

**WEST GLACIER ELEMENTARY
SCHOOL DISTRICT NO. 8**



P.O. Box 309
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West Glacier, MT 59936

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**WEST GLACIER ELEMENTARY
STUDENT/PARENT HANDBOOK AGREEMENT**

I have received, read and understand the West Glacier Elementary Student/Parent Handbook. I have discussed and reviewed the handbook with my child(ren).

I understand and will abide by the West Glacier Elementary Student/Parent Handbook.

Student Signature _____

Parent Signature _____

Dated _____