

Canon City Schools Registration 2017-2018

Permission Release Agreement Changes

I need to make changes to my child's school Permission Release Agreement:

Student First Name: _____ Student Last Name: _____

School: _____

Media: (please select one)

_____ Yes - I consent to the School and/or District's use of my child's photograph, voice and/or name in various media projects.

_____ No - I do not consent to the School and/or District's use of my child's photograph, voice and/or name in various media projects.

Field Trip: (please select one)

_____ Yes - I consent for my child to participate in School and/or District approved field trips.

_____ No - I do not consent for my child to participate in School and/or District approved field trips.

Technology: (initial)

_____ I agree to the Technology acceptable use policy. (Board Policy: File 839 - Student Use of the Internet and Electronic Communications)

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____