

Student Name: _____

Address: _____

Phone: _____ School Year: 2007/08

Cell/Work #: _____ Grade: ___ Teacher: _____



AUTHORIZATIONS

I give this one time permission for my child to participate in all school field trips this year.

Yes No

I give permission for College Community School District and the Prairie Foundation to photograph and use Photos of my child(ren) for a newsletter, brochure, e-newsletter, website prairiepride.org, media requests (local and national newspapers) or other communication materials. I give consent and will make no further claims of any nature against College Community Schools and/or the Prairie School Foundation.

Yes No

I give permission for any of my child's writings to be published in print or electronic media.

Yes No

Child's name

Yes No

I give permission and accept responsibility for my child's independent use of Internet through the school in accordance with terms, conditions, and guidelines as provided by our Appropriate Use Policy 605.6 of the College Community School District.

Yes No

To receive messages from the district or teacher, you can email me at: _____
 Schools website address is **www.prairiepride.org**

Signature of Parent/Guardian: _____ Date: _____

Please contact the school office immediately whenever there are any changes in the information you have provided.

(8/07)