

# UPPER MERION AREA SCHOOL DISTRICT

## STUDENT SERVICES DEPARTMENT

200 Anderson Road, King of Prussia, PA 19406



### STUDENT REGISTRATION DATA (PLEASE PRINT CLEARLY)

#### FOR DISTRICT USE ONLY - DO NOT COMPLETE

Proof of Residency: YES \_\_\_\_\_ NO \_\_\_\_\_ Type: \_\_\_\_\_

Birth Certificate: YES \_\_\_\_\_ NO \_\_\_\_\_ Immunizations: YES \_\_\_\_\_ NO \_\_\_\_\_ Parent ID: YES \_\_\_\_\_ NO \_\_\_\_\_

Location Code of Residence: 01 \_\_\_\_\_ 02 \_\_\_\_\_ 03 \_\_\_\_\_ 04 \_\_\_\_\_ 05 \_\_\_\_\_ 06 \_\_\_\_\_ 07 \_\_\_\_\_

Location Code of Attendance: 01 \_\_\_\_\_ 02 \_\_\_\_\_ 03 \_\_\_\_\_ 04 \_\_\_\_\_ 05 \_\_\_\_\_ 06 \_\_\_\_\_ 07 \_\_\_\_\_

Custody Agreement: YES \_\_\_\_\_ NO \_\_\_\_\_ Guardianship: YES \_\_\_\_\_ NO \_\_\_\_\_ Grade Verified: YES \_\_\_\_\_ NO \_\_\_\_\_

PA Secure ID Number: \_\_\_\_\_ UMASD ID Number: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Enrollment Grade: \_\_\_\_\_

#### **STUDENT INFORMATION:** (Note: Student's Full Name **must match** what appears on their birth certificate)

Last (Family) Name: \_\_\_\_\_ First (Given) Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ Nickname: \_\_\_\_\_ (name child prefers to be called)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### **ETHNICITY:**

\_\_\_\_\_ White (Non-Hispanic) \_\_\_\_\_ Black/African-American \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_ Multi-Racial

\_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Native Hawaiian/Pacific Islander

#### **PARENT/GUARDIAN INFORMATION:**

##### **Parent 1:**

Full Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Lives with Student: YES \_\_\_\_\_ NO \_\_\_\_\_ Release To: YES \_\_\_\_\_ NO \_\_\_\_\_ (If NO, Court Order **MUST** be presented to school office)

Have you experienced a recent crisis in housing or living arrangements that requires assistance? \_\_\_\_\_ YES \_\_\_\_\_ NO

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**Parent 2:**

Full Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Lives with Student: YES \_\_\_\_ NO \_\_\_\_ Release To: YES \_\_\_\_ NO \_\_\_\_ (If NO, Court Order MUST be presented to school office)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (Nearby responsible adults in case of emergency):**

Full Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**STUDENT'S EDUCATION HISTORY:**

Has the student ever been enrolled in an Upper Merion school? YES \_\_\_\_ NO \_\_\_\_

Name of Previous School: \_\_\_\_\_

School's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School's Phone: \_\_\_\_\_ School's Fax: \_\_\_\_\_

Completed Grade Level: \_\_\_\_\_ Date Range Attended: \_\_\_\_\_ (mm/yyyy – mm/yyyy)

Student's Previous Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date when first enrolled in PA Schools: \_\_\_\_\_ (mm/yyyy)

City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Date of arrival in the US: \_\_\_\_\_ (mm/yyyy) Date when first enrolled in US school: \_\_\_\_\_ (mm/yyyy)

**OTHER CHILDREN LIVING IN THE HOME:**

| Name  | Age   | Date of Birth | School (if school age) |
|-------|-------|---------------|------------------------|
| _____ | _____ | _____         | _____                  |
| _____ | _____ | _____         | _____                  |
| _____ | _____ | _____         | _____                  |
| _____ | _____ | _____         | _____                  |
| _____ | _____ | _____         | _____                  |

**SPECIAL SERVICES:**

IEP (Individual Education Plan): YES \_\_\_\_\_ NO \_\_\_\_\_ If Yes, Grades: \_\_\_\_\_, copy provided: YES \_\_\_\_\_ NO \_\_\_\_\_

