



3528 E Temple Way  
West Covina, CA 91791  
(626) 859-5005  
[www.westcovinahills.org](http://www.westcovinahills.org)

## POLICY ACKNOWLEDGEMENT 2024-2025 SCHOOL YEAR

I have a copy of, am familiar with, and agree to abide by all guidelines in the current School Handbook as they are implemented by the school board, administration, and staff.

Please Initial:

1. I will conform to school and state medical (including immunization) policy and laws. \_\_\_\_\_
2. I understand attendance and participation in the Spring Fair is required. \_\_\_\_\_
3. I understand each family is required to volunteer a minimum of *30 hours* during the school year and for families with multiple students, an additional 10 hours is required per additional student. These hours **MUST** include: Driving for one field trip; Attend/participate with 5 hours at the *Spring Fair*; and Attend 2 parenting seminars. Hours short of the required minimum will be charged at a rate of \$25.00 per hour. \_\_\_\_\_
4. I agree that the school shall have the right to dismiss my child for whatever reason it deems appropriate and in connection therewith my rights are limited to a reimbursement of any tuition paid beyond time in attendance. \_\_\_\_\_
5. I understand I may be held responsible to pay for any charges incurred to repair or replace technology damaged by my child. \_\_\_\_\_
6. I am familiar with and in full agreement with the ideals and standards set forth in the current School Handbook. I agree to encourage my child to, with the help of God, order their personal living and conduct in harmony with these principles, and my signature and my child's signature pledge our cooperation and loyalty as a student in this school. \_\_\_\_\_

My signature indicates awareness of and agreement with the above.

|                 |       |
|-----------------|-------|
| _____           | _____ |
| Parent/Guardian | Date  |
| _____           | _____ |
| Student         | Date  |