

Lincoln School Policies Signature Page

Please complete this page and return it to your child's homeroom teacher

1. Acknowledgement of Policies

Please initial/check each box indicating that you have reviewed the policy.

Initial	Attendance
	I understand that I am responsible for my child's attendance.
	If my child is absent, I will report the absence and follow up with a written note
Initial	Responsibility for Textbooks/Chromebooks
	I accept responsibility for any lost textbooks or damages to textbooks and/or Chromebooks that have been issued to my child.
	I agree to reimburse the District for the cost of replacing all lost, unreturned, or damaged books.
	I understand that grades, diplomas, and transcripts will be withheld if any money is owed to the district, (lost textbooks, locks, instruments, lunch money, etc).
Initial	Acceptable Internet/Network Use Agreement/Chromebook Use Agreement
	I have read and signed the Acceptable Internet/Network/Chromebook Use Agreement policy and regulations form. I agree to abide by these rules. I understand that if my child violates the policy or regulations it may result in disciplinary action, including loss of technology privileges, suspension or expulsion, or legal action.
Initial	Voluntary Student Accident Insurance Information
	I understand that the school district does not provide insurance to cover payment of costs related to any injury my child may sustain in an accident at school or during school sponsored activities. The purchase of Voluntary Student Accident Insurance is never mandatory, but may help pay those costs, should I incur them.
Y__ N__	Have there been any changes to your child's custody? N/A__
Y__ N__	Does your child have health insurance? If so name of company _____ If not, would you like your name released to NJ Family Care? Y_____ N_____
	I grant permission to the school district regarding my child in the following areas
Y__ N__	To exchange information with the students' high school district prior to and after graduation.
Y__ N__	To participate in small groups with the SAC/Social Worker.
Y__ N__	To have my child participate in school medical screenings performed by the School Nurse.
Y__ N__	I have logged on to the parent portal and made the necessary emergency contact changes. (Portal will open on 9/10/20) (GRADES 4-8 ONLY)

2020-21 Lincoln School Parent Guide

I have accessed and read the Parent Pupil Handbook on the Garwood School's website. ***Please know that COVID-19 protocols may supersede existing protocols stated in the parent handbook.***

Student Name: _____ Parent Signature: _____