
PARENT NOTIFICATION / PERMISSION

LINCOLN ELEMENTARY

701 FIFTH AVENUE

DAYTON, KY 41074

859-292-7492

STUDENT'S NAME	TEACHER	DATE
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Dear Parents/Guardians:

During the school year, students are often involved in activities that go beyond the confines of the classroom and the usual day-to-day instructional process. In most cases these are routing events associated with learning and the culture of our schools. Some, however, for various reasons could appear troublesome to certain students or family situations.

Please review the activities listed below. If the items pose no particular problems, simply sign this form at the bottom and return it as requested. If there are items that may be troublesome, indicate any area of concern by signing the specific area(s). Realize that this list may not include all activities that could arise during the year. (Please contact your child's counselor or appropriate school official if you have any other areas of concern the school should be aware of.)

ACTIVITIES / EVENTS

Grade level/classroom/school field trips.

I do not give permission _____

Participation in educational research studies (with student anonymity) as approved by school officials.

I do not give permission _____

Individual/Group Pictures in Yearbooks and other school publications.

I do not give permission _____

School Academic/