



ELEMENTARY SCHOOL

2851 North Seminary Avenue, Chicago, IL 60657

phone 773.534.5725 fax 773.534.5784

www.agassizschool.org

Our purpose is to provide a nurturing and rigorous learning environment. We are united in our desire to help all students by identifying their potential and working to reach it through academics, arts and athletics. We empower students to be responsible, contributing members of an international community.

September 3, 2019

Dear Parent/Guardian,

The Agassiz Family Handbook is created to help all families know and understand the daily functions, policies, and procedures. It is written with the school community in mind and has been developed to ensure a welcoming, respectful, and safe learning community for our students, staff, and families. Please take time to read through the Agassiz Family Handbook and ensure you and your family are familiar with all policies and procedures.

Please return the bottom of this form, to your classroom teacher, with your signature in acknowledgement of the Agassiz Family Handbook.

September 3, 2019

I have read the Agassiz Family Handbook and understand the policies and procedures described.

Parent Signature: _____

Date: _____

Student Name: _____

Date: _____



Academics



Arts



Athletics



International Baccalaureate
World School



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Our mission is to provide a nurturing and positive learning environment. We will strive to ensure our students a year of learning by developing their positive dispositions through academic, social and physical. We recognize students as the responsible citizens of our nation and an international community.

September 3, 2019

Dear Parent/Guardian:

To ensure the safety of all our students, please complete the form below regarding transportation. If this changes at anytime throughout the year, please make sure to update the main office.

Thank you,

Mira Weber
Principal

Student Name: _____ Rm _____

Siblings: _____ Rm _____

_____ Rm _____

_____ CTA Bus _____ L-Train _____ Walking Home _____ School Bus

_____ Picked up by family member (Please list the individual below)

Name: _____

Relationship to Student: _____



International Baccalaureate
World School

CPS FAMILY INCOME INFORMATION FORM 2019-2020

Parents - Please return form to school by **September 30, 2019.**

School Name (Nombre de Escuela): _____

Schools - Please enter into ODA by **October 18, 2019**

The purpose of this form is for CPS to obtain information about families' income to determine school funding. CPS and your school may receive additional funding based on the number of low-income families enrolled. Please complete this form and return it to the school's main office. (El propósito de este formulario de CPS es obtener información sobre el ingreso de las familias para determinar los fondos escolares. CPS y su escuela pueden recibir fondos adicionales basados en la cantidad de familias de bajos recursos matriculadas. Por favor, complete este formulario y entréguelo a la oficina de la Escuela.)

Part 1 - HOUSEHOLD INFORMATION (INFORMACION SOBRE EL HOGAR)

List names of all members of your household living with you. (Escriba los nombres de todas las personas que viven en su hogar.)

*Foster Children (legal responsibility of welfare agency or court)

Foster Child? (¿Hijo de Crianza?)	CPS Student? (¿Estudiante de CPS?)	All Household Member Names		Date of Birth (Fecha de Nacimiento)	DHS Case Number (Número de Caso del DHS)
		Last (Apellido)	First (Nombre)		
<input type="checkbox"/>	<input type="checkbox"/>			/ /	
<input type="checkbox"/>	<input type="checkbox"/>			/ /	
<input type="checkbox"/>	<input type="checkbox"/>			/ /	
<input type="checkbox"/>	<input type="checkbox"/>			/ /	
<input type="checkbox"/>	<input type="checkbox"/>			/ /	

Part 2: DHS Case number of any member of your household (go to step 6) (N° de caso de DHS de cualquier integrante de su hogar (pase al n°6))

DHS Case Number (Número de Caso del DHS)	Homeless <input type="checkbox"/>	Migrant <input type="checkbox"/>	Runaway <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Homeless, Migrant, Runaway or Head Start Liaison Signature _____

Date (Fecha) _____

Part 4 - List Household Members With Income (SKIP THIS if you answered any of steps 2 or 3) Enter the amount of income and how often it is received for each household member. (Nombres de los integrantes de su hogar que perciben ingresos. Para cada uno, indique sus ingresos y cada cuánto los recibe. DEJE EN BLANCO si ha contestado la Sección 2 o 3 de esta solicitud.) Frequency: (Frecuencia) Weekly, (Semanalmente) Every 2 Weeks (Cada dos semanas) Twice Monthly (Dos veces al mes) Monthly (Mensualmente)

OTHER INCOME can be but not limited to Welfare, Child Support, Retirement, Social Security, Worker's Comp, and Unemployment.

