

Printed Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

### STUDENT HANDBOOK AND CODE OF CONDUCT:

I understand the handbook contains information that my child and I may need throughout the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Student Code of Conduct.

[ ] I choose to accept responsibility for accessing the Student Handbook and the Student Code of Conduct on line at [www.ssisd.net](http://www.ssisd.net).

[ ] I will pick up a paper copy of the Student Handbook on \_\_\_\_\_.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### ACCEPTABLE USE POLICY:

I understand the Student Handbook contains a detailed *Acceptable Use Policy* for which students are accountable. I understand that computer usage is not private and the District will monitor computer activity. I release the District and all affiliated from any and all claims and damages of any nature arising from my/my child's usage. I understand that violation of the policy may result in suspension of access.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### DRUG TESTING:

The SSISD Substance Abuse Policy is available at [www.ssisd.net](http://www.ssisd.net) in the policy manual link. The testing policy is FNF Local. We understand that this policy is part of the District's rules and that it applies to all District students participating in extra-curricular activities and students driving a motor vehicle on any SSISD facilities. We hereby agree that the student listed will participate in the District's drug testing program.

Print Student's Full Legal Name: \_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last

Student's Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Student's School ID Number: \_\_\_\_\_

List below ALL (prescription and over the counter) medications currently taking. A parent/guardian my update this list at any time throughout the school year by seeing the school nurse.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_