

**Oak Ridge Schools' Preschool
Permission/Parent Input Form**

Child's name _____

Parent Phone _____ Email address _____

Please initial the boxes to the left of each statement if you agree and sign the bottom.

School/Home Communication

My signature below gives permission for the contact information above to be used by the Preschool staff or parent committee for official ORS Preschool business.

Authorization to Represent Oak Ridge Schools' Preschool

My signature below as the legal guardian of the above named child gives permission for his/her picture and/or name to appear in television, radio, website (**picture only**), or newspaper. I understand that this will be for news, not commercial purposes. **If you do not wish your child's picture to be used, do not initial the box to the left.**

Acknowledgement of Home Visit

I have had a home visit with my child's teachers and received information about the Preschool, its *Policies and Procedures* and a copy of the *Parent Handbook*, including the State of Tennessee Department of Education Regulations.

This year, I would like my child to learn _____

My Name _____

Signature _____ Date _____