



Please return this page to the The Lippman School office by Friday, August 27th.

I / We -

_____,

the parent(s)/guardian(s) of Student Name(s)

**and I / we the student(s), have read the Parent / Student handbook
(including the Computer Acceptable Use Policy) and agree to abide by its
contents.**

Signatures of Parents:

~over~

Signatures of Students:

(Please include names and signatures of all children in the family who are attending Lippman.)

Date: _____