

**PERMISSION FORM
2017-2018
Young 5s through Grade 8**

Note: This form requires each parent to sign four times.



Trinity Lutheran School

www.tlsjackson.com | 517.750.2105

*Academic Excellence
Safe & Respectful Place
Sharing the Love of God*

List first and last names of your children:

FIELD TRIPS

I give permission for my child(ren) to attend any activity under the supervision of and subject to the jurisdiction of the school or teacher. I understand that I will be notified in advance as to when and where a field trip will be, thereby allowing me to notify the school if I do not wish my child(ren) to participate. I understand that reasonable measures will be taken to safeguard the health and safety of my child(ren) and that I will be notified as soon as possible in case of an emergency.

Signature _____ **Date** _____ **Signature** _____ **Date** _____

STUDENT PRIVACY AND USE OF PHOTOGRAPHS

I understand that photographs may be taken of my child(ren) during school activities for use in the yearbook, which is distributed in the final weeks of the school year. In addition to this limited use: (Please check the one that applies)

I give permission for my child(ren)'s picture to be used within the school building, on the school's website and FaceBook page, in the newspaper or other local print media, and in PowerPoint presentations.

I give permission for my child(ren)'s picture to be used, with the following restrictions:

 I do not give permission for the school to publish or post pictures of my child(ren).

I understand that I may not post or publish pictures on personal social media sites of any child, other than my own, taken at the school or during a school event without the permission of the school and of that child's parent.

Signature _____ **Date** _____ **Signature** _____ **Date** _____

PARENT VOLUNTEERS

I understand that TLS relies on parents and other adult volunteers to help supervise class activities and to provide transportation in private vehicles for field trips. I also understand that before participating as a volunteer, I must be signed up with the teacher, submit required paperwork (identified in the Student/Parent Handbook), and provide a copy of my driver's license or state ID for a background check.

Signature _____ **Date** _____ **Signature** _____ **Date** _____

ATHLETICS (grades 4-8)

In accordance with Public Acts 342 and 343 of 2012, I have reviewed the Concussion Information Sheet provided by the school. I understand students participating in after-school athletics must have accident insurance coverage. Here is current information about the policy covering my child(ren). If this information changes, I will inform the school in writing.

Health insurance company _____ Policy/group # _____

Card holder's name _____ *Check here if this information is not required*

Local physician _____ Physician phone _____

Signature _____ **Date** _____ + **Signature** _____ **Date** _____

Note: A technology-use agreement will be distributed for review and signatures during the first week of school.

