

SCHOOL ADMISSIONS
Orrick R-XI School District

Date: _____

Student's Name: _____ Date of Birth: _____

Address: _____

Name of **Mother** or **Legal Parent**: _____

Address: _____

Mobile Phone: _____ * Home Phone: _____

Work Phone: _____ * E-mail: _____

Place of Work _____

Name of **Father** or **Legal Parent**: _____

Address: _____

Mobile Phone: _____ * Home Phone: _____

Work Phone: _____ * E-mail: _____

Place of Work _____

Name of Court-Appointed Guardian or other Person Designated by Law as Guardian (if any):

Address: _____

Mobile Phone: _____ * Work Phone: _____

Home Phone: _____ * E-mail: _____

Name of person enrolling the student if someone other than those listed above:

Relationship to Student: _____

Address: _____

Mobile Phone: _____ * Work Phone: _____

Home Phone: _____ * E-mail: _____

*By providing a phone number and email, you are consenting to receive messages for emergency purposes, such as school closures, the unexcused absence of your student, threats and health risks. You are also consenting to receive calls regarding the education mission of the district, such as parent-teacher conferences and upcoming school-related activities. Please check here and sign if you do not want to share your email with anyone (parents) inside of our school district : _____

Proof of Residence

Missouri law requires proof of residence unless a statutory exception provides otherwise. The following are acceptable proof of residency documents:

1. Property tax statement
2. Utility bill/agreement
3. Real estate contract
4. Rental agreement/receipt

The district may not register the student until sufficient evidence of residency is provided to the school district.

*Are you sharing housing with other persons due to a loss of housing, economic hardship, or a similar reason? _____ Yes _____ No

*Are you currently residing at a motel, hotel, trailer parks, or camping grounds due to lack of alternative adequate accommodations? _____ Yes _____ No

*Are you currently residing in an emergency or transitional shelter? _____ Yes _____ No

*Are you currently living in a car, park, public space, abandoned building, substandard housing, bus or train station or similar setting? _____ Yes _____ No

*Is the primary nighttime residence a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings? _____ Yes _____ No

Prior to transfer, did the student participate in any of the following programs or receive the following services? Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Gifted Education Services | <input type="checkbox"/> English Language Instruction |
| <input type="checkbox"/> Services for Migratory Students | <input type="checkbox"/> Services for Homeless Students |
| <input type="checkbox"/> Special Education (IEP) | <input type="checkbox"/> Title I |
| <input type="checkbox"/> Section 504 Plan | <input type="checkbox"/> Personalized Health Plan |
| <input type="checkbox"/> Speech Therapist | <input type="checkbox"/> Counseling |

Home Language and Migrant Survey

Language: English Yes No If no, what language _____

Does your family engage in agriculture-related work? Yes No

If yes, has your family moved to seek or obtain agriculture-related work? Yes No

Discipline History

In accordance with the Missouri Safe Schools Act, parents/guardians and other persons having charge or control of a student must provide the district information regarding the student's disciplinary and criminal history prior to admission.

Is the student presently under suspension or expulsion from another school district?

Yes No If yes, please explain: _____

Has the student ever been expelled from a school?

Yes No If yes, please explain: _____

Has the student ever been expelled from school attendance at any school in this state or in any other state for an offense in violation of School Board policies relating to weapons, alcohol or drugs or for the willful infliction of injury to another person?

Yes No If yes, please explain: _____

Has the student ever been suspended from a school for more than ten consecutive days?

Yes No If yes, please explain: _____

Has the student been convicted of or charged with a crime in juvenile or adult court?

Yes No If yes, please explain: _____

Ethnicity

Mark all that apply:

____ Black or African-American ____ Native Hawaiian or Other Pacific Islander

____ Native American/Eskimo ____ White ____ Asian ____ Hispanic

Field Trips

We the undersigned parents/guardians do hereby authorize the undersigned child/children to participate in school field trips, including transportation to or from any event authorized in connection with participation in said classes. Information regarding each individual field trip will be provided to parents/guardians prior to the event. Parents/guardians may choose NOT to have their child/children participate by notifying the school.

