Name) No ___ Yes ___

Listed below are adults whom I authorize Souderton Area School District to contact and/or to pick up my child in the event of a medical issue:

Name	Relationship	Phone Numbers	
_____	_____	Home: _____	Cell: _____
_____	_____	Home: _____	Cell: _____

I hereby authorize treatment for my son/daughter for any medical emergency treatment that might arise at a time when I cannot be contacted.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date