

PARENT/GUARDIAN INFORMATION

CONTACT 1 _____ **Relationship to student:** _____
Home Phone () - **Work Phone** () - **Cell Phone** () -
Email Address: _____
Address: _____
Street City, State Zip
Employer _____ **Wish to receive mailings.** **Custody.** **Living with student.**

CONTACT 2 _____ **Relationship to student:** _____
Home Phone () - **Work Phone** () - **Cell Phone** () -
Email Address: _____
Address: _____
Street City, State Zip
Employer _____ **Wish to receive mailings.** **Custody.** **Living with student.**

CONTACT 3 _____ **Relationship to student:** _____
Home Phone () - **Work Phone** () - **Cell Phone** () -
Email Address: _____
Address: _____
Street City, State Zip
Employer _____ **Wish to receive mailings.** **Custody.** **Living with student.**

CONTACT 4 _____ **Relationship to student:** _____
Home Phone () - **Work Phone** () - **Cell Phone** () -
Email Address: _____
Address: _____
Street City, State Zip
Employer _____ **Wish to receive mailings.** **Custody.** **Living with student.**

AUTHORIZATIONS

MEDICAL TREATMENT

In the event my child is in need of medical attention and persons authorized by me cannot be reached, I authorize school officials to administer minor first aid or take emergency action at parent/guardian expense. YES NO

INTERNET USAGE

I give permission and accept responsibility for my student's independent use of the internet through the school in accordance with terms, conditions and guidelines provided through the school. I relieve the Linn-Mar Community School District, and its employees, from financial responsibility which may be incurred by my student's use of the internet. *Board policy: 603.12* YES NO

FIELD TRIPS

I give this one time permission for my student to participate in all school field trips this year. YES NO

EXHIBITS

I give permission for my student's writings and artwork to be exhibited out in the community, including the school website. The student will also be identified by name. YES NO

PHOTO

I give permission for my student to be photographed and identified for use in publication, including class composite, yearbook photos including extracurricular, teacher websites, emails, newsletters and local media. YES NO

STUDENT DIRECTORY

I give permission for information about my student to be included in the student directory. If you checked NO, please circle all information to be excluded. YES NO

Exclude this Info: Student Name Address Phone
Note: Excluding student name means your student's name will not appear in programs, on sports rosters or distributed class lists such as but not limited to classroom party lists.

Signature of Parent/Guardian _____ Date: _____