NOTICE: According to ' 167.020, RSMo., any person who knowingly submits false information to satisfy the residency requirements shall be subject to class A misdemeanor charges and may be civilly liable for expenses incurred while the student was enrolled. By signing this form you are certifying to the district that the above information is accurate. Further, submitting a false statement is punishable by a \$1,000 fine (' 575.060, RSMo.). The district reserves the right to take any and all additional legal actions against the parents/guardians and student for false statements, misrepresentations or fraudulent actions.

I attest that all the above information is correct and true. I understand that it is a crime pursuant to ' 167.023, RSMo., if I do not disclose the information requested or if I provide false information.

Signature of Parent, Guardian, Person Acting as a Parent, or Student if Applicable

Date _____

Additional Contacts

The district is authorized to release the student to the care of the following persons in an emergency situation, when the student is ill or injured, or in situations where the parent cannot be contacted or is not available. The district is authorized to share with the listed persons information in the student's education records when district staff consider that information necessary or relevant to the reason the student is being released to the contact. For example, if a student is ill, the district may share with the contacted persons information in the student's health records regarding the illness. **The district will assume that the student may be legally released to all parents or legal guardians unless presented documentation to the contrary.**

Name: _____

Relationship to Student: _____

Mobile Phone: _____ Work Phone: _____

Home Phone: _____ E-mail: _____

Name: _____

Relationship to Student: _____

Mobile Phone: _____ Work Phone: _____

Home Phone: _____ E-mail: _____

Name: _____

Relationship to Student: _____

Mobile Phone: _____ Work Phone: _____

Home Phone: _____ E-mail: _____

Name: _____

Relationship to Student: _____

Mobile Phone: _____ Work Phone: _____

**Transportation Request Form
Orrick School District**

Grade: _____

Student Name (last name first): _____

Home Address: _____ City: _____

Zip: _____ Contact Phone 1. _____ 2. _____

Mother's Name: _____ Father's Name: _____

Work phone: _____ Work Phone: _____

() My child will require transportation from home address.

() My child will not require transportation to/from school.

COMPLETE THE FOLLOWING IF THE STUDENT'S PICKUP AND/OR DROP OFF ADDRESS ARE DIFFERENT FROM THE HOME ADDRESS.

PICKUP ADDRESS: _____ circle days: M T W TH F ALL

DROP OFF ADDRESS: _____ circle days: M T W TH F ALL

FOR BUS BARN USE ONLY: Bus #: _____ Bus Stop: _____

P/U Time: _____ AM (Be at the stop 5 min. prior) Appr. D/O Time: _____ PM

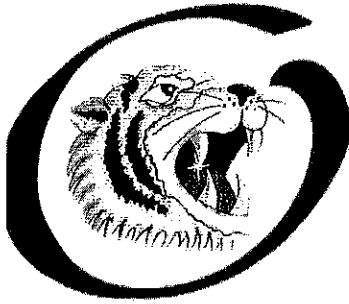
I have read and understand the expectations for the bus and the bus stop. Initials : _____

**EXPECTATIONS FOR STUDENT TRANSPORTATION
On The Bus**

1. Immediately follow the directions of the driver.
2. Sit in your seat (not on knees or backpack) facing forward while the bus is moving.
3. Talk quietly, no foul language or gestures.
4. Keep all parts of your body inside the bus at all times.
5. Keep arms, legs and belongings to yourself.
6. No fighting, harassment, intimidation or inappropriate conduct.
7. Do not throw any objects (balls and toys must remain in backpacks).
8. No eating, drinking or possession/use of tobacco or drugs.
9. Do not bring any weapons or dangerous objects on the school bus.

At The Bus Stop

1. Get to your stop five minutes before the scheduled pickup time. The bus driver will not wait for late students.
2. Stay away from the street, road or highway when waiting for the bus.
3. Wait till the bus stops before approaching.
4. If you can't see the driver's eyes, they cannot see you.
5. After getting off the bus, move away from the bus
6. If you must cross the street, always cross in front of the bus once the driver has signaled that it is clear with a thumbs up.
7. Preschool and Kindergartners must have a parent or authorized individual at the bus stop.



