



SIGNATURE PAGES FOR STUDENTS AND PARENT(S) / GUARDIAN(S)

Student Information

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Grade: _____

Parent/Guardian Name: _____

Below, please check-the boxes that apply, sign all pages, as well as the **LIABILITY RELEASE FORM** for the 2018-2019 SY and return all pages to the school.

An Act Relative to Sex Education

A. I acknowledge that I have read the information concerning Parent Notification of An Act Relative to Sex Education M.G.L. Ch. 71 §32A.

YES

NO

B. My child may participate in any portion of the health and/or science curriculum that primarily involves sexual education or human sexuality issues.

YES (Unrestricted)

NO (Restricted)

Information Released to a Third-Party Mailing Service

My child's name and address may be released for the purpose of receiving Charter Public School recruitment information.

- YES (Unrestricted)
 - NO (Restricted)
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Pictures/Student Work in the Media

My child's picture or schoolwork may be taken for the media or used in school district publications including yearbook pictures submitted to the newspaper.

- YES (Unrestricted)
 - NO (Restricted)
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Directory Information Notice

The school district may release my child's directory information to publish items such as yearbooks, graduation announcements, newsletters, and honor roll announcements without having to get written consent for each use of student information.

- YES (Unrestricted)
 - NO (Restricted)
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Student Technology Acceptable Use Policy

I have read, understand, and agree to abide by the provisions of the Acceptable Use Policy.

- YES
 - NO
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Plymouth Public Schools

Administration Building
253 South Meadow Road
Plymouth, MA 02360

Telephone: 508-830-4300
Fax: 508-746-1873

Web: www.plymouth.k12.ma.us

GARY E. MAESTAS, Ed.D.
Superintendent of Schools

CHRISTOPHER S. CAMPBELL, Ed.D.
Assistant Superintendent
Administration and Instruction

PATRICIA FRY
Assistant Superintendent
Human Resources

GARY L. COSTIN, RS.BA.
School Business Administrator

Liability Release Form ~ 2018-2019

As a result of a recent school district insurance review, our insurance carrier has recommended that all participants in school sponsored activities that occur outside of the regular classroom have a signed waiver on file. Students will be unable to participate in such activities if a signed Liability Release Form is not on file.

I, the undersigned _____ of _____, my child or ward,
Parent, guardian, etc. Student's name (first and last)
a minor, do hereby consent to my child's participation in voluntary athletic or recreation programs, field trips, or school sponsored activities of the Town or Public School of Plymouth.

I also agree to forever release the Town or Public School of Plymouth, the School Committee, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs, field trips, or school sponsored activities of the Town or Public Schools ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Town or Public School of Plymouth voluntary athletic or recreation programs, field trips, or school sponsored activities.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Town or Public School of Plymouth voluntary athletic or recreation programs, field trips, or school sponsored activities.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the Town or Public School's athletic or recreation programs, field trips, or school sponsored activities with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Town or Public School athletic or recreation programs, field trips, or school sponsored activities.

Parent Signature: _____

Parent Printed Name: _____
(Please print)

Parent or Guardian of: _____
(Please print)

Grade: _____ School: _____

Date: _____

Student Handbook

I acknowledge that I have read and have discussed the preceding rules and regulations of this STUDENT HANDBOOK with my child.

- YES
- NO



Student Signature: _____	Date: _____
Parent/Guardian Signature: _____	Date: _____