

# Surrey Public School

## District No.41

**Tarra Hysjulien**

*Elementary Principal*

**Kay Mayer**

*High School Principal*

**Alyssa Brennon**

*Business Manager*

**Mike Hultz**

*Athletic Director*

### Authorization to release Student Records / Transcripts

Students Name \_\_\_\_\_

I hereby authorize Surrey Public School to **obtain information from and/or release information to:**

Name of School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Requestors Signature

\_\_\_\_\_  
Date

#### Request for

\_\_\_\_\_ Student Records – Please Include the following

- Birth Certificate
- Immunization / Health Records
- Academic Information or Progress Reports
- Attendance Records
- State Assessments / Standardized Tests / other Applicable Test Results
- Legal Documents
- Special Education Records, Recommendations, IEP's and/or Qualifying Testing Results for IEP's
- Transcript
- Listing of current classes
- Documentation if the student qualifies for free and/or reduced meals

Please send all requested information to [robin.day@k12.nd.us](mailto:robin.day@k12.nd.us) or Fax to 701-838-8822

Please indicate your communication preference:

Mail  Fax  Pickup

P.O. BOX 40 - Surrey, ND 58785-0040  
Phone 701-838-1262 - Fax 701-838-8822





# Surrey Public School

## District No.41

**Tarra Hysjulien**

*Elementary Principal*

**Kay Mayer**

*High School Principal*

**Luke Schaefer**

*Superintendent*

**Alyssa Brennon**

*Business Manager*

**Mike Hultz**

*Athletic Director*

**Descriptor Term: Student Educational Records and Privacy**

**Descriptor Code: FGA**

**Adopted Date: 12/16/15 - Reaffirmed 11/9/2022**

**The Surrey Public School Board believes that while collection and use of student information is necessary to provide educational and student support services, the district must implement safeguards to ensure information is appropriately protected and used to serve the best interests of students. The purpose of this policy is to establish such safeguards.**

The Family Educational Rights and Privacy Act (FERPA), a federal law, requires that Surrey Public School, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Surrey Public School may disclose appropriately designated "directory information" without written consent, unless you have advised the district to the contrary in accordance with district procedures.

The primary purpose of directory information is to allow the Surrey Public School to include this type of information from your child's education records in certain school publications. Examples include:

1. A playbill, showing your student's role in a drama production;
2. The annual yearbook;
3. Honor roll or other recognition lists;
4. Graduation programs; and
5. Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require school districts receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories - names, addresses and telephone listings - unless parents have advised the school district that they do not want their student's information disclosed without their prior written consent.

If you do not want Surrey Public School to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing by **8/29/24**.





Surrey Public School has designated the following information as directory information: *Note: an LEA may, but does not have to, include all the information listed below. This list must be consistent with policy.*

**Directory information is defined as personally identifiable information contained in a student education record that is generally considered not harmful or an invasion of privacy is disclosed and includes:**

1. Address
2. Date and place of birth
3. Dates of attendance
4. Degrees, honors, and awards received
5. Grade level
6. Most recent school attended
7. Name
8. Participation in officially recognized activities and sports
9. Photograph
10. School email address
11. Student identification number if it cannot be used alone to access an educational record and is not the student's social security number
12. Telephone listing
13. Weight and height of members of athletic teams

Request to Withhold Directory Information for the **2025-2026** School Year:

\_\_\_\_\_ Please do not release **any** directory information. (See definition above)

\_\_\_\_\_ Please do not release the following **part or parts** of directory information: (check all that apply)

- \_\_\_\_\_ Name
- \_\_\_\_\_ Telephone
- \_\_\_\_\_ Photograph
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

\_\_\_\_\_ Please do not release directory information to:

- \_\_\_\_\_ Military Recruiters
- \_\_\_\_\_ Colleges & Universities
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

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

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*NOTE: If the student is a high school senior or is otherwise scheduled to graduate, this opt-out request will continue to remain effective after the student has graduated from high school.*