ORRICK R-XI SCHOOL DISTRICT

Dr. Scott Archibald, Superintendent

100 Kirkham Street

Orrick, MO 64077

816.770.0094

www.orrick.k12.mo.us

Art Endsley, President

Jennifer Jennings, Treasurer

Jenny Miller

Tim O'Dell

Michael Arnold, Vice President

Brandy Stevinson, Secretary

Jeremy Greer

Mandy Floyd

Mrs. Angela Bright, Elementary Principal

Mrs. Michelle Wityk, High School Principal

Acknowledgement Concerning Elementary Student Handbook

As parents of _____, I have read the Orrick Elementary Parent/Student Handbook that contains a copy of the districts disciplinary policy. I have read the handbook with my child. I understand that I can access both on the district website and the Parentlink App.

Parent Signature _____ Date _____

Student Signature _____ Date _____

Please sign and return this form to your child's teacher. If it is not returned, your child may be denied certain privileges.

Thank you for your cooperation.

Angela Bright
Elementary Principal

Parent Web Access Registration Form

Orrick R-XI School District

The School Information System (SIS) is now web-based enabling parents/guardians to view their Children's grades, attendance, lunch accounts, and messages from teachers. When you provide the following information, and e-mail will be sent to you giving you a user ID and password that will then allow you to access your children's SIS information by choosing the SIS Portal Link on the district's home page. Please see any administrator, counselor or teacher for questions.

List all children individually.

School Attended

Student Name _____ Elem. _____ HS _____

Student Name _____ Elem. _____ HS _____

Student Name _____ Elem. _____ HS _____

Student Name _____ Elem. _____ HS _____

Please provide e-mail addresses for Parents/Guardians. At least one parent e-mail address is required in order to receive a user ID and password.

Parent/Guardian 1: _____

e-mail address _____

Parent/Guardian 2: _____

e-mail address _____

*By providing a phone number and email, you are consenting to receive messages for emergency purposes, such as school closures, the unexcused absence of your student, threats and health risks. You are also consenting to receive calls regarding the educational mission of the district, such as parent-teacher conferences and upcoming school-related activities. Please check here and sign if you do **NOT** want to share your email with anyone (parents) inside of our school district :

Signature Required:

Parent/Guardian Signature _____ Date _____



Student Name: _____ DOB: _____
Parent/Guard 1: _____ Ph#: _____ Alt#: _____
Parent/Guard 2: _____ Ph#: _____ Alt#: _____

Does your child have:

Allergies? ___ No ___ Yes** if yes, please specify allergen, reaction, and treatment: _____

Is a special diet required at school? ___ No ___ Yes** (Please provide Doctor Documentation of restriction.)

What is the substitution or restriction required? _____

Has this required emergency action in the past? ___ No ___ Yes** →

Describe: _____

Is emergency medication required? ___ No ___ Yes** List: _____

Does your child have a life-threatening condition? ___ No ___ Yes** →

Describe: _____ (Please provide any available medical action plan for your child's condition).

Asthma? ___ No ___ Yes** Diagnosed by a doctor? ___ No ___ Yes** Inhaler at school? ___ No ___ Yes** Symptoms are triggered by: _____

Treatment: _____

Diabetes? ___ No ___ Yes** → **Does your child take insulin?** ___ No ___ Yes

Uses: ___ Pump ___ Pen ___ Syringes Daily snacks? ___ No ___ Yes**

Will he/she be doing daily testing at school? ___ No ___ Yes**

Seizure Disorder? ___ No ___ Yes** Describe seizures: _____

Date of last seizure: _____ Medication/treatment: _____

Heart Condition? ___ No ___ Yes** Describe: _____

Any physical restrictions? ___ No ___ Yes** Describe: _____

Other Medical conditions: ___ No ___ Yes** Describe: _____

Please complete the following regarding PHYSICIAN DIAGNOSED health concerns that pertain to your child:

Does your child have any physical or mental impairments that the District should be aware? ___ No ___ Yes
If yes, please describe: _____

Such impairments may include, but are not limited to, the following. Please check those that apply:

___ ADD ___ ADHD ___ Autism Spectrum Disorder ___ Depression ___ Bipolar ___ OCD ___ Other: _____

Does your child have a condition that prevents or limits PE participation? ___ No ___ Yes --> **Dr's note required.** If yes, please describe: _____

Does your child require Specialized Health Care Procedures at school? ___ No ___ Yes** → If yes, please explain: _____

