



**JOHNSTON PUBLIC SCHOOLS**  
ADMINISTRATION OFFICE  
10 MEMORIAL AVENUE  
JOHNSTON, RHODE ISLAND 02919-3222

**HANDBOOK AFFIRMATION PAGE**

FOR THE \_\_\_\_\_ SCHOOL YEAR

*PLEASE PRINT*

**STUDENT(S) NAME(S):**

\_\_\_\_\_  
GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

\_\_\_\_\_  
GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

\_\_\_\_\_  
GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

**HANDBOOK AFFIRMATION**

We, the undersigned, hereby acknowledge that we have read and are in accord with the contents of the handbook(s) (online at: [www.johnstonschools.org](http://www.johnstonschools.org)) and the important policies and procedures enumerated therein. We agree to abide by these school policies and procedures.

PARENT/GUARDIAN FULL NAME (*PLEASE PRINT*): \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN FULL NAME (*PLEASE PRINT*): \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**THIS FORM MUST BE RETURNED TO YOUR CHILD'S SCHOOL BY NOVEMBER 1<sup>st</sup> OF EACH SCHOOL YEAR.**