**SURREY PUBLIC SCHOOL**  
Student Information Sheet

Office use only  
Entry code \_\_\_\_\_ Resident district \_\_\_\_\_

Date \_\_\_\_\_

**Please complete the entire form for each student**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
DOB \_\_\_\_\_ Primary Phone \_\_\_\_\_  
Grade \_\_\_\_\_ Gender M F Student Cell Phone \_\_\_\_\_  
Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Parent email \_\_\_\_\_

**\*PRESCHOOL – Your child MUST be 4 years old by August 1 and live in the Surrey School district to attend PRESCHOOL unless he/she has been previously tested and qualifes for special education**

**Medical**

Special medical considerations / allergy alerts \_\_\_\_\_  
(ie. Allergic to peanuts, epileptic, Child tends to get stomach aches, nose bleeds, etc.)

**Race** circle all that apply (I) Amer Indian/Alaskan Native (A) Asian (B) Black or African American  
(P) Native Hawaiiin / Pacific Islander (W) White (H) Hispanic

**Primary Language spoken in your home** English Other \_\_\_\_\_

**After School** Bus - AM \_\_\_\_\_ PM \_\_\_\_\_ Student walks Parent picks up Daycare \_\_\_\_\_

**Is your child receiving special services?** No Yes, circle one IEP – Speech or Learning Disability? 504 Plan

**Parent/Guardian Info – Correct & complete contact information is critical in the event of an emergency.**

Mother's Name \_\_\_\_\_

Check if NOT living in the same household as student

Address (if different than student) \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_  
Work \_\_\_\_\_ Employer \_\_\_\_\_

Father's Name \_\_\_\_\_

Check if NOT living in the same household as student

Address (if different than student) \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_  
Work \_\_\_\_\_ Employer \_\_\_\_\_

**Additional adults living in the household that may be contacted**

Name \_\_\_\_\_

Phone: Cell \_\_\_\_\_  
Work \_\_\_\_\_ Employer \_\_\_\_\_

**\*If someone else has guardianship of your child, list name, relationship, and contact info on back of this sheet**

**Additional Emergency Contact Information – Mandatory Completion (Somone other than the parents)**

Contact #1 \_\_\_\_\_ Phone \_\_\_\_\_  
Contact #2 \_\_\_\_\_ Phone \_\_\_\_\_

**(Complete back side)**



**Storm Home** – ANSWER IF YOU LIVE OUTSIDE OF SURREY – If your student does not live in Surrey, you must list a home in town where they can stay in the event that school closes and weather is too dangerous to let them leave town (*Parents are responsible for contact with the storm home and arrangements for transportation.*) **Storm home must be in Surrey** – List name & address

Storm home \_\_\_\_\_

**General Information**

Daily after school arrangements other than listed on front \_\_\_\_\_

**Siblings** – Please list first and last name and grade of all siblings attending Surrey School

Name	Grade
_____	_____
_____	_____
_____	_____
_____	_____

\* **Guardianship Information** – if different from parent

Name \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Other pertinent information** (*anything you feel is important, such as court-ordered custody visitation arrangements or issues. Please provide the office with all pertinent legal documentation*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Photo Release – Mandatory Completion (If not completed, we will assume you grant permission)**

\_\_\_\_\_ I **DO** give permission for photographs of my child to be displayed around the classroom/school or to be published on the Surrey School website. I understand that these photos can be viewed by anyone in the world, but no identifying information will be displayed.

\_\_\_\_\_ I **DO NOT** give permission for photographs of my child to be displayed around the classroom/school or to be published on the Surrey School website.

I am the parent or legal guardian of this child under 18 years of age.

Adult's name (print) \_\_\_\_\_

Adult's signature \_\_\_\_\_ Date \_\_\_\_\_

**Transfer Information**

Transfer from State \_\_\_\_\_

Transfer from City \_\_\_\_\_

Transfer from School \_\_\_\_\_



## Home Language Survey

Student Name: \_\_\_\_\_ Student's Grade: \_\_\_\_\_

Student's School: \_\_\_\_\_ Today's Date: \_\_\_\_\_

The U.S. Office of Civil Rights requires schools to identify possible English Learner (EL) students during enrollment to ensure appropriate high-quality instruction. The district may be eligible for additional funding for English learners and/or immigrant children and youth. If a language other than English is used by you or your child and your child meets the English Learner (EL) definition, the school may give your child an English Language Proficiency Assessment. The school will share the results of the assessment with you.

