

ALBERT GALLATIN AREA SCHOOL DISTRICT  
2625 Morgantown Road, Uniontown, PA 15401

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**DISTRICT QUESTIONNAIRE**

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

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

Please check the district website [www.agasd.org](http://www.agasd.org) to view the **Student Handbook**, District Policies and Procedures and other valuable information.

**I have read and agree to the following:** Detailed district policies and procedures are listed on the district website.

1. Student/Family has reviewed the Student Handbook online. YES \_\_\_\_ NO \_\_\_\_
2. Permission granted for classroom Internet Activities. YES \_\_\_\_ NO \_\_\_\_
3. Permission granted for pictures or media productions for classroom and other school-wide events. YES \_\_\_\_ NO \_\_\_\_
4. Permission granted for participation in face painting/temporary tattoo activities during school activities. (**Elementary Only**) YES \_\_\_\_ NO \_\_\_\_

**5. Emergency Dismissal Procedure:**

- a. In the event of early dismissal, follow normal dismissal procedure YES \_\_\_\_ NO \_\_\_\_
- b. In the event of early dismissal, follow this alternate procedure: (Please be specific.)

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Please list the names of individuals **permitted** to pick up your child from school:

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**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_