



# St. John's Military School

PO Box 5020, Salina, Kansas 67402-5020  
785.823.7231 • Fax 785.309.5489



## NOTICE OF PRIVACY PRACTICES

I understand that by signing this document, I confirm receipt of the Notice of Privacy Practices for St John's Military School (pg 1 of 2009-2010 Registration Forms).

I understand that a copy of this document will be kept in my cadet's personal medical chart for the duration of the 2009-2010 school year.

Parent's / Legal Guardian's Signature \_\_\_\_\_

Parent's / Guardian's Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

Relationship to student \_\_\_\_\_

### For office use only

Cadet Name \_\_\_\_\_ Cadet # \_\_\_\_\_

Documented By \_\_\_\_\_