Household Member Names With Income	Gross Income (before deductions) (Ingresos Brutos)			Other Income (Todos Otros Ingresos)					
	First (Nombre)	MI (Initial)	Last (Apellido)	Weekly	Every 2 Weeks	Monthly	Weekly	Every 2 Weeks	Monthly
				\$			\$		
				\$			\$		
				\$			\$		
				\$			\$		
				\$			\$		

Part 5 - Opt in of information about other benefits. (Otros Beneficios)

YES! I am interested in applying for a waiver of instructional fees. SI Me interesa aplicar por la exoneración del pago de enseñanza.

YES! I am interested in applying for the Supplemental Nutrition Assistance Program (SNAP) and/or health insurance. SI Me interesa aplicar para el Programa de Asistencia de Nutrición Suplementaria (SNAP) y/o la tarjeta médica. If you have questions about these programs, please call 773-553-KIDS (5437). Si tiene preguntas sobre estos programas, llame al 773-553-KIDS (5437).

Signature (Firma): _____

Part 6 - Signature (Firma)

I verify that all above information is true and all income is reported. I understand that information gathered from this form will be used to calculate Federal funding eligibility for the school and that school officials may verify (checks) the information as being accurate; and that if I purposely give false information, I may be prosecuted. (Certifico que toda la información indicada arriba es verdadera y que he reportado todos nuestros ingresos. Entiendo que la escuela recibirá fondos del gobierno federal basados en la información en este formulario y que los funcionarios escolares puedan verificar la fidelidad de la información, y si doy información falsa intencionalmente, me pueden llevar a juicio).

Signature of adult household member (Firma del miembro adulto del hogar) _____

Address (Dirección postal o de domicilio) _____

Parent / Guardian First Name (Nombre del adulto del hogar) _____

Parent / Guardian Last Name (Apellido del adulto del hogar) _____

Zip Code (Código Postal) _____

SCHOOL USE ONLY: Initial Determination:

ELIGIBLE (FREE OR REDUCED)

INELIGIBLE (DENIED, N/A OR ?)

CONFIRMATION (Only for those applications selected for verification)

Signature of Confirming Official: (REQUIRED)

Date:

Part 7: Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity: Hispanic / Latino Not Hispanic / Latino

Mark one or more racial identities: Asian White Black / African American American Indian / Alaska Native Native Hawaiian / Other Pacific Islander

INSTRUCTIONS FOR COMPLETING FAMILY INCOME INFORMATION FORM

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM SNAP/TANF, FOLLOW THESE INSTRUCTIONS: Part 1: List all of the household members and date of birth (for students). (Attach another application if necessary.) Part 2: List the case number of any household member that corresponds with their name in Part 1. Do not use your Medicare card number. Skip to Part 5: If you are interested in sharing application information with All Kids or SNAP agencies, check the box and sign. Part 6: Sign the Form. Part 7: Check the appropriate box to indicate your racial and ethnic identities.

IF YOU ARE APPLYING FOR A HOMELESS, MIGRANT, RUNAWAY, OR HEAD START CHILD, FOLLOW THESE INSTRUCTIONS: Part 1: List all of the household members and date of birth (for students). Skip to Part 3: Check the appropriate box; obtain date and signature of Homeless, Migrant, or Runaway Liaison/Coordinator. Skip to Part 5: If you are interested in sharing application information with All Kids or SNAP agencies, check the box and sign. Part 7: Check the appropriate box to indicate your racial and ethnic identities.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS: If all children in the household are foster children: Part 1: List Student's name, date of birth and check the box for "Foster Child" to the left of your foster child's name. Skip to Part 5: If you are interested in sharing application information with All Kids or SNAP agencies, check the box and sign. Part 6: Sign the Form.

