

2018-2019

Authorizations/Communications/Health information

Student Name: _____

1. Photo Publication Policy

We would like to use photos of our students in newsletters and on the webpage. Students featured in the pictures will not be identified by name without prior permission from the parent. Please sign below that you are in agreement of this policy. If you are not in full agreement, please list any restrictions.

I authorize the use of my student's photograph without name identification in school publications and promotional materials without compensation or further authorization.

Signed _____

Date _____

Comments/Restrictions:

2. Electronic Communication Procedure/Verification Help us communicate with you! Our primary form of school communication is email. **We send newsletters, reminders, weather-related school closings and other important information via email.**

Please review the email addresses below and make any necessary changes:

	Email Address(es)	Place an "x" below if you do NOT want this information published in our family directory
Additional email addresses:		

3. Additional contact information

Please review the contact information we have on file and make corrections as necessary.

		Place an "x" below if you do NOT want this information published in our family directory
Address City/Zip		
Home Phone:		
Parent 1 cell:		
Parent 2 cell:		
Parent 1 work:		
Parent 2 work:		

4. Name of school child attends during the day: _____

5. Does your child have any allergies or other conditions we should know about? No _____

If yes, please describe: _____