

**Aquin Catholic Schools  
Registration Parent Signature Form  
2010 - 2011**

*Please complete the form below. Sign and return to the School Office to complete registration.*

	YES	NO
I have provided Aquin with CURRENT family, contact, and medical information regarding my child(ren). To make changes, go to <a href="http://www.aquinschools.org/familyupdates.cfm">www.aquinschools.org/familyupdates.cfm</a> .		
I will read and expect my child(ren) to abide by the rules as stated in the Aquin Handbook. View handbook at <a href="http://www.aquinschools.org/shandbook.cfm">www.aquinschools.org/shandbook.cfm</a> .		
I will read and expect my child(ren) to abide by the rules and policies as stated in the Technology User Agreement. View agreement at <a href="http://www.aquinschools.org/technology.cfm">www.aquinschools.org/technology.cfm</a> .		
I give my child(ren) permission to participate in Aquin's athletic programs (grades 5-12).		
I will read and expect my child(ren) to abide by the rules and policies as stated in the Aquin Athletic Handbook (grades 5-12). View handbook at <a href="http://www.aquinschools.org/athletichdbks.cfm">www.aquinschools.org/athletichdbks.cfm</a> .		
I approve of the course selection information submitted electronically for my child(ren) in grades 7-12.		
If I cannot be reached in an emergency, and if the school's judgment is that immediate medical and/or hospital attention is required, I authorize the school to send my child(ren) to an available hospital or physician.		
I specifically waive, give up, and release Aquin Catholic Schools and its staff members/faculty from liability for any claim for damages which my child(ren) may have for injuries or illness that they may sustain at Aquin Catholic Schools		
Aquin Catholic Schools may use photos of my child(ren) for publicity purposes.		
I give my child(ren) permission to be away from school on routine school-sanctioned matters; i.e. Provena, off-campus Mass, service projects, etc. (grades 7 - 12).		
I will read and fulfill my commitment to the SOS League. View agreement at <a href="http://www.aquinschools.org/sosleague2.cfm">www.aquinschools.org/sosleague2.cfm</a> .		
I agree that my child(ren) in <b>Grades 9-12</b> shall be subject to the terms of the Aquin High School Random Drug and Alcohol Testing Program. I accept the method of obtaining breath and urine specimens, the testing and analysis of such specimen, and all other aspects of the program.		

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*