

The Lowell School

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Dede Proujansky
Executive Director

Student/Parent Policies Agreement

2024 - 2025

Student Name: _____

Homeroom: _____

I acknowledge that I have received and will review the following Lowell School Policies with my child:

- Procedural Safeguards
- Code of Conduct
- Anti-Bullying: Respect for All
- Internet, Computer, and iPad Use
- Dress Code
- Electronic Devices

Parent Signature: _____

Parent Name (Print): _____

Date: _____