GIEP (Gifted Individual Education Plan): YES \_\_\_\_\_ NO \_\_\_\_\_ If Yes, Grades: \_\_\_\_\_, copy provided: YES \_\_\_\_\_ NO \_\_\_\_\_

504 Plan: YES \_\_\_\_\_ NO \_\_\_\_\_ If Yes, Grades: \_\_\_\_\_, copy provided: YES \_\_\_\_\_ NO \_\_\_\_\_

ELL (English Language Learner) Classes: YES \_\_\_\_\_ NO \_\_\_\_\_ If Yes, Grades: \_\_\_\_\_

Ever Retained? YES \_\_\_\_\_ NO \_\_\_\_\_ If Yes, Grades: \_\_\_\_\_

I have completed the above student registration packet in its entirety to the best of my knowledge and the information provided is accurate.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTAL REGISTRATION STATEMENT**

Pennsylvania School Code §13-1304-A states in part “Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously suspended or expelled from any public or private school of the Commonwealth or any other state for an act of offense involving weapons, alcohol or drugs, or the willful infliction of injury to another person or for any act of violence committed on school property.”

I hereby swear or affirm that my child: \_\_\_\_\_ was \_\_\_\_\_ was not \_\_\_\_\_ previously suspended or expelled from any public or private school of the Commonwealth or any other state for an act of offense involving weapons, alcohol or drugs, or the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 24 P. S. §13-1304-A (b) and 18 Pa C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information, and belief.

Name of the school which the student was suspended or expelled; the reason for the suspension / expulsion; and the dates of the suspension or expulsion (optional):

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Any willful false statement made above shall be a misdemeanor of the third degree. This form shall be maintained as part of the student’s disciplinary record.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHILD CUSTODY INFORMATION**

**Student resides with both Parents/Guardians**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student DOES NOT reside with both Parents/Guardians**

The following information is requested when the enrolled student does not reside with both parents/guardians due to separation or divorce. The parent/guardian with whom the child resides will be considered the custodial parent/guardian; however, the non-custodial parent/guardian has access to the child's records in the absence of a court order forbidding it. It is the responsibility of the custodial parent to provide the school with any limiting court order.

Student Name: \_\_\_\_\_

Name of custodial parent/guardian with whom the child resides: \_\_\_\_\_

Name of non-custodial parent/guardian:  
\_\_\_\_\_

Non-custodial parent/guardian's home address:  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

1. Do you, as custodial parent/guardian, have legal custody through a court order?  
YES \_\_\_\_\_  
  
NO \_\_\_\_\_  
  
PENDING \_\_\_\_\_, Date finalization expected? \_\_\_\_\_
  
2. If there is a court order, does it limit the non-custodial parent/guardian's access to school records?  
YES \_\_\_\_\_, *(If YES, a copy of the court order MUST be supplied to the school office to be kept on file)*  
NO \_\_\_\_\_
  
3. May the child be released from school to the non-custodial parent/guardian?  
YES \_\_\_\_\_  
NO \_\_\_\_\_, *(If NO, a copy of the court order MUST be supplied to the school office to be kept on file)*
  
4. Can we provide the non-custodial parent/guardian progress information such as report cards and conference reports?  
YES \_\_\_\_\_  
NO \_\_\_\_\_ *(If NO, court order MUST be supplied stating parent relinquished educational rights)*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RESIDENCY VERIFICATION & TUITION PAYMENT RESPONSIBILITY**

The Upper Merion Area School District is proud to offer a high quality public education to our residents. The district also has a very active residency verification program to protect our community resources. This program can include, but is not limited to, complete documentation verification, independent investigation by law enforcement officials, and surveillance.

It is the intent of the Upper Merion Area School District to prosecute, to the fullest extent of the law, any individual furnishing false information in the accompanying registration forms for the purpose of enrolling nonresident students.

If the student registered is found to be a non-resident, the individual registering said student will be financially responsible for all tuition costs. Depending on the educational program of the student the tuition liability ranges from \$10,000 to \$21,000 annually. Parent or guardians will be responsible for this payment.