If some children in the household are foster children: Part 1: List Student's name, date of birth and check the box for "Foster Child" to the left of your foster child's name. Skip to Part 4: Follow the instructions under ALL OTHER HOUSEHOLDS INSTRUCTIONS (Part 4) below. Part 5: If you are interested in sharing application information with All Kids or SNAP agencies, check the box and sign. Part 6: Sign the Form. Part 7: Check the appropriate box to indicate your racial and ethnic identities.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS: Part 1: List all of the household members and date of birth (for students). Skip to Part 4: Follow these instructions to report total household income:

Column 1, Name: List the first and last name of each person in your household who receives income, related or not (such as grandparents, other relatives, or friends. Attach another sheet of paper if necessary.). **Column 2 & 3 Gross Income Amounts and Frequency:** The Gross Income is the amount earned before taxes and other deductions. It should be noted on pay stubs. This is not the same as take-home pay. List the amount each person receives from these sources. Round to the nearest dollar. All other sources of income should also be noted on this application. Next to each amount fill in the circle that indicates how often the person receives their stated income (weekly, every other week, twice a month, monthly, or annually). If you do not wish to disclose your income, please note "decline to answer" in this section. Be aware that if you are low-income, failure to share household income information could reduce the funds your school may otherwise receive. Part 5: If you are interested in sharing application information with Medicaid or SNAP agencies, check the box and sign. Part 6: Sign the Form. Part 7: Check the appropriate box to indicate your racial and ethnic identities.

INSTRUCCIONES PARA LLENAR LA SOLICITUD

SI SU HOGAR RECIBE BENEFICIOS DE SNAP/TANF, SIGA ESTAS INSTRUCCIONES: Sección 1: Escriba el nombre de cada persona en su hogar y fecha de nacimiento (de alumnos). (Adjunte otra solicitud, si es necesario.) Sección 2: Escriba el número de caso correspondiente a cada persona que recibe SNAP/TANF. No escriba el número de la tarjeta médica. Avance a Sección 5: Si le interesa compartir la información en esta solicitud con agencias de All Kids (de seguro médico) o de SNAP (anteriormente llamado Cupones para Alimentos), marque el cuadro y firme. Sección 6: Un miembro adulto del hogar debe firmar la solicitud. Sección 7: Marque los cuadros que correspondan a su identidad racial y étnica.

SI USTED ESTÁ APLICANDO DE PARTE DE UN NIÑO(A) SIN HOGAR, EMIGRANTE, FUGITIVO(A) O NIÑO EN EL PROGRAMA HEAD START, SIGA ESTAS INSTRUCCIONES: Sección 1: Escriba el nombre de cada persona en su hogar y fecha de nacimiento (de alumnos). Avance a Sección 3: Marque el cuadro que correspondiente y obtenga la fecha y firma del coordinador escolar de alumnos sin hogar, emigrantes o fugitivos. Avance a Sección 5: Si le interesa compartir la información en esta solicitud con agencias de All Kids (de seguro médico) o de SNAP (anteriormente llamado Cupones para Alimentos), marque el cuadro y firme. Sección 7: Marque los cuadros que correspondan a su identidad racial y étnica.

SI USTED ESTA APLICANDO DE PARTE DE UN HIJO DE CRIANZA, SIGA LAS SIGUIENTES INSTRUCCIONES: Si todos los niños en el hogar son hijos de crianza: Sección 1: Escriba el nombre, fecha de nacimiento y marque el cuadro "Hijo de Crianza" al lado del nombre de su(s) hijo(s) de crianza.

Avance a Sección 5: Si le interesa compartir la información en esta solicitud con agencias de All Kids (de seguro médico) o de SNAP (anteriormente llamado Cupones para Alimentos), marque el cuadro y firme. Sección 6: Un miembro adulto del hogar debe firmar la solicitud. Si algunos, pero no todos, los niños en el hogar son hijos de crianza: Sección 1 Escriba el nombre, fecha de nacimiento y marque el cuadro "Hijo de Crianza" al lado del nombre de su(s) hijo(s) de crianza. Avance a Sección 4: Siga las instrucciones bajo TODOS LOS DEMÁS HOGARES (Sección 4) más abajo. Avance a Sección 5: Si le interesa compartir la información en esta solicitud con agencias de All Kids (de seguro médico) o de SNAP (anteriormente llamado Cupones para Alimentos), marque el cuadro y firme. Sección 6: Un miembro adulto del hogar debe firmar la solicitud. Sección 7: Marque los cuadros que correspondan a su identidad racial y étnica.

TODOS LOS DEMÁS HOGARES, SIGAN ÉSTAS: Sección 1: Escriba el nombre de cada persona en su hogar y fecha de nacimiento (de alumnos). (Adjunte otra solicitud, si es necesario.) Avance a Sección 4: Siga estas instrucciones para reportar el ingreso total de su hogar.