What language(s) did your child learn when he/she first began to talk? \_\_\_\_\_

What language(s) does your child speak/use? \_\_\_\_\_

What language does your child use most often? \_\_\_\_\_

What language do you use most often to speak to your child? \_\_\_\_\_

Has your child ever been in an English Learner or Bilingual Program? \_\_\_\_\_

Yes      No      Unsure

<b>Circle the grades your child has attended in the United States.</b>	PreK	K	1	2	3	4	5	6	7	8	9	10	11	12
	<b>Circle the grades your child has attended outside of the U.S.</b>	PreK	K	1	2	3	4	5	6	7	8	9	10	11

If outside of the United States, in which country did your child attend school? \_\_\_\_\_

What language(s) did your child learn in school? \_\_\_\_\_

If practicable, in what language or format should the school communicate with your family? \_\_\_\_\_

\_\_\_\_\_  
**Print Name of Parent/Guardian**  
 or Student (for unaccompanied homeless youth)

\_\_\_\_\_  
**Signature of Parent/Guardian**  
 or Student (for unaccompanied homeless youth)

\_\_\_\_\_  
**Date**





# 2025-26 Application for Free or Reduced-Price Meals

Surrey Public School, PO Box 40 Surrey, ND 58785

Apply online: (https://apply4schoolmeals.dpi.nd.gov)

**STEP 1:** List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

**Definition:** A Household Member is "Anyone living with you and shares income and expenses, even if not related." Children in Foster care are eligible for free meals. Read How to Complete the Application for Educational Benefits for more information. Adults over grade 12 living in the same household should be reported in Step 3. If your children attend different districts or charter/nonpublic schools, return an application to each one.

Child's First Name (list all children in household)	MI	Child's Last Name	School	Grade	Foster Child	Migrant	Homeless or Runaway
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your child have health insurance? Many children who qualify for free or reduced-price meals may also be eligible for low-cost or free health coverage. For more information, visit <https://applyforhelp.nd.gov> or call 1-844-854-4825.

**STEP 2:** Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Medical assistance does not qualify through an application. If NO > Go to STEP 3. If YES > Enter SNAP, TANF, or FDIPIR Case Number (between 4-9 digits, do not report EBT card number) \_\_\_\_\_ then go to STEP 4 (Do not complete STEP 3.)

**STEP 3:** Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

**A. All Adult Household Members (including yourself).** For each Household Member listed, report total gross income only if they receive income. If they do not receive income from any source, write '0' or leave the fields blank. You are certifying (promising) that there is no income to report. Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of Income" will help you with the All Adult Household Members section and B. Child Income section.

Names of All Adult Household Members (First and Last)	Gross Earnings from Working at Jobs			Net income from Farm or Self-Employment. Do not duplicate elsewhere.		Any Other Gross Income			
	Weekly	Bi-Weekly	Monthly	Yearly	Monthly	Weekly	Bi-Weekly	2x Monthly	Monthly
List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B. Child Income.** Sometimes, children in the household earn or receive income, such as from a part-time job or SSI. Please include the TOTAL income received by all children listed in STEP 1. Do not include income received by adults in the box to the right.

Total Income Received by All Children	Weekly	Bi-weekly	2x Month	Monthly
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**STEP 4:** An Adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the 'I do not have a Social Security Number' box.

