

CHRIST THE KING CATHOLIC HIGH SCHOOL
ACKNOWLEDGEMENT OF
RECEIPT OF SCHOOL POLICIES

Please initial each area

	Parent Initials	Student Initials
2023-2024 Student Handbook	_____	_____
Acceptable Use Policy	_____	_____
Photo/Video Release	_____	_____
Diocesan Drug & Alcohol Statement	_____	_____

You have received an email with forms that need to have your demographic and contact information updated. Please complete them as soon as possible. All Medical Forms can be found at <https://www.ctkchs.org/student-forms>. Medication Authorization Form must be completed every year – this form does not carry over from the previous year.

Parents and Students: Please sign and return this document to your advisor. Your signature indicates that you have read the above noted documents, understand them and agree to abide by all of the policies contained therein.

Print Student Name: _____

Student Signature & Date: _____

Parent Signature & Date: _____

Parent Signature & Date: _____

Diocese of Charlotte Catholic Schools
PHOTO/VIDEO RELEASE FORM 2023 – 2024
(New Form Must be Completed & Signed Each Year)

As the parent/guardian of the student(s) listed below, I give my permission for _____ School, The Roman Catholic Diocese of Charlotte and/or any other entity operating under the direction of said Diocese, (“School”) permission to record on photography film and/or video, whether digital or otherwise, live streamed, digitally delayed and/or otherwise transmitted, video, pictures, images, sound recordings and/or other reproduction, without restriction, of my participation and/or my student’s participation in any event, instruction and/or activity, that is sponsored by, authorized, associated with and/or supported by the School. I agree that any or all of the material may be used, in any form, as part of any publications, brochure, social media, instruction, sample, internet or other printed materials that the School deems to be an appropriate use, and further that such use shall be without payment of fees, royalties, special credit or other compensation. I agree to indemnify and hold harmless the School, its employees, agents, representatives and assigns from any and all claims regarding the use of said material. Furthermore, I hereby waive any and all claims that I may have, or hereafter acquire, regarding the use of said material by the School, its employees, agents, representatives and/or assigns. (Please print the names of all your children in this school, for whom permission is granted. Names might appear in publications.)

Signature of Parent or Guardian

Date