

PERMISSION FORM 2023-24
Explorer Elementary School, 3-5

Student's Name _____

Classroom Teacher _____

STUDY TRIP PERMISSION

We are asking for important information from you (similar to the enrollment card). Our intent is to have a study trip permission form **for the entire school year** with important names and phone numbers in case of emergencies. This information will be taken on any study trips (walking, buses, etc.) for quick reference. You will also be notified by your child's teacher, prior to each field trip. I understand this approval is for the school year.

Does your child have any allergies we should be aware of? If so, how do you treat them?

Is your child taking any medications? If so, will they need to take them on a study trip?

Person(s) other than parent to be notified in emergency situation when parent is not available:
Please provide their name, phone number and indicate their relationship to student:

☐ **Approved** or ☐ **Not Approved** by Parent/Guardian Signature _____

_____ Date

ACKNOWLEDGEMENT OF STUDENT HANDBOOK AND CODE OF CONDUCT

Explorer Elementary School has made available the **2023-24 Student Handbook and Code of Conduct**. This may be accessed by visiting www.gowcs.net, (select Explorer under "Our Schools" then click on the Policies & Procedures link. A hard copy is available in the office. By signing below, I acknowledge that I have been made aware of having access to this.

_____ ☐ **Acknowledged** by Parent/Guardian

_____ Date

*****PLEASE TURN OVER FOR ADDITIONAL PERMISSION FORMS*****

WILLIAMSTON COMMUNITY SCHOOLS INTERNET USE AGREEMENT

Technology/Internet Usage Rules 4510-R- 4

*(Technology/Internet Usage Rules Agreement is available on
the Explorer homepage under Quick Links.)*

STUDENT SECTION

I have read the District Internet Use Agreement. I agree to follow the rules contained in this Policy. I understand that if I violate the rules my account can be terminated and I may face other disciplinary measures.

User Name (please print) _____ Grade _____

School _____

User's signature: _____ Date _____

PARENT OR GUARDIAN SECTION

As the parent or legal guardian of the student signing above, I have read this Internet Use Agreement and grant permission for my son or daughter to access the Internet and use Google Apps for Education service. I understand that the district's computing resources are designed for educational purposes. I also understand that it is impossible for Williamston Community Schools to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. I understand that individuals and families may be held liable for violations. Furthermore, I accept full responsibility for supervision if and when my child's use is not in a school setting.

Parent Signature _____ Date _____

Parent Name (**please print**) _____

Adopted: August 14, 2000

Revised: March 19, 2012

Revised: May 18, 2015

Williamston Board of Education

THANK YOU