Column 1, Nombre: Escriba nombre y apellido de cada persona que vive en su hogar que recibe ingresos, sea pariente o no (tales como abuelos, otros parientes o amigos. Si es necesario, puede adjuntar una hoja adicional.). **Column 2 & 3 Ingreso Bruto y cada cuánto es recibido:** El Ingreso Bruto es la cantidad ganada antes de restar impuestos y otras deducciones. Esa suma se encuentra generalmente en el talón del cheque de pago. No es lo mismo que el dinero que se lleva a la casa. Escriba la cantidad que cada persona recibe de estas fuentes de ingreso. No incluyan los centavos. Todas las fuentes de ingreso deben ser anotadas en esta solicitud. Al lado de la cantidad, marque el cuadro que indica la frecuencia con que la persona recibe el ingreso (semanalmente, cada dos semanas, dos veces por mes, mensualmente o anualmente). Avance a Sección 5: Si le interesa compartir la información en esta solicitud con agencias de Medicaid (de seguro médico) o de SNAP (anteriormente llamado Cupones para Alimentos), marque el cuadro y firme. Sección 6: Un miembro adulto del hogar debe firmar la solicitud. Sección 7: Marque los cuadros que correspondan a su identidad racial y étnica.



Agassiz Elementary 2019-20

For children entering grades K-8

Welcome to J at School!

End each day with learning, excitement and fun. J at School offers year-round enriching programming with our AfterSchool, Enrichment and School's Out programs. Highly trained JCC Staff guide children through entertaining activities, assist with homework, and provide a nurturing, safe environment where kids can learn and grow.

Monday-Friday • AfterSchool 2:45-6pm

Enrichment classes will be offered at Agassiz school for the 2019-20 year.

Registration

CHILD'S NAME _____		M/F _____
DATE OF BIRTH _____	GRADE IN FALL 2018 _____	
ALLERGIES/MEDICATIONS _____		
PRIMARY PARENT CONTACT NAME _____		DATE OF BIRTH _____
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
HOME PHONE _____		WORK PHONE _____
CELL PHONE _____		EMAIL _____
ALTERNATE PARENT NAME _____		DATE OF BIRTH _____
ADDRESS (IF DIFFERENT) _____		
CITY _____	STATE _____	ZIP _____
HOME PHONE _____		WORK PHONE _____
CELL PHONE _____		EMAIL _____

Check here if your child receives 1:1 support at any time during the school day.

Enroll in AfterSchool (must be the same days each week)

Day(s)/week 5 4 3 2 1

Day(s) of week M T W Th F

Start Date _____

AfterSchool 1-visit \$28 per visit
(credit card must be on file)

Cost

Fees cover the entire school year and are divided into **10 equal installments.**

AfterSchool (per month)

5 days/wk • \$365

4 days/wk • \$315

3 days/wk • \$246

2 days/wk • \$174

1 day/wk • \$95

*Don't need to come on a regular basis?**

AfterSchool 1-visit • \$28/visit

****24 hour notice required. Credit Card must be on file.**



Agassiz Elementary 2019-20

Please complete and return this form with payment to:
J at School
 30 S. Wells Street
 Suite 4000
 Chicago, IL 60606
 or fax to
 312.775.1818

Fee policies

Payments are charged in 10 equal installments. Payments are due on the 1st of the month for the current month and can be paid with post dated checks or auto charge on a credit card. Cash payments will only be accepted in person at a JCC office. The first month's payment is due at the time of registration as deposit for the program. Full tuition is due by June 1, 2020. Written notice must be given 30 days prior to cancellation. Participants are responsible for the entire 30 days if less than 30 days notice is given.

Registration policies

Any medications, special needs, or medical information must be submitted in writing at the time of registration. In the event J at School determines that enrollment or continued participation in J at School is not appropriate, J at School reserves the right to discontinue services. In such a circumstance, any unused portion of service fees paid will be refunded. J at School reserves the right to cancel the enrollment of an individual for reasons not limited to the following: not observing rules of the J at School outlined in the code of conduct; if a child has special needs that cannot be met by current staffing; physical or verbal abuse of staff or children; non-payment of fees.