Does your child take any medication? No Yes → If yes, please list:
 Med/dose _____ times/day _____ school dose time _____
 Med/dose _____ times/day _____ school dose time _____
 Med/dose _____ times/day _____ school dose time _____

Medical: Does student have medical insurance? Yes No

Preferred Hospital: _____

Dental: Does your child have dental coverage? Yes No

Vision/Hearing: Has student had a professional exam in the past 12 months? Yes No

Does your child wear glasses or contacts? Yes No

Does your child wear hearing aids? Yes No

OVER THE COUNTER MEDICATION PERMISSION

At the discretion of the school nurse or his/her designee, I give permission for the following medications to be given in recommended doses to my child as needed (please check each medication):

Acetaminophen/Tylenol	Yes _____	No _____
Ibuprofen/Motrin/Advil	Yes _____	No _____
Antacid/TUMS	Yes _____	No _____
Benadryl/Diphenhydramine	Yes _____	No _____
Orajel	Yes _____	No _____
Hydrocortisone 1% cream	Yes _____	No _____
Triple Antibiotic Ointment	Yes _____	No _____

My signature below verifies the above information to be accurate to the best of my knowledge. I authorize health information to be shared between my child's health care providers and the school health services staff as needed. I understand the information given above will be shared with the appropriate school staff for my child's health and safety at school and at school associated events. If either I or an authorized emergency contact person cannot be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand that I will assume full responsibility of any transport or emergency medical services rendered.

Parent/guardian signature _____

2021-2022 Application for Free and Reduced Price School Meals

Date Received by LEA (LEA use only) _____ Attachment B

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are (nursing) children, and students up to and including grade 12. (More spaces are required for additional members, attach another sheet of paper)

Child's First Name	MI	Child's Last Name	Building Name	Grade	Homemaker, Foster Parent, Child Runaway

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs? SNAP / ANF / FDIPIR? (circle one) Yes / No

STEP 3 Report Income for ALL Household Members (Skip if listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.)

A. Child Income
Some/fitness children in the household earn income. Please include the TOTAL gross income earned by all children listed in STEP 1 here.

Child Income \$ _____
 Weekly _____ Bi-Weekly (2x Month) _____ Monthly _____

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Member (First and Last)	How often?			Public Assistance/ Child Support/Alimony	How often?			Pensions/Retirement/ All Other Income	How often?			Total Household Members (Children and Adults)
	Weekly	Bi-Weekly (2x Month)	Monthly		Weekly	Bi-Weekly (2x Month)	Monthly		Weekly	Bi-Weekly (2x Month)	Monthly	
_____	____	____	____	\$ _____	____	____	____	\$ _____	____	____	____	Last four digit of Social Security Number (SSN) of primary wage earner or other adult household member. <input type="checkbox"/> X <input type="checkbox"/> X <input type="checkbox"/> X <input type="checkbox"/> X
_____	____	____	____	\$ _____	____	____	____	\$ _____	____	____	____	
_____	____	____	____	\$ _____	____	____	____	\$ _____	____	____	____	
_____	____	____	____	\$ _____	____	____	____	\$ _____	____	____	____	
_____	____	____	____	\$ _____	____	____	____	\$ _____	____	____	____	

STEP 4 Contact Information and adult signature. Mail completed form to: Official School District, 100 Kirkham St., Oriskany, MO 64077

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Printed name of adult completing the form: _____
 Signature of adult completing the form: _____
 Today's date: _____

Street Address (if available) _____ Apt.# _____
 City _____ State _____ Zip _____
 Daytime Phone and Email (optional) _____

DO NOT FILL OUT THIS SECTION: THIS IS FOR SCHOOL USE ONLY.
ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY)
 Eligibility: Free Reduced Denied Reason: _____ Per: Week Every 2 Weeks Twice a Month Month Year
 Determining Official's Signature: _____ Date withdrawn: _____
 Confirming Official's Signature (For verification purposes only): _____ Date: _____