I grant the Upper Merion Area School District permission to investigate the information I have presented in this statement by discussing the presented information with all appropriate parties, including tax authorities and residency investigators, as necessary to confirm factual accuracy. To further its investigation, the District may request additional documentation from parents to substantiate residency; this may include but is not limited to: a copy of a driver's license, motor vehicle registration with address, copy of state and federal program enrollment documents with address, paycheck stub indicating address.

I understand the district may contact any or all of the following agencies to verify a student's residency within the Upper Merion Area School District.

- Social Security Administration
- Internal Revenue Service
- Public Welfare Department
- Montgomery County Housing Authority
- Montgomery County Children and Youth
- Zoning Offices of West Conshohocken Borough, Bridgeport Borough and Upper Merion Township

I certify that I have read and understand the above notice. Additionally, I agree to pay the Upper Merion Area School District its full tuition cost if the student being enrolled is found to be a non-resident.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SCHOOL HEALTH SERVICES & STUDENT HEALTH HISTORY**

Student's Full Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ (mm/dd/yyyy) Sex \_\_\_\_\_ Grade \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

Has child had chickenpox disease? YES \_\_\_\_\_ NO \_\_\_\_\_, if yes date of disease \_\_\_\_\_ (mm/yyyy)

Describe any serious illnesses, accidents or operations your child has had: \_\_\_\_\_

**Check items that student has had or currently has:**

**Allergies:**                     Food                     Medication                     Bee Sting                     Insect Bite                     Other

Comments \_\_\_\_\_

**Respiratory:**                     Asthma                     Bronchitis                     Chronic Cough

Frequent Coughs                     Pneumonia                     Tuberculosis                     Other

Comments \_\_\_\_\_

**Cardiac:**                     Heart Murmur                     Congenital Defect                     Arrhythmias                     Other

Comments \_\_\_\_\_

**Eyes, Ears, Nose, Throat:**    Ear Aches                     Hearing Loss                     Sore Throat

Speech Difficulties                     Visual Impairment                     Other

Comments \_\_\_\_\_

**Gastrointestinal:**                     Gastric Reflux    Stomach Aches  Toileting Problems                     Other

Comments \_\_\_\_\_

**Genitourinary:**                     Urinary Accidents                     Urinary Tract Infections                     Other

Comments \_\_\_\_\_

**Neurological:**                     A.D.D./A.D.H.D.                     Congenital Condition                     Convulsions

Other

Developmental Delays                     Headaches/Migraines                     Tourette's syndrome

Comments \_\_\_\_\_

**Skeletal:**                     Fractures                     Orthopedic Condition                     Scoliosis                     Other

Comments \_\_\_\_\_

**Emotional:**                     Depression                     Suicide                     Family Stressors                     Other

Comments \_\_\_\_\_

**Chronic Conditions:**                     HIV/AIDS                     Cancer                     Diabetes                     Epilepsy

Genetic Conditions                     Arthritis                     Blood Disorders                     Other

Comments \_\_\_\_\_

**Family History: (has any family member had):**

Cancer                     Diabetes                     HIV/AIDS                     Heart Disease

Comments \_\_\_\_\_

Child currently under medical treatment-explain \_\_\_\_\_

Child currently taking daily medication, explain areas of concern or information that would be helpful \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SCHOOL HEALTH SERVICES & TUBERCULOSIS SCREENING ASSESSMENT**

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)

Parent/Guardian Full Name: \_\_\_\_\_ Student's Grade: \_\_\_\_\_

**HAS CHILD OR ANY FAMILY MEMBER...**

Been in contact with someone known or suspected of having tuberculosis? YES \_\_\_\_\_ NO \_\_\_\_\_

Been exposed to someone with an undiagnosed chronic (prolonged) cough? YES \_\_\_\_\_ NO \_\_\_\_\_

Traveled to Asia, Middle East, Latin America or Africa or been in contact with someone who has? YES \_\_\_\_\_ NO \_\_\_\_\_

