

**Ephrata Area School District
Online Registration Signature Page**

This form must be signed by a natural parent or legal guardian. Step-parent signatures are not accepted.

Name of Student: _____

Printed Name of Parent/Guardian: _____

Date Signed: _____

I swear/attest that the information that I have provided in the Ephrata Area School District Online Registration Form is true and accurate to the best of my knowledge, information, and belief.

Sign:

Child Custody Policy

I swear/attest that I have read and understand the Child Custody Policy information provided on the Ephrata Area School District Online Registration Form.

Sign:

Student Discipline

I swear/attest that the information that I provided on the *Act 26 Statement of Student Behavior*, via the Ephrata Area School District Online Registration Form, is true and accurate to the best of my knowledge, information, and belief.

Sign:

Standing Order Medications

I hereby authorize the selections that I have made on the *Standing Order Medication Section* of the Ephrata Area School District Online Registration Form.

Sign:

Required Health Exams

If this student is in a grade requiring a physical or dental exam and the required forms are not provided to the Ephrata Area School District, my signature below grants the district permission to carry out the mandated health exams.

Sign:

Emergency Treatment

I hereby authorize treatment for any emergency situations that might arise at a time when I cannot be contacted.

Sign: