ALL STUDENTS K-12

I DO I DO NOT, give my child/children permission to attend field trips throughout the year.

_____ _____

Parent/Guardian Signature **Date**

I DO I DO NOT, authorize my child/children to be included in photos and/or videos that may be released to the press.

_____ _____

Parent/Guardian Signature **Date**

I have read and understand the student/parent handbook.

_____ _____

Parent/Guardian Signature **Date**

Names of all children covered under these signatures.

_____ _____

_____ _____

_____ _____

Please fill out and bring to registration. Also, please be sure to circle the appropriate answer in the first two questions. Thank you!