

ALL PERMISSION FORM – KELLIHER PUBLIC SCHOOL
PLEASE TAKE THE TIME TO FILL OUT THE ENTIRE FORM

Dear Parent/Guardian:

Please fill out the following information and **return** to the Kelliher School Office with your child(ren) **on the first day of school.**

First Last	Child's Name Middle	Birthdate	Grade

Field Trip Permission Form

(Please check one)
 Students in Grades KG - 12

_____ My child(ren) has my permission to go on all field trips for the 2011-2012 school year.

_____ My child(ren) does not have permission to go on field trips for the 2011-2012 school year.

Throughout the year we will be going on field trips. We are asking your permission to take your child(ren) on these field trips. Please select whether or not your child(ren) has your permission to attend all field trips for the year. If for some reason you do not want your child(ren) to attend field trips after giving him/her permission, please call the school office.

Comments: _____

Release Time Permission Form

(Please check one)
 Students in Grades 1-6 Only

_____ I give permission for my child(ren) to attend release time classes at the following church:

- _____ Our Saviors Lutheran
- _____ Nazarene
- _____ Catholics (will mail our their own form)

_____ I do not give permission for my child(ren) to attend release time classes.

Religious release time classes will be held on Thursdays starting in October through mid-April for one hour.

I acknowledge that I have received in my beginning of the school year packet the following:

(Please initial.)

_____ Title I Policies & Procedures - Title I Parent/Student/Teacher Compact

_____ I understand that a Student Handbook will not be mailed to me unless requested and that I may find a copy of the Student Handbook on the Kelliher School website and that my child will be given a copy to review at school.

Kelliher School website – www.Kelliherschools.org

Federal law requires that special meals be provided at no extra charge to students whose disability restricts their diet. To document this restriction, the U.S. Department of Agriculture (USDA) recommends a physician's statement for a child with a disability attesting to (1) the child's disability, (2) why the disability restricts the child's diet, (3) which major life activity is affected by the disability, and (4) which foods are to be omitted or substituted in the child's diet.

Parents of students in grades 7-12 without Internet Access

Please be advised that **mid-quarter grades will no longer be mailed to parents**. Now that parents have access to the Parent Experience through our grade reporting system, Genesis, parents are able to view their child's progress at anytime. *(Report cards will be mailed or picked up at conferences).*

Please check below one of the following:

_____ I do not have access to internet and would like the school to **continue mailing** my child(ren)'s Progress Reports.

_____ I am aware that I may look up my child(ren)'s progress through Parent Experience. (If you have any questions about accessing your child(ren)'s grades, please contact the school office.)

School Surveys:

We are asked to conduct student surveys a few times throughout the school year to certain age levels. If you do not want your child to participate in any of these surveys, please check below:

_____ I do not want my child(ren) to participate in surveys.

_____ My child(ren) has permission to participate in surveys.

INFORMATION – Please fill out all information:

Parent(s)/Guardian Name	
Relationship	
Address	
Home Number	
Cell Numbers – List Name	
Work Numbers – List Name	
Email Address	
Emergency Contact Name and Numbers <i>(other than parent/guardian)</i>	

In compliance with Federal and State Civil Rights Laws - students, parents and/or guardians may be asked to self identify – Please see below and answer the two part question:

Is this student (or are you) Hispanic/Latino? (Choose only one) _____ No, **not Hispanic/Latino** _____ Yes, **Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

What is the student's (or your) race? (Choose one or more)

_____ **American Indian or Alaska Native** (A person having origins in any or the original of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

_____ **Asian** (A person having origins in any of the original peoples of the example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines Islands, Thailand, and Vietnam.)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.)

 White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Tylenol

Kelliher School needs written permission to administer Tylenol to students. Please check the appropriate box below:

 I give the Kelliher School nurse permission to administer Tylenol to my child(ren) if needed:

_____ (Student(s) Names & Grades)

 I would like someone to contact me first before distributing Tylenol to my child(ren).

Parent Signature

Date