



CROSSROADS CHRISTIAN SCHOOL

Student Handbook Compliance

STUDENT: I understand the expectations of conduct and policies outlined in this handbook that include, but are not limited to, the following: cell phone policy, harassment policies, technology acceptable use policy. I pledge to support them with my actions and attitude.

Student Name (Print.)

Student Signature

Date

PARENTS/GUARDIANS: I agree with the philosophies, standards, and policies set forth in the Crossroads Christian School Student Handbook as issued for the 2014-2015 school year. I commit to honor the Lord in my actions while in association with Crossroads Christian School. (This statement must be signed every year.)

Parent/Guardian Name (Print.)

Parent/Guardian Signature

Date

Consent to Drug Testing (8th – 12th Grades)

I, _____, give permission for Crossroads Christian School to conduct a drug test on my child, _____. I understand that my child will be expected to furnish his/her saliva for analysis. I understand that if my child tests positive for drugs, he/she will be subject to immediate expulsion. I understand and agree that if, at any time, my child refuses to submit to a drug test, or if my child otherwise fails to cooperate with the testing procedures, my child will be dismissed from Crossroads Christian School. I understand that Crossroads Christian School will conduct drug tests randomly throughout the school year.

Student Name (Print.)

Student Signature

Date

Parent/Guardian Name (Print.)

Parent/Guardian Signature

Date

Technology Acceptable Use Policy

STUDENT: I understand and will abide by the Crossroads Christian School Technology Acceptable Use Policy as stated in the Student Handbook. I agree that I will keep my unique login and password information private and not allow others to have access using my account. **Should I commit any violation, I realize that my access privileges may be revoked and other disciplinary action may be taken (which could include appropriate legal action).**

Student Name (Print.)

Student Signature

Date

PARENT/GUARDIAN: As the parent/guardian of the above-signed student, I have read the Technology Acceptable Use Policy in the Student Handbook. I understand that this Internet access is designed for educational purposes. I understand that every attempt will be made to filter objectionable material; however, no filter system is perfect. (Check one box below & sign.)

I hereby (DO DO NOT) give permission for my child to have access to the Internet at CCS.

Parent/Guardian Name (Print.)

Parent/Guardian Signature

Date