

## PERMISSION FORM

**Student Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Yes**  
 **No**

I give my permission for my child to participate in community awareness-integration activities which are an integral part of the school curriculum. Activities may include, but are not limited to: dining in local restaurants, bowling, shopping in local stores, excursions to local library, community center, state park, county parks, city parks, or other local businesses.

**Yes**  
 **No**

I give my permission for my child to have his/her picture taken during school activities. I understand it may be disclosed to the public through sharing of our school program activities.

**Yes**  
 **No**

I give my permission to use my child's name with personal contributions such as student art work or other school related activities to be publicly displayed.

**Yes**  
 **No**

I give my permission to use my child's name or picture on another student's communication board or device.