

KELLENBERG MEMORIAL HIGH SCHOOL

Uniondale, New York 11553

(Name of Student - Please Print)

(Year of Graduation)

We have received the 2014-2015 edition of the Kellenberg Memorial Handbook of Information and have read it carefully. We accept its contents and will abide by the decisions and judgments of the Administration and Faculty of Kellenberg Memorial High School. We will see to it that our son or daughter abides by it.

(Signature of Father/Guardian)

(Signature of Mother/Guardian)

I have received the 2014-2015 edition of the Kellenberg Memorial Handbook of Information and have read it carefully. I accept its contents and will abide by the decisions and judgments of the Administration and Faculty of Kellenberg Memorial High School.

Signature of Student _____

We must be in receipt of this card on the FIRST DAY of Student Orientation.

There should be three signatures on this form. Please explain any blanks.