

**Rowanty Technical Center
20000 Rowanty Road
Carson, Virginia 23830**

Student-Parent Acknowledgement of Rules and Regulations

These signatures acknowledge receipt of this document and that I have medical/accidental insurance for my child. By signing this statement of receipt, I do not waive, but expressly reserve, my rights protected by the United States Constitution or laws of the United States or Virginia. Further, the Internet Safety and Acceptable Use Policy contained in this document complies with all state and federal telecommunication codes, laws, and regulations. I retain the right to express disagreement with Rowanty Technical School's Policy and Regulations.

Print Parent/Legal Guardian/and Student Name

Signature of Parent/Legal Guardian

Date

Signature of Student

Date

Photo Release

To publicize the achievements of our students and the great work they do, we like to occasionally publish our students' names, photographs, or achievements in our school publications, television, video, promotions, or release the information to local newspapers. We may also post the information on the school's web site. We understand that you may not want to have your child's name, photo, or achievements published. Please initial below to let us know your wishes and sign and date on the parent/guardian line. Failure to complete this portion of the signature page will imply consent.

_____ **I consent** to having my child's photo, name, and/or academic achievements published in school newspapers and/or newsletters, released to local newspapers, school promotion brochures, and/or posted on the school's web page.

_____ **I do not consent** to having my child's photo, name and/or academic achievements published in school newspapers and/or newsletters, released to local newspapers, school promotion brochures, and/or posted on the school's web page.

Failure to return this form by the due date will forfeit use of the Rowanty Technical Center network until the form is returned.

Rowanty Technical Center Insurance Verification Form

The Rowanty Technical Center offers programs that expose students to a variety of career fields. Students have learning experiences where they are using tools and power equipment representative of that career field. The Center provides instruction on safety and the use of this equipment. This institution with supervision doesn't guarantee that students always follow the best practices or these measures prevent accidents. Consequently, students must have accidental insurance either through their parents/guardians or purchase school accidental insurance. Please contact Rowanty if you need information about school insurance. I have had an opportunity to understand the risk.

He/she has student medical/accident insurance and is insured by our family policy with:

Name of Medical Insurance Company:

Policy Number: _____

Name of Policy Holder: _____

He/she does not have a private medical/accident insurance and is insured a medical/accident insurance through a school policy with:

Name of Medical Insurance Company:

Policy Number: _____

Name of Policy Holder: _____

By this signature, I hereby state my child has accidental insurance and consent to allow the physician(s) and other health care provider(s) of the school to perform an examination of injury on my child and to provide treatment for that injury or condition for him/her during the school year.

Parent/Guardian Signature

Date

Student Name (Print)

Failure to provide proof of insurance or purchase of school insurance by the due date, will require students to return to their home school.