

PHOTOGRAPHIC PERMISSION

■ Please circle: **I do** **I do not** give permission to have my child appear in any media coverage approved by the Community School.

Parent/Guardian Signature _____

SPECIAL ACTIVITY PERMISSION

From time to time the Sunrise/Sunset program may provide special enriching experiences such as field trips, movies, guest speakers, performers and walking and/or bus trips to museums, libraries, etc. Although notes will be sent home before the activity occurs, we ask you to sign the permission blank below so that your child may participate.

I understand that my child may participate in special activities that may or may not cause him/her to leave school property.

Parent/Guardian Signature _____

SIGN OUT PERMISSION INFORMATION

Print name and last 5 digits of driver's license (D.L. #) number of anyone who has permission to pick up your child(ren).

THIS INFORMATION IS REQUIRED TO ASSURE THE SAFETY OF YOUR CHILD(REN)

Parent/Guardian Signature _____ D.L. # _____

Print Name _____ D.L. # _____

Print Name _____ D.L. # _____

Print Name _____ D.L. # _____

Print Name _____ D.L. # _____

■ Please list anyone to whom you do NOT want your child released, including anyone named in a restraining order. Please advise if a restraining order exists and provide a copy to the Community School.

Name _____ Relationship _____