**A. Last Four Digits of Social Security Number (SSN) of Adult Household Member:** XXX-XX- Or  I do not have a Social Security Number

**B. Attestation & Signature:** "I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal Laws."

**X** SIGNATURE of Adult Completing Application (Form must be signed to be complete.) DATE \_\_\_\_\_

Print Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address (if available) \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Total Number of All Household Members (Children + Adults) Here:

**SCHOOL OFFICE USE ONLY**

Case # Application  Foster Application  Directly Certified: Date of Disregard: \_\_\_\_\_

Income Application  Homeless/Migrant/Runaway

Household Size: \_\_\_\_\_ Per:  Week  Bi-Weekly (Every 2 Wks.)  2x Month  Monthly  Annual

Eligibility: Federal Free (130%) \_\_\_\_\_ Reduced (185%) \_\_\_\_\_ State (225%) \_\_\_\_\_ Denied \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Selected For Verification: Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Error Prone Application

Reason for Denial:  Income Too High  Incomplete App

**INSTRUCTIONS: Sources of Income**

**Sources of Income for Children**

Sources of Child Income	Examples
<ul style="list-style-type: none"> <li>Earnings from work</li> <li>Social Security                             <ul style="list-style-type: none"> <li>a. Disability Payments</li> <li>b. Survivor's Benefits</li> </ul> </li> <li>Income from person outside the household</li> <li>Income from any other source</li> </ul>	<ul style="list-style-type: none"> <li>A child has a regular full or part-time job where they earn a salary or wages.</li> <li>A child is blind or disabled and receives Social Security</li> <li>A Parent is disabled, retired, or deceased, and their child receives Social Security benefits.</li> <li>A friend or extended family member regularly gives a child spending money.</li> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul>

**OPTIONAL: Children's Racial and Ethnic Identities**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals. Respond to both Step One, *Ethnicity* and Step Two, *Race*.

**Step One: Ethnicity (check one):**  Hispanic or Latino  Not Hispanic or Latino

**Step Two: Race (check one or more):**  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the Social Security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program, or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals and for administration and enforcement of the lunch and breakfast programs. We **MAY** share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Foster, migrant, homeless, and runaway children and children enrolled in a Head Start program are categorically eligible for free meals and free milk. If you are completing an application for these children, contact the school for more information.

**Nondiscrimination Statement:** *In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.*

*Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.*

To file a program discrimination complaint, complete the **USDA Program Discrimination Complaint Form, AD-3027**, found online at [How to File a Program Discrimination Complaint and at any USDA office](#), or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- Mail\*: 1. U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 202509410  
 2. Fax: (202) 690-7442; or  
 3. Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**Sources of Income for Adults**

Earnings from Work	Public Assistance / Alimony / Child Support	All Other Income
<ul style="list-style-type: none"> <li>Salary, wages, cash bonuses (before deductions or taxes)</li> <li>Net income from self-employment (farm or business)</li> <li>If you are in the U.S. Military:                             <ul style="list-style-type: none"> <li>a. Basic pay and cash bonuses (do not include combat pay, FSSA or privatized housing allowances)</li> <li>b. Allowances for off-base housing, food and clothing</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Cash Assistance from State or local government</li> <li>Supplemental Security Income</li> <li>Unemployment benefits</li> <li>Worker's compensation</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>Social Security</li> <li>Disability benefits</li> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>

**Return completed form to your child's school.**

\*Only use this address if you are filing a complaint of discrimination.