Regularly visit someone living in a major city? YES \_\_\_\_\_ NO \_\_\_\_\_

Been exposed to someone who is HIV infected? YES \_\_\_\_\_ NO \_\_\_\_\_

Been exposed to someone who has been in jail or an institution such as a hospital, nursing home, group home, etc.? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you know of any tuberculosis cases that have been discovered in your neighborhood? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you moved here from a developing country or been in contact with someone who has? YES \_\_\_\_\_ NO \_\_\_\_\_

Name of Student's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Medication(s) to be dispensed at school: \_\_\_\_\_

***Permission for Medication: A doctor's note is required for all prescription medication. A doctor's note is required for all over the counter medication other than those listed below.***

The school nurse may administer: Acetaminophen (generic Tylenol) YES \_\_\_\_\_ NO \_\_\_\_\_

Ibuprofen (generic Advil) YES \_\_\_\_\_ NO \_\_\_\_\_

Benadryl for allergic reaction YES \_\_\_\_\_ NO \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR NURSING STAFF USE**

Medical evaluation required? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, referred to \_\_\_\_\_

Evaluation/Testing to be completed by \_\_\_\_\_



**HOME LANGUAGE SURVEY AND QUESTIONNAIRE**

The Office of Civil Rights (OCR) requires the school districts to identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

1. What is/was the student's first language? \_\_\_\_\_

2. Does the student speak a language(s) other than English: YES \_\_\_\_\_ NO \_\_\_\_\_, If yes, what language(s) \_\_\_\_\_

3. What language(s) is/are spoken in your home? \_\_\_\_\_

4. Has the student attended any United States school in any 3 years during his/her lifetime? YES \_\_\_\_\_ NO \_\_\_\_\_, if YES, complete the following:

| Name of School | State | Dates Attended |
|----------------|-------|----------------|
| _____          | _____ | _____          |
| _____          | _____ | _____          |

Person completing this form (if other than parent/guardian): \_\_\_\_\_

Native Country: \_\_\_\_\_ Date arrived in the US: \_\_\_\_\_ (mm/yyyy)

Has the student ever been in an ELL program in a US school? YES \_\_\_\_\_ NO \_\_\_\_\_,  
If yes was the student exited: YES \_\_\_\_\_ NO \_\_\_\_\_, if yes what was the exit date: \_\_\_\_\_ (mm/yyyy)

What language(s) is the student most comfortable using with his/her siblings? \_\_\_\_\_, friends \_\_\_\_\_

Does the family need the use of a translator to communicate with the school? YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes, choose one):

\_\_\_\_\_ I have a translator. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ I do not have a translator, and please provide one if possible for the following language: \_\_\_\_\_

**STUDENT'S PARENT 1:**

What language(s) do you speak? \_\_\_\_\_ Is this the language you use to speak to your child? YES \_\_\_ NO \_\_\_

Do you read English? YES \_\_\_\_\_ NO \_\_\_\_\_ What language is your child most comfortable using with you? \_\_\_\_\_

**STUDENT'S PARENT 2:**

What language(s) do you speak? \_\_\_\_\_ Is this the language you use to speak to your child? YES \_\_\_ NO \_\_\_

Do you read English? YES \_\_\_\_\_ NO \_\_\_\_\_ What language is your child most comfortable using with you? \_\_\_\_\_

This school has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school in the future.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# UPPER MERION AREA SCHOOL DISTRICT

## STUDENT SERVICES DEPARTMENT

200 Anderson Road, King of Prussia, PA 19406



### PARENTAL AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION FROM OR TO UPPER MERION AREA SCHOOL DISTRICT

Student's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Upper Merion Area High School<br>465 Crossfield Road<br>King of Prussia, PA 19406<br>610-205-3821           | <input type="checkbox"/> Upper Merion Area Middle School<br>450 Keebler Road<br>King of Prussia, PA 19406<br>610-205-8833<br>610-205-8856 (fax)          | <input type="checkbox"/> Bridgeport Elementary School<br>900 Bush Street<br>Bridgeport, PA 19405<br>610-205-3600<br>610-205-3649 (fax)       |  |
| <input type="checkbox"/> Caley Elementary School<br>725 Caley Road<br>King of Prussia, PA 19406<br>610-205-3650<br>610-557-8602(fax) | <input type="checkbox"/> Candlebrook Elementary School<br>310 Prince Frederick Street<br>King of Prussia, PA 19406<br>610-205-3700<br>610-205-3749 (fax) | <input type="checkbox"/> Gulph Elementary School<br>650 S Henderson Road<br>King of Prussia, PA 19406<br>610-592-2020<br>610- 592-2099 (fax) | <input type="checkbox"/> Roberts Elementary School<br>889 Croton Road<br>Wayne, PA 19087<br>610-205-3750<br>610-205-3799 (fax) |

