

PERMISSION FORM 2019-2020

Explorer Elementary School, 3-5

Please complete this form and return it to your child's teacher

Classroom Teacher _____

Student's Name _____ Mother/Guardian Name _____

Address _____ Father/Guardian Name _____

City, State, Zip _____

Day Phone for mother/guardian _____

Day Phone for father/guardian _____

STUDY TRIP PERMISSION

We are asking for important family 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.

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:

Name	Relationship to student	Phone
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<input type="checkbox"/> Approved by Parent/Guardian	_____	_____
Or		Date

<input type="checkbox"/> Not Approved by Parent/Guardian	_____	_____
		Date

PERMISSION TO PHOTOGRAPH OR RECORD

I grant permission for Williamston Community Schools to photograph or visually record my child and my child's work as part of the educational program produced by the district. His/her image may be used within the district website, official district social media posts, brochures, and/or newsletters. Photos or recordings may be taken at various times throughout the year without advance notice. Other than some exceptions for high school students participating in co-curricular activities, individual student images used on district publications will not be identified by name unless parental permission has been granted in writing. Student work included on district publications will be identified solely by first name.

<input type="checkbox"/> Approved by Parent/Guardian	_____	_____
or		Date

<input type="checkbox"/> Not Approved by Parent/Guardian	_____	_____
		Date

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

DIRECTORY INFORMATION

WCS has a policy (#8940-2) regarding directory information, or more specifically, information about a student that the school releases. If you do not want any of the listed information disclosed, **you must notify the school in writing within two weeks after the first day of school.** Please understand that we are extremely careful about which individuals or groups have access to our students' information.

The following information concerning a student of Williamston Community Schools will be designated as **Directory Information** and may be disclosed without prior written consent unless a parent or eligible student request otherwise in writing: *the student's name; address; telephone number; parent email address; picture; parent or guardian; date and place of birth; major field of study; weight, height, participation in and eligibility for officially recognized activities and sports; dates of attendance or grade placement; honor and awards received; and the most recent educational agency or school attended by the student.*

Approved **Not Approved** : Parent/Guardian signature _____

_____ Date

ACKNOWLEDGEMENT OF STUDENT HANDBOOK AND CODE OF CONDUCT

Explorer Elementary School has made available the **2019-2020 Student Handbook and Code of Conduct**. You may access these documents by visiting www.gowcs.net, and selecting Explorer Elementary School under "Our Schools" then click on the policies and 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 these documents.

Acknowledged by Parent/Guardian _____

_____ Date

WILLIAMSTON COMMUNITY SCHOOLS INTERNET USE AGREEMENT

Is provided to your student by the classroom teacher and requires a parent signature where indicated. Please return the signature sheet to school.

Thank you

