

Please acknowledge your receipt of important school policies

Teachwell Academy makes printed copies of the Teachwell Academy Handbook available. Access the Teachwell Academy Handbook at: <u>https://bit.ly/Teachwell</u>. If contents of the handbook are updated during the school year, Teachwell will make reasonable attempts to notify parents. Read each statement below and place your initials in the box to acknowledge that you have been made aware of the following expectations.

	I understand that this acknowledgement is required to enroll a student at Teachwell Academy.					
INITIAL						
	I acknowledge I have been provided a copy of the Teachwell Academy Hand			book.		
INITIAL						
	I acknowledge that changes to the Teachwell Academy Handbook may be made at any point during the school year, and, in such cases the most current version is available on Teachwell's website.					
INITIAL						
	I acknowledge receipt of the school's policy and procedures relating to cell phones					
INITIAL						
	I acknowledge receipt of the school's policy and procedures relating to transportation					
INITIAL						
	l acknowledge receipt of the school's policies and procedures relating to the search and seizure of personal property.					
INITIAL						
	I acknowledge receipt of the school's policy and procedures relating to transportation.					
INITIAL						
	l acknowledge recei	pt of the school's policy related to	medication administra	tion.		
INITIAL						
STUDENT NAME AND GRADE				BIRTH DATE		
STUDENT FIRST NAME (PRINTED)		STUDENT LAST NAME (PRINTED)	STUDENT GRADE	MM	DD	YY
PARENT INFORMATION				DATE		
FIRST NAME (PRINTED)		LAST NAME (PRINTED)	SIGNATURE	MM	DD	YY

SEND FORM AND RECORDS TO

email | <u>Sarah.Kanable@teachwell.org</u> fax | 605-367-6036 Mailing Address | Teachwell Solutions – 824 East 14th Street, Sioux Falls, SD 57104