**This will authorize the Upper Merion Area School District to release or obtain confidential records and/or information from/to the following school or agency:**

School or Agency Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**The specific information to be released is:**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>ALL RECORDS</b>                                   |   |
| <input type="checkbox"/> Teacher / School Reports / Grades to Date/Transcript | <input type="checkbox"/> Medical / Immunization Records |
| <input type="checkbox"/> Discipline/Attendance Records                        | <input type="checkbox"/> State Test Results             |
| <input type="checkbox"/> Signed Permission to Evaluate                        | <input type="checkbox"/> Evaluation/Re-Evaluation       |
| <input type="checkbox"/> Additional Testing/Evaluations/Assessments           | <input type="checkbox"/> Signed IEP Invite/IEP          |
| <input type="checkbox"/> Sign GIEP Invite/GIEP                                | <input type="checkbox"/> Signed NORA                    |
| <input type="checkbox"/> Signed NOREP   | <input type="checkbox"/> Other _____                    |

Student Withdrawal Date from UMASD \_\_\_\_\_ (mm/dd/yyyy) (if applicable)

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **PARENT NOTIFICATION/PERMISSION FORM**

**Name of Student:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Date:** \_\_\_\_\_

During the school year, students can become involved in activities that go beyond the confines of the classroom or typical educational setting and/or the usual day to day instructional process. In most cases, these are routine events associated with a student's learning and personal development.

Please review the activities/events listed below. It is important to note that this list may not include all activities that could arise during the school year. If the types of activities/events listed below pose no concerns for you and your child, simply check the first box below and sign the form at the bottom. If you have concerns with any particular activities/events, they should be specifically listed the second box below should be checked and the form should be signed at the bottom.

## **ACTIVITIES/EVENTS**

1. Individual/Group photographs in yearbooks and other school publications. Names may be used in conjunction with such pictures.
2. School academic/activity photographs in news articles for newspapers. Names may be used in conjunction with such pictures.
3. Inclusion in general interest news media reports/interviews (i.e. television, radio, newspapers), including listings of students accomplishments (e.g., honor rolls, spelling bees). Students may be identified in such reports/interviews/listings.
4. Events/Parties that relate to cultural observances such as Thanksgiving, holidays, cultural awareness months, etc.
5. The release of student directory information as per the Federal Family Educational Rights and Privacy Act (FERPA).
6. Participation in educational research studies (with student anonymity) as approved by student principals.
7. Academic group testing per state and location regulations/practices.
8. Individual/Group photographs/videos that include the student and/or oral or written comments by the student that appear on the school district website or other media. No student names will be included with such photos or videos.
9. Walking field trips within the vicinity of the school, but may be off school premises.
10. Visitation by U.S. military recruiters and/or providing them with access to directory information.

## **PLEASE CHECK THE APPROPRIATE BOX AND SIGN**

I recognize the above events/activities as components of a comprehensive school program and give permission for my child to be involved.

I recognize the above events/activities and DO NOT give permission for my child to be involved.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please be advised that the school district may require additional permission for specific other activities or programs.

Please Note: When a student is a member of a school sponsored extracurricular activity at which the public, including members of the news media are invited to attend, provided any entrance fees and/or other entrance requirements have been met, the parent(s)/guardian(s) may not prohibit the photographing and/or videotaping or any participant, including their own child. Parent(s)/Guardian(s) who have an objection to such photographing and/or videotaping are advised to withdraw their child from participation in such activities.

\*\*Upon approval it is then the parent/guardian's sole responsibility to notify the district of any change.