

**THOMPSON FALLS HIGH SCHOOL**  
**Permission and Understanding**  
**2024-2025 School Year**

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<b>STUDENT: Last Name</b>	<b>First Name</b>	<b>Grade</b>
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**Please read the following information and sign below**

- I am aware that the **2024-2025 Thompson Falls High School Student Handbook** is available on the school website ([www.thompsonfalls.net](http://www.thompsonfalls.net)). I understand that the handbook contains information that we may need during the school year, and that all students will be accountable for behavior and subject to disciplinary consequences as outlined in the handbook.
  
- I am aware that directory information may be released by the school unless I communicate my reservation in writing by September 30<sup>th</sup>. Likewise, my signature below is not sufficient for the release of confidential information protected by Federal Law.
  
- Finally, I realize that accidents and illness do occur during school hours. If emergency treatment is required for my son/daughter, and I cannot be reached, my signature in the space provided below empowers the school authorities to exercise to use their own judgment in calling a physician or transporting the student to a hospital emergency room.

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

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