Save time!
 Register online
 at jccchicago.org/jatschool

Emergency Contacts		
<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Emergency Contact
<input type="checkbox"/> Authorized to Pick Up	<input type="checkbox"/> Authorized to Pick Up	<input type="checkbox"/> Authorized to Pick Up
NAME _____	NAME _____	NAME _____
RELATIONSHIP TO CHILD _____	RELATIONSHIP TO CHILD _____	RELATIONSHIP TO CHILD _____
PHONE _____	PHONE _____	PHONE _____

FINANCIAL ASSISTANCE

Financial assistance is available for those who qualify. J at School accepts Illinois Action for Children. Families apply through the state. Applications are available through www.actforchildren.org.

I will or have already applied for Illinois Action for Children

(payment information is still required if you are receiving financial assistance)

AUTHORIZATION

JCC Policies I agree to abide by all the JCC Chicago payment and registration policies (available at jccchicago.org/policies).

Permission to Participate I grant permission for my child to attend the program(s) on the selected date(s) and release JCC Chicago of all responsibility other than reasonable care. Minimum enrollment is required. No refunds unless program does not run.

SIGNATURE _____ DATE _____

J at School is not licensed nor regulated by DCFS. All J at School employees are background checked and authorized to work within the school by Chicago Public Schools (CPS).

PAYMENT METHOD

Visa MasterCard Discover AmEx (Cash cannot be accepted at school site)
 Automatically charge the credit card below on the 1st of each month through June 1, 2020 (authorization and card number will be kept confidential)

ACCOUNT NUMBER _____ EXPIRATION DATE _____ V-CODE _____

PRINT NAME OF CARDHOLDER _____

BILLING ADDRESS OF CREDIT CARDHOLDER _____ CITY _____ STATE _____ ZIP _____

CARDHOLDER SIGNATURE _____ DATE _____

PAYMENT MUST BE INCLUDED IN ORDER FOR YOUR REGISTRATION TO BE COMPLETED



Request for Emergency and Health Information

School Name: _____

PARENTS/GUARDIANS: The school must have on file emergency information that can be used to contact you. Please print clearly. Whenever there is a change in this information, immediately notify the school in writing.

Student ID# _____ Last Name _____ First Name _____ Middle Name _____ Homeroom # _____

Birth Date (mm/dd/yyyy) _____ Student Home Address _____ Student Home Phone # _____

<p style="text-align: center;">Confidential Information Box 1</p> <p>Complete this box only if (1) it reflects your child's current living situation; OR (2) it reflects your living situation if you are a youth not living with a Parent or Guardian. (Your answer will help school staff with enrollment and may enable the student to receive additional services.) Check one box:</p> <p><input type="checkbox"/> in a car/park/other public place</p> <p><input type="checkbox"/> doubled-up <input type="checkbox"/> in a hotel/motel <input type="checkbox"/> in a shelter <input type="checkbox"/> in transitional housing</p> <p>School Note: If any box is checked, see the CPS Policy 702.5.</p>	<p style="text-align: center;">Confidential Information Box 2</p> <p>Is there a current Order of Protection or No Contact Order which concerns this student? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>School Note: If "Yes," follow CPS Policy 704.4 procedures. Enter information in <i>Legal Alert</i> field and update contact information, as needed, in SIM.</p>
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Parent/Guardian and Emergency Contact Information: Add extra contacts on the back of this form, if needed.

	Parent/Guardian Contact	Parent/Guardian Contact
Contact Name		
Relationship to Student		
<i>Check all that apply:</i>	<input type="checkbox"/> Lives With <input type="checkbox"/> Gets Mailings <input type="checkbox"/> Emergency <input type="checkbox"/> Permission to Pickup	<input type="checkbox"/> Lives With <input type="checkbox"/> Gets Mailings <input type="checkbox"/> Emergency <input type="checkbox"/> Permission to Pickup
Home Address, <i>if different from student's</i>		
Home Phone Number, <i>if different from student's</i>		
Cell Phone Number		
Email Address		
Name and Address of Employer		
Work Phone Number		
* Communication Language		
<p>* CPS communicates via phone calls. Select the language that should be used to communicate with you. Languages available for mass communication at this time are English and Spanish (note: other languages upon availability).</p>		

List the name of a relative or neighbor who can also be notified in an emergency and has permission to pick up the student:

Name _____ Home Address _____ Telephone # _____ Relationship _____

Family Doctor's Name, Address, and Phone Number: I authorize you to call my family doctor, if necessary, in an emergency.

