



## STATEMENT OF PARENTAL COOPERATION AND RESPONSIBILITY

Student's Name \_\_\_\_\_

1. We will read through all of the information given to us, which includes the SBA Student Handbook.
2. Recognizing that order is necessary for a school to achieve its objectives, we maintain support of the rules, regulations, and requirements of Samson Baptist Academy, as they relate to our children.
3. We give the school administration full discretion in the discipline of our children (including corporal punishment, suspension, or expulsion). However, since discipline is primarily the responsibility of the parents, we understand that parents will be notified prior to administrative action.
4. Realizing the poison that gossip can create in a group, whether face to face or through the internet (Facebook or similar), we agree to bring all questions and criticisms directly to school officials, so that they may be properly addressed.
5. We understand that the teachers are available for parent conferences, but that school policy requires that we schedule these in advance.
6. We agree to support the high academic standard of the school by providing a place at home for our children to study and by giving our children encouragement in the completion of assignments.
7. We uphold the school's standards and will not tolerate cheating, profanity, obscenity, dishonor, or disrespect in any form. We, as the parents, recognize that we are responsible for our children's behavior at school, as well as at home.
8. We understand that the school administration must approve any clubs, activities, and organizations.
9. We give permission for our children to take part in ***all school activities and school-sponsored trips away from the school premises***. We absolve the school (including Administration, School Board, Staff, Faculty, and all others included by the Administration) from liability to us or our children due to injuries incurred at school or during school activities. If instances occur so that our children need medical attention, the school will take appropriate action, including, but not limited to, contacting the parent and/or family doctor.

We have read and we understand the terms stated above and agree thereto.

Date \_\_\_\_\_ Father's Signature \_\_\_\_\_

Date \_\_\_\_\_ Mother's Signature \_\_\_\_\_