Department of Public Instruction, Child Nutrition and Food Distribution Programs

Income Eligibility Guidelines  
July 1, 2025 to June 30, 2026

Federal Reduced-Price Meal – 185 Percent										State 225 - 225 Percent				
Household Size	Yearly	Monthly	2x Month	Every 2 Weeks	Weekly	Household Size	Yearly	Monthly	2x Month	Every 2 Weeks	Weekly			
1	\$28,953	\$2,413	\$1,207	\$1,114	\$557	1	\$35,213	\$2,935	\$1,468	\$1,355	\$678			
2	\$39,128	\$3,261	\$1,631	\$1,505	\$753	2	\$47,588	\$3,966	\$1,983	\$1,831	\$916			
3	\$49,303	\$4,109	\$2,055	\$1,897	\$949	3	\$59,963	\$4,997	\$2,499	\$2,307	\$1,154			
4	\$59,478	\$4,957	\$2,479	\$2,288	\$1,144	4	\$72,338	\$6,029	\$3,015	\$2,783	\$1,392			
5	\$69,653	\$5,805	\$2,903	\$2,679	\$1,340	5	\$84,713	\$7,060	\$3,530	\$3,259	\$1,630			
6	\$79,828	\$6,653	\$3,327	\$3,071	\$1,536	6	\$97,088	\$8,091	\$4,046	\$3,735	\$1,868			
7	\$90,003	\$7,501	\$3,751	\$3,462	\$1,731	7	\$109,463	\$9,122	\$4,561	\$4,211	\$2,106			
8	\$100,178	\$8,349	\$4,175	\$3,853	\$1,927	8	\$121,838	\$10,154	\$5,077	\$4,687	\$2,344			
For each additional family member add	\$10,175	\$848	\$424	\$392	\$196	For each additional family member, add	\$12,375	\$1,032	\$516	\$476	\$238			

**NOTE: Do not allow hardship deductions from the above.**

**Reminders**

\*Multiply the income that is received every 2 weeks (biweekly) by 26 to arrive at the annual income.

\*Multiply weekly income by 52 to arrive at annual income.

\*Gross or total income must be used in determining eligibility for wage earners.

\*A net loss from a business or farm may not be used to offset other income. A negative income is denoted as \$0.

Teams/general/4nsp/new\_year\_2026

This institution is an equal opportunity provider.





Surrey School Mediation Log Form 2025-2026  
 PO BOX 40, Surrey ND. 58785 701-838-1262

2025-2026	Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial
	January			February			March			April		
5-Jan			2-Feb				11-Mar				23-Apr	
6-Jan			3-Feb				16-Mar				27-Apr	
7-Jan			4-Feb				17-Mar				28-Apr	
8-Jan			5-Feb				18-Mar				29-Apr	
12-Jan			9-Feb				19-Mar				30-Apr	
13-Jan			10-Feb				23-Mar				May	
14-Jan			11-Feb				24-Mar				4-May	
15-Jan			12-Feb				25-Mar				5-May	
19-Jan			16-Feb				26-Mar				6-May	
20-Jan			17-Feb				30-Mar				7-May	
21-Jan			18-Feb				31-Mar				11-May	
22-Jan			19-Feb				April				12-May	
26-Jan			SMD Feb-20				1-Apr				13-May	
27-Jan			23-Feb				2-Apr				SMD May-15	
28-Jan			24-Feb				7-Apr				14-May	
29-Jan			25-Feb				8-Apr				18-May	
			26-Feb				9-Apr				19-May	
			March				13-Apr				20-May	
			2-Mar				14-Apr				21-May	
			3-Mar				15-Apr					
			4-Mar				16-Apr					
			5-Mar				20-Apr					
			9-Mar				21-Apr					
			10-Mar				22-Apr					

Medication Given Codes			
Medication Given:	Initial	Early Out:	EO
Student Absent:	A	No School:	NS
Field Trip:	FT	Weather:	W
Medication Out:	MO	Storm makeup day:	SMD

**Surrey Public School  
Medication Agreement**

Full Student Name:(FML)	
Name of Medication:	
Strength:	
Dose:	
Shape:	
Color:	
Quantity Received:	

I understand that I (parent/guardian) am responsible for the safe delivery and pick up of all medications to Surrey School office.

I agree:

- To send medication in the original container
- To instruct my child to take medication from designated school personnel at the time listed above.
- To instruct my child that they are not permitted to provide or sell any medication to another student.
- To submit a new form if the medication, dosage or instructions have changed.
- To send a written note if my child is to discontinue taking this medication. I understand that the medication listed will be disposed of after five days if not picked up by me or my spouse.

I hereby release Surrey Public School from any liability for reactions, damages, injury (directly or indirectly) resulting from my child's use of this medication.

Please print:

Parent/Guardian Name:	Phone Number:
-----------------------	---------------

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

**If medication physical appearance or dosage changes, a new form will have to be completed.**

