

## Acknowledgment of Receipt

### Christ the King Catholic High School

#### Acknowledgement of Receipt of School Policies

| Please initial each area                    | Parent Initials | Student Initials |
|---------------------------------------------|-----------------|------------------|
| 2026-2027 Parent/Student Handbook           |                 |                  |
| Acceptable Use Policy                       |                 |                  |
| Social Media & Digital Communication Policy |                 |                  |
| Diocesan Drug & Alcohol Statement           |                 |                  |
| Photo/Video Release                         |                 |                  |

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 [www.ctkchs.org/parents](http://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: \_\_\_\_\_