Parent/Guardian Signature:_

*Please refer questions to the school nurse

Student First Name	Student Last Name	Grade Level during the 2020-2021 School Year
By signing each section below, understand the information con-		lian of the above-identified student, that I have reviewed and
will electronically sign the Stud	lent Technology Terms & Conditions whe	s of the student use agreement.* I understand that my student on the log on to the district computers each year. *Full agreement available in office/school website
Head Injury Policy By signing, I hereby acknowled I have been advised, cautioned, physical activities and sporting class, traditional education class physical activities and play experiments fractures, partial or complete protective equipment, and mediteachers or other school official participate in physical activities	lge that I have reviewed and understand the and warned by Granite District about the events, as that term is defined in Utah laws, recess or other activities where injuries oses students to the risk of injury, ranging impairment of limbs, brain injury, partical care provided do not eliminate these rest. Having been so cautioned and warned, and sporting events, and I do so with full	ne information in the Head Injury Policy Guidelines, and that inherent risk of injuries associated with participation in v , and which includes but is not limited to physical education are likely to occur. I am fully aware that participation in such a from minor to severe, including but not limited to: sprains , alysis , and even death . I understand that teacher instruction, isks. I have addressed any questions or concerns with it is still my desire to allow the above named student to knowledge and understanding of the risks involved.* _*Full policy available in office/school website
To this end, the district maintain learning environment. Please se legal/policies/ for all district pol Schools and School Trespass • A Prohibited Substances • Article	ns policies that prohibit conduct, such as the below for district policies that apply to licies.* <i>See</i> Article VIII.B.3., School Safe	
student immunization informati officials and officials from Utal request in writing that her/his cl	e Utah Statewide Immunization Information on into the state registry. The database is a Department of Health Immunization Prohild be exempt from entry into the state re	on System (USIIS) state registry. The school will enter secured and can only be accessed by designated school ogram on a need-to-know basis. A parent/guardian may registry.* *Please refer questions to the school nurse
screenings in each school per st	riodic hearing and vision screening. Granitate board rules and Department of Healthners and parents may be screened more free	te School District performs school-wide hearing and vision regulations. Special education students as well as students equently. A parent/guardian may request in writing that