



Update Registration Questionnaire

Please fill out this form for each student that is in your household.

Student First Name: _____

Student Last Name: _____

Student Building: _____

Do you give permission for your student to participate in field trips and assembly programs?

Yes No

In case of an accident or emergency, I hereby consent for the school district to authorize medical treatment and/or transportation.

Yes No

During the course of the school year photographs and/or videos may be taken for use in public relations and school related publications. I hereby consent to the possible photographing and/or videotaping of my student related to classes, sports, and other school activities.

Yes No

I have reviewed my child's building handbook (found online) and understand that the parent/guardian and student will be held accountable for its content.

Yes No

I voluntarily authorize and consent to receive automated emergency and non-emergency voice and text messages to the phone number provided and agree to hold Clinton Community Schools harmless from any and all liability.

Yes No

I/We acknowledge acceptance of the responsibilities for my student to request to enroll in online courses at Clinton Community Schools.

Yes No

I have read rules for technology acceptable use policy (AUP). I understand them, and I agree to comply with them. Should I violate the rules, I understand that I will lose access privileges throughout the district and that discipline and/or appropriate legal action will be taken against me.

Yes No

Parent/Guardian Name: _____

Parent/Guardian Signature: _____