

St. Joseph Catholic School  
Parent Acknowledgement Form

**PLEASE RETURN TO HOMEROOM TEACHER.**

I certify that I have read the Parent/Student Handbook and agree to be governed by this handbook, to follow the policies of the school and diocese, and to cooperate with the school.

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date



**HEAD CHECK PERMISSION: PLEASE CHECK ONE OF THE FOLLOWING:**

\_\_\_\_\_ My child may be checked for head lice.

\_\_\_\_\_ My child may **NOT** be checked for head lice. I agree to furnish the school with a doctor's statement stating that my child is free of head lice within one week each time I am notified of a head check at school.

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

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date