



RAYNE CATHOLIC ELEMENTARY

407 South Polk Street
Phone: 337-334-5657

Rayne, Louisiana 70578
Fax: 337-334-3301

PARENT ACKNOWLEDGEMENT

I have read and understand the contents of the _____ Student-Parent Handbook and agree to abide by the requirements.

Father's Signature _____ Date _____
(Guardian)

Mother's Signature _____ Date _____
(Guardian)

Student's Signature _____ Date _____ Grade _____

Student's Signature _____ Date _____ Grade _____

Student's Signature _____ Date _____ Grade _____

Student's Signature _____ Date _____ Grade _____

PERMISSION TO PUBLISH INFORMATION

This is to certify that I/we, _____, individually and as parent(s)/guardian(s) of _____, hereby grant permission to Rayne Catholic Elementary School and/or its employees, agents or responsible persons to publish information, including but not limited to names, pictures, biographies, accomplishments, and extracurricular activities concerning activities of Rayne Catholic Elementary School.

Signature (Parent/Guardian)

Relationship

Date

BUCKLEY AMENDMENT

The Buckley Amendment requires written permission from parents to release statistical and educational information about their children to colleges, scholarship organizations, media organizations and military services which may request names, addresses, transcripts, grade point averages and class ranking. Please sign the release form below.

I give my permission for Rayne Catholic Elementary School to release statistical and educational information about my child, _____, for the school year _____.

Signature (Parent/Guardian)

Grade

Date

Note: This includes transcripts and records to the next school (example: high school) your student attends.