

PHASD Consolidated Acknowledgement Form

Your signature at the bottom of this form will indicate that you acknowledge and agree to all the following statements and assurances for enrollment in Port Huron Area School District.

Verification and distribution of student information

I certify that the demographic information in the Skyward student management system that was reviewed and updated previously is true and correct to the best of my knowledge. This includes student demographics, family and emergency contacts including phone numbers and emails.

Acknowledgement Forms

My student and I acknowledge responsibility for understanding and abiding by the rules and procedures contained in:

The Student Code of Conduct

Chromebook Consent Form

Technology AUP

FERPA

Concussion Awareness

HIB document

Release of Information to the Media Policy

Additionally, I accept responsibility for accessing the documents for further use by printing them or accessing them by visiting the website www.phasd.us:

[View all enrollment forms on the PHASD Enrollment page](#)

Your name below as a parent or legal guardian represents both your signature and indicates that you have reviewed these documents with your student and are signing on behalf of both yourself and your student.

You acknowledge that you both understand the rules and procedures outlined in each of the documents.

Date and Signature

Today's Date: _____

Student Name: _____

Parent Name: _____

Parent Signature: _____