CHRIST THE KING CATHOLIC HIGH SCHOOL

ACKNOWLEDGEMENT OF RECEIPT OF SCHOOL POLICIES

	Please initial each area	
	Parent Initials	Student Initials
2025-2026 Parent/Student Handbook	_____	_____
Acceptable Use Policy	_____	_____
Photo/Video Release	_____	_____
Diocesan Drug & Alcohol Statement	_____	_____

You have received an email with forms that require your demographic and contact information to be updated. Please complete them as soon as possible. All Medical Forms can be found at https://www.ctkchs.org/parents. The Medication Authorization Form must be completed annually – it 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: _____