

CONSERVATORY LAB CHARTER SCHOOL

Standard Permission and Release Forms, 2011-2012

PLEASE BE SURE TO SIGN ALL 5 SEPARATE PERMISSIONS ON BOTH SIDES OF THIS FORM. THANK YOU.

Playground Permission Slip

I give permission for my child to walk to and use an outdoor playground within close proximity to the Conservatory Lab Charter School. I understand that on such excursions Conservatory Lab students will be under the supervision of Conservatory Lab teachers or staff. I also understand that the students are expected to adhere to the School behavior policies while walking to, from, and at the playground.

Signature

Date

Your child's name

Your relationship to the child

Field Work Permission Slip

I give permission for my child to go on all field work experiences planned and led by Conservatory Lab. On all such trips, students will take public transportation or private buses hired by Conservatory Lab. In advance of every field work experience, the Conservatory Lab will contact parents to give them information about the trip, to request funds to help pay for the trip, and to ask for volunteers to chaperone. At that time, parents may indicate that they do not want their child to participate in the particular field work experience. On all field work Conservatory Lab students will be under the supervision of Conservatory Lab teachers or staff. Students are expected to adhere to the School behavior policies while on field work.

Signature

Date

Your child's name

Your relationship to the child

Family Handbook Information Release Permission Slip

Yes, I give permission for my personal information to be released in the Conservatory Lab Family Handbook. This information includes home address, home phone number, child's bus number, neighborhood we live in, and email.

This handbook will be distributed to all families as a way to build community.

(If you do not want your information released, please do not sign.)

Signature

Date

Your child's name

Your relationship to the child

(forms continue on other side)

CLCS Standard Permission and Release Forms, p. 2

Health Screening Notification

I understand that during the year my child will participate in health screenings, including screenings for hearing, vision, and head lice. I understand that I will be contacted with the results of the screenings only if my child's results are out of the range of normal. Questions can be directed to the School at ext. 100.

Signature

Date

Your child's name

Your relationship to the child

Research Permission Slip

I give permission for my child to participate in research concerning the "Learning Through Music" model. This participation may include observing, photographing and videotaping my child for research purposes, and the sharing of my child's work, assessment scores, and school records. Such information will be shared only with those involved in research studies authorized by Conservatory Lab, and will be treated as confidential, in accordance with state and federal law. For example, no child's identity will ever be revealed. In the advance of any specific research study, the School will contact parents and guardians with the details of the study.

Signature

Date

Your child's name

Your relationship to the child

Permission to Photograph, Record, and Videotape

I consent to the taking and use of still pictures, sound recordings, and digital or video film of my child, myself, and my child's school work by the Conservatory Lab in connection with the production of Conservatory Lab publications and website. I further consent to the release of my child's photograph, videotape, and school work to the Conservatory Lab for use in connection with any media releases designed to promote and publicize the School. Please check one of the following:

- I consent to the release of my name and my child's name
 I do NOT consent to the release of my name and my child's name

Signature

Date

Your child's name

Your relationship to the child

(forms continue on other side)