

PERMISSION, AUTHORIZATION & DOCUMENT RECEIPT CHECKLIST

(CHECK, SIGN & RETURN)

School Year: **2013-2014**

School: _____

Grade Level: _____

PRINT Student's Full Legal Name		
Last: _____ First: _____ Middle: _____ Suffix: _____		
Permission & Authorization	YES	NO
I give permission for the school to release my phone number and/or address to be included in a Parent Teacher Organization (PTO) directory for the school (if one is created).		
I give permission for my child to be interviewed, photographed, or recorded (video or voice) by the news media or by the school or the division for use in print or electronic publications, web sites, social media sites, or other presentations shared with the public; only students' first names will be associated with web postings unless further parental permission is obtained or the student is being recognized for an official award.		
I give permission for my child's school work to be featured in the School Division's official festivals, public exhibitions, print or electronic publications (such as the division calendar) and web pages. To ensure safety and still allow for proper credit and recognition, the school will associate first name only with student work on the web, but full names will be used in public displays or print publications.		
I give permission for my child's photograph and name to be used in the school yearbook (if one is created).		
I give permission for my child to attend all school related field trips and physical education events. I may be asked to sign other permission forms and I will be informed in advance of the place and date of the field trip.		
Document Receipt Checklist	YES	NO
I am aware that I may view all notifications required by federal & state code, and Virginia School Boards Assoc. policy through the Albemarle County Public Schools website at www.k12albemarle.org/notifications . Further, I am aware that I may request a printed copy of any of the notifications by contacting my child's school or by contacting my division's central office located at 401 McIntire Road in Charlottesville.		
I have received a copy of the Child Nutrition Services program letter and application for Free or Reduced Price Meals.		
I have received a copy of Virginia Code Section 22.1-279.3 entitled " Parental Responsibility and Involvement Requirements ," a copy of the Albemarle County School Board's Standards of Student Conduct, and a copy of the compulsory attendance law and School Board policies. <i>By acknowledging receipt, I do not waive or abdicate, but do expressly reserve, any rights protected by the constitutions or laws of the United States or the Commonwealth of Virginia. I further understand that I have the right to express disagreement with the school's or school division's policies or decisions.</i>		

I certify that I am the parent/legal guardian of this child and that all information provided on this registration form is true and accurate.

X Parent/Legal Guardian Signature: _____ Date _____