Dr. Carrie Hruby
Superintendent
Dr. Joi Wills
Assistant Superintendent

118 E. Washington St. O'Fallon, IL 62269
Phone: 618. 632.3666 | Fax: 618. 632.7864
www.of90.net

2025-2026 Elementary Parent/Student Handbook Sign-Off Form *rev. 1/25*

I am aware the Student/Parent Handbook will be available in August online at www.of90.net. I will read the handbook and will ask questions should I have concerns regarding the rules and expectations. I agree to be responsible for following all of the rules and expectations of the school and understand the consequences for failing to follow the requirements.

I understand that this handbook may be amended during the year without notice. This handbook is the latest version and is applicable to all students upon the implementation of any change. The administration will notify all parents and students in writing, where possible, of any changes to the handbook as soon as is practicable.

☐ **Yes – I will access and read the 2025/2026 Parent Student Handbook for the District 90 Elementary Schools.**

☐ **Yes – I will make myself aware of the discipline policies and procedures.**

☐ **Yes – My child has permission to attend field trips, which have been scheduled.**

Authorization for Access to District Technology System by Students

This form must be read and signed by each student and by his/her parent/guardian as a condition of using the District Technology system.

By signing this Authorization, I acknowledge that I have received a copy of the "District Acceptable Use Policy for Student" approved by the Board of Education, and that I have read, understand, and agree to follow the Technology Use Guidelines.

By signing this Authorization, I acknowledge that access to the District Technology System is provided as a privilege by the District and that inappropriate use may result in discipline, as may off-site use of electronic technology which disrupts or can reasonably be expected to disrupt the school environment.

By signing this Authorization, I consent to my student using educationally appropriate online resources including, but not limited to, Google Apps for Education, BrainPop, Discovery Education, and other related services. In addition, I authorize the School District to provide my student's full name, username, password, and related information to the online resources for the purpose of accessing the educational online resources.

I ACKNOWLEDGE THAT I HAVE NO EXPECTATION OF PRIVACY IN MY USE OF THE DISTRICT TECHNOLOGY SYSTEM, AND THAT THE DISTRICT HAS THE RIGHT TO AND DOES MONITOR USE OF THE SYSTEM.
Please complete and sign for all above mentioned items.

Student Name: _____

Parent Signature: _____ **Date:** _____

If you have any questions, please see your child's teacher and/or building principal. Thank you for your cooperation.

School Board Members

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