

RECEIPT OF STUDENT HANDBOOK

I (We), acknowledge the receipt of the Hammitt Schools 2025-2026 Student Handbook.

I (We) also acknowledge that if there is any section within the Student Handbook that I (we) do not understand, it is my (our) responsibility to contact the Principal's office for a more complete explanation.

PRINT STUDENT NAME: _____

PRINT PARENT NAME: _____

Student Signature (over 12): _____

Parent/Guardian Signature: _____

Date: _____

I (We) acknowledge this handbook includes the *Student Acceptable Use Agreement* Internet policy. My signature below indicates that I understand and will abide by the *Acceptable Use Agreement*.

Student Signature (over 12): _____

Parent/Guardian Signature: _____

I (We) acknowledge this handbook includes the *Client Email and Text Message Informed consent*. My signature below indicates that I understand the conditions and instructions outlined. I also understand that I can revoke the consent for *Client Email and Text Message Consent* at any time.

Parent/Guardian Signature: _____

I hereby give consent to allow my child to be transported by the staff of The Baby Fold on field trips and any excursions conducted for the welfare of education of the child.

Approve

Not Approve

Parent/Guardian Signature: _____

I hereby grant permission for my child to be photographed for Hammitt School activities and for those photos to be shared with my family and other Hammitt School families.

Approve

Not Approve

Parent/Guardian Signature: _____

I hereby grant permission for my child to be included in photographs and pictures to be used in material interpreting the work and activities of The Baby Fold. At no time will any individual child be identified by name.

Approve

Not Approve

Parent/Guardian Signature: _____

I hereby grant permission for my child to participate in the vocational educational program if deemed appropriate.

Approve

Not Approve

Parent/Guardian Signature: _____

The Baby Fold/Hammitt School staff will make efforts (as circumstances allow) to follow the above instructions and transfer the child to the parent/guardian's preferred hospital when indicated. Attempts will always be made to pass on medical information and current medication list.

Preferred Hospital (circle one)

BroMenn

OSF St. Joseph

No Preference

I do hereby authorize school officials to take whatever action is deemed necessary in their judgment for the health of this child. I will not hold the school financially responsible for the emergency care and/or transportation for the child.

Signature of Parent/Guardian