Student Health Insurance: (select only one of the three)

- Illinois Medical Card/All Kids: provide student's medical ID # _____ (9-digit number located on back of card)
- No Insurance: are you interested in applying for the Illinois Medical Card/All Kids? Yes No
- Private/Employer Health Insurance: no additional information needed

Children of Military Personnel (optional)

- As the Parent or Guardian, are you a member of a branch of the armed forces of the United States? Yes No
- If yes, are you either deployed to active duty or expect to be deployed to active duty during the school year? Yes No

I certify that the information on this form is correct:

(Parent/Guardian Signature) _____ (Date)

School Messaging Consent Form

Dear Parent/Guardian/Student if age 18 or older,

Your school and the district will periodically want to send information regarding school or district events, updates or initiatives. We will utilize the phone messaging system to remind you about these events, updates, and initiatives; including report card distribution, field trips, community events, parent-teacher conferences, announcements, and more. To ensure you receive periodic school or district related notifications and reminders, your consent is needed below.

In the event of an emergency, whether or not consent is on file, you will be informed by all contact information provided. Emergency calls include weather closures, health risks, threats, unexcused absences, and other situations affecting the health or safety of students and faculty. Emergency calls will be sent to all the phone numbers, including cellular numbers, listed on the student's record. Please make sure these numbers are updated with the school.

*****Please fill out and return this form to ensure you receive informational calls*****

By signing this form, you are authorizing Chicago Public Schools to use an automated system to periodically deliver automated informational calls or text messages to the phone number(s) provided below. If you change your phone number or no longer wish to receive automated calls, texts or e-mails, you agree to inform Chicago Public Schools immediately. By signing below, you agree that this consent will remain valid and you will continue to receive automated phone calls unless or until you revoke your consent. Please return this completed form to your school no later than **December 1, 2019**. Standard messaging rates and data charges may apply.

Instructions: Check Box for Consent or Do Not Consent

- I CONSENT as outlined in the above section.
- I DO NOT CONSENT as outlined in the above section.

Signature of Parent/Guardian/Student if age 18 or older

Printed Name of Parent/Guardian/Student if age 18 or older

Student's Name

Student ID #

Date

School

Phone Number 1 for Messages: (____) ____ - _____

Phone Number 2 for Messages: (____) ____ - _____

E-mail Address: _____



Media Consent Form and Release

Consent/Release

I hereby consent to have my child photographed, digitally recorded, video taped, audio taped and/or interviewed by the Board of Education of the City of Chicago (the "Board") or the news media when school is in session or when my child is under the supervision of the Board. Further, I consent for these photos, digital recordings, video tapes, audio tapes and/or interviews to be shared with third parties who have received written approval from the Office of Communications. I understand in the course of the above described activities that the Board might like to celebrate my child's accomplishments and work. Therefore, I further consent for the Board's release of information on my child's name, academic/non-academic awards and information concerning my child's participation in school-sponsored activities, organizations and athletics.

I also consent to the Board's use of my child's name, photograph or likeness, voice or creative work(s) on the Internet or on a CD or any other electronic/digital media or print media.

As the child's parent or legal guardian, I agree to release and hold harmless the Board, its members, trustees, agents, officers, contractors, volunteers and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my child's name, photograph or likeness, voice or creative work(s), on television, radio or motion pictures, or on the Internet, or on a CD, or any other electronic/digital media or print media.

It is further understood and I do agree that no monies or other consideration in any form, including reimbursement for any expenses incurred by me or my child, will become due to me, my child, our heirs, agents, or assigns at any time because of my child's participation in any of the above activities or the above-described use of my child's name, photograph or likeness, voice or creative work(s).

I understand that I may cancel this consent by providing written notice to the principal. I also understand that my consent to have my child photographed, digitally recorded, video taped, audio taped and/or interviewed by the Board or the news media when school is in session or when my child is under the supervision of the Board is valid for one school year, including the following summer.

Instructions: Check Box #1 or Box #2

- I consent as outlined in the above consent/release section.
- I **DO NOT** consent as outlined in the above consent/release section.

Signature of Parent/Guardian/Student if age 18 or older

Printed Name of Parent/Guardian/Student if age 18 or older

Student's Name

Student ID #

Date

School

I understand that I have the right to inspect and copy my student's records, challenge the contents of such records; and limit my consent to the designated records or designated portions of information within the records.

