

**Northwestern Community Unit School District #2  
Registration Acknowledgements and Consents**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

I acknowledge that I have received a packet containing the following documents for 2016-2017 registration.

	Free/Reduced Lunch Information and Application Form. (Parents must submit a completed application or a Direct Eligibility Certificate in order to qualify.)
	Authorization for Internet Access. (A user agreement form must be signed by the student and parent/guardian.)
	Student Accident Insurance Information

I give my consent for following items. (Please initial each item to which you give your consent and sign at the bottom of the page. If more information is required, please contact your building principal.)

	I have read this <i>Authorization for Internet Access</i> . I understand that access is designed for educational purposes and that the District has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the District to restrict access to all controversial and inappropriate material. I will hold harmless the District, its employees, agents, or Board members, for any harm caused by materials or software obtained via the Internet. I have discussed the terms of this <i>Authorization for Internet Access</i> with my child. I hereby request that my child be allowed access to the District's Internet connection.
	I grant consent to the School District to identify a picture of my child, by full name and/or the school he or she attends, in any school sponsored material, publication, video recording, or website. This consent is valid for the entire time my child is enrolled in the District. I may revoke this consent at any time by notifying the Building Principal.
	My initials verify that I have received an electronic or paper copy of the Northwestern student handbook and will be responsible for being knowledgeable of its contents. <a href="http://www.northwestern.k12.il.us">www.northwestern.k12.il.us</a> under registration information.
	I give permission for my son/daughter to enroll and participate in Partnership for College and Career Success (PCCS) articulated courses and earn college proficiency credit at Lincoln Land Community College. I have read the "Parent Information for PCCS Students" form and agree to the terms and conditions. <b>(HIGH SCHOOL ONLY)</b>

**I verify that I have received the above-named documents and that I have initialed the programs in which I wish my child to participate for the 2016-2017 school year.**

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature