



2575 Highway 81
Loganville, GA 30052
770-554-9888

PLEASE DETACH THIS PAGE, SIGN, AND RETURN TO YOUR CHILD'S TEACHER DURING THE FIRST WEEK OF SCHOOL.

I have read, understand, and agree for myself and my children to abide by the school's policies, procedures, and requirements contained in the handbook. I understand that failure to do so, may result in disciplinary action, including dismissal.

Read and agreed:

Parent's signature

Grade

Date

Student Honor Code

Because I believe that honor towards God and man is essential, I promise not to lie, cheat, steal, defame others, intentionally damage the property of another, or remain silent when I have knowledge of these actions.

Read and agreed:

Student's signature

Grade

Date

Notice of Exemption (PreK Only)

I, _____ acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Parent Signature

Date