

CCH STUDENT/PARENT AGREEMENTS
(Please read and complete both side of this agreement form.)

Student: Last Name _____

Grade: _____

First Name _____

Date: _____

1. Handbook Verification (Handbook found on Back to School Info page or About CCH - publications page of website.)

I/we have read the Covington Catholic Student/Parent Handbook and will support the rules and regulations as stated in the Handbook.

Student: _____

Parent/Guardian: _____

2. Drug Testing Policy

I have reviewed and agree to comply with my school's drug testing policy. I consent to the taking of specimens for drug screening as a part of an examination in connection with enrollment into Drug Free Clubs of America (DFCA) and authorize the release of those results to my school's appointed representative(s), DFCA and my parent or guardian. I also consent to the taking of or school's release of my (or my child's) photograph to be used by and for DFCA's purposes. This agreement remains in effect for one year from date of signature.

Student: _____

Parent/Guardian: _____

3. Network, Internet, and Electric Mail Permission

As a user of the Covington Catholic High School computer network, I hereby agree to comply with the rules as stated in the Acceptable Usage Policy-communicating over the network in a reliable fashion while honoring all laws and restrictions.

Student: _____

As the parent or legal guardian of the student signing above, I grant permission for my son to access networked computer services such as electronic mail and the Internet. I understand that individuals and families may be held liable for violations.

Parent/Guardian: _____

Social networking accounts (including, but not limited to Facebook), are not endorsed or encouraged by Covington Catholic High School. In accordance with our school's Acceptable Use Policy, defamatory comments about the school or its employees made by parents at any time on a social networking site is a breach of the parent/school partnership and may be grounds for a student(s) being dismissed from the school. Use of the school name, teacher name, and/or school logo in establishing such groups, is not permitted.

Student: _____

Parent/Guardian: _____

4. Photo, Video, Website Permission

For valuable consideration received, I, the parent or legal guardian of the child named below, do hereby grant to Covington Catholic High School permission to use and publish my son's name, photograph, student work, and/or videotaped image in any and all school publications, school video productions, on the school internet website, and on any school social media accounts, including but not limited to social media sites such as Facebook and YouTube. I understand and agree that Covington Catholic is permitted to post any such images without further notice.

I hereby release Covington Catholic High School, its successors and assigns, from all claims and liability relating to the use and publication of the multi-media identified herein.

Student Name _____

Parent/ Legal Guardian Signature _____

Parent/Legal Guardian Name Printed _____

Date _____

I, the parent or legal guardian, do NOT grant Covington Catholic School permission to use or publish my son's name, photograph, student work, and/or videotaped image in any school publication, school video production, on any school internet website, or any school social media account. I further hereby revoke any consent to publication of my child's name, photograph student work, or videotaped image that was previously granted.

Student Name _____

Parent/Legal Guardian Signature _____

Parent/Legal Guardian Signature _____

Date _____

5. Parent Release for Leaving School Premises during the school day

I/We give permission for my son to leave Covington Catholic to walk to St. Agnes Church or to walk to Notre Dame Academy for joint school assemblies, and to ride in the St. Agnes or CCH buses for school functions. I understand that reasonable precautions will be taken for his safety and well-being and that he must comply with the procedures laid down for this purpose.

Parent/Guardian: _____

6. Administering Medication

I/We give permission for my son to receive the following medication: Aspirin_____ Tylenol_____ Ibuprofen _____

Parent/Guardian: _____

7. Student's Race: (Please check your son's appropriate ethnicity and/or race. Multi-racial students should check all boxes appropriate to them.) **(Data required by KY Dept. of Ed. to be eligible for KEES Scholarship)]**

- Hispanic American Indian or Native Alaskan Asian Black/African American
- Native Hawaiian/Other Pacific Islander White Multi-racial

8. Legal Name (full name - no initials):

First _____ Middle _____ Last _____

PLEASE COMPLETE AND RETURN TO THE OFFICE ON AUGUST 12TH (1st day of school).