INSTRUCTIONS Sources of Income

Sources of Income for Children		Sources of Income for Adults		
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions / Retirement / All Other Income
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash bonuses	- Unemployment benefits	- Social Security (including railroad retirement and black lung benefits)
- Social Security	- A child is blind or disabled and receives Social Security benefits	- Net income from self-employment (farm or business)	- Worker's compensation	- Private pensions or disability benefits
- Disability Payments	- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits	- If you are in the U.S. Military:	- Supplemental Security Income (SSI)	- Regular income from trusts or estates
- Survivor's Benefits	- A friend or extended family member regularly gives a child spending	- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)	- Cash assistance from State or local government	- Annuities
- Income from person outside the household	- A child receives regular income from a private pension fund, annuity, or trust	- Allowances for off-base housing, food and clothing	- Veteran's benefits	- Investment income
- Income from any other source			- Strike benefits	- Earned interest
				- Rental income
				- Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals. If ethnicity/race is not selected, a visual identification will be determined.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
 Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

REQUEST FOR INFORMATION

(Complete one form per family)

Please answer the question below by checking the appropriate box. The following information is a request adopted by the General Assembly in 2010 requiring school districts to determine whether or not all children in a family have health insurance.

Does each child in your family have healthcare insurance?

YES

NO

MO HealthNet (Medicaid) is considered healthcare insurance.

If NO is checked the school district will provide the Does Your Child Need Healthcare Coverage form for the family.

Completion of this form is not a condition of determining meal eligibility. The Free and Reduced Price Meals Family Application will be reviewed regardless of your response to this Request for Information.

Submit this request with your Free and Reduced Price School Meals Family Application or return to your school/school district.

Printed name of parent/guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____



Elementary & High School

iPad Insurance Policy

Who: All students receiving a district-owned iPad must purchase an insurance fee *before* an iPad will be issued.

What: Policy A - \$35 with no deductible on a claim without negligence
Policy B - \$20 with a \$25 deductible on a claim without negligence

*10% off for 3 students in family; 15% off for 4; 20% for 5 or more.

Both policies cover accidental damage, cracked screens, liquid submersion, fire, flood, natural disasters, power surge by lightning, and theft without negligence. Claims of these nature must be made within 5 school days of the occurrence by submitting a claim form found on the district web-site. In case of theft or other criminal acts, a police report **MUST** be filed by the student or parent within 72 hours of the occurrence. Incidents happening off campus must be reported to the police by a parent and a copy of the report brought to the school.

If the iPad is stolen as a result of student negligence and the preceding procedure is followed, the student/parent will be responsible for a \$100 replacement cost instead of a deductible.

If the iPad is lost, the student/parent is responsible for the Fair Market Value of the iPad (as determined by Apple, Inc.).

The full price of a replacement iPad will be charged if deliberately damaged or vandalized by the student.

When: Insurance policies are good for 1 school year and must be renewed yearly. If a student has no claims for 3 consecutive years, their insurance policy fee will be waived on their 4th year of renewal and subsequent years. This waiver will lapse the year after a claim is made.

Where: iPad Insurance Policies can be paid at any time prior to iPad distribution in the High School Office, Elementary Office, or Central Office. Please make checks payable to Orrick Schools. The office will issue you a receipt for proof of payment. Be sure to keep this receipt in the event of clerical error.

What Else:

- Policy holders have a duty to be truthful and honest in any information regarding claims. It is their responsibility to provide complete and accurate information to the district. If relevant information is not revealed, the consequences may be that the policy is void and any claim made may be

invalidated. Please note that in respect of claims, the district will not accept any changes to a claim form after its original submission.

- Policies cannot be cancelled and refunds may only be requested through Central Office if a student is moving *and* has been in the district less than one (1) quarter.

- Policy holders shall take all reasonable precautions to prevent the occurrence of an insured event.

This policy shall be voidable in the event of:

- Misrepresentation, mis-description, or non-disclosure by the policy holder of any information relating to a claim.
- Fraudulent claims: If the policy holder or anyone acting for the policy holder makes a claim under the policy knowing the claim to be false or fraudulently exaggerated in any respect or make a statement in support of a claim knowing the statement to be false in any respect, or submit a document in support of claim knowing the document to be forged or false in any respect, or make a claim in respect of any loss or damage caused by the student's willful act.

I have read the Orrick Elementary & High School iPad Insurance Policy and agree to its terms. I want to purchase

_____ Policy A in full

_____ Policy A with a payment plan

_____ Policy B in full

_____ Policy B with a payment plan

Parent/Guardian Signature

Date

Student Signature

Date