PARENT & STUDENT SIGNATURE FORM

This form verifies each family has read the documents listed below. Return this form to Duchesne High School - Main Office - 2550 Elm Street, St. Charles MO 63301.

Print Student Name	Grad Year	Print Student Name	Grad Year
Print Student Name	Grad Year	Print Student Name	Grad Year
This student Name	ulau l'eal	T fint Student Name	diad real
ACKN	JOWLEDGEMENT	OF RESPONSIBILITY	
		nily, we have read the Duchesne Paren	
	-	es set forth in this handbook and we ag	gree to abide by
and support the letter and the sp	birit of the guidelines.		
	ACCEPTABLE U	JSE POLICY	
We further acknowledge Duches		nputers, Internet access and other elec	ctronic media as
	itures of parents and student	are required for access to the Interne	t at school and
PowerSchool.			
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By signing this form you agree to	all policies listed. If you wo	ould like to opt-out of the Media Releas	se contact the
Main Office 636-946-6767 to rec			e, contact the
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Parent Signature		Parent Signature	
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Student Signature	AT A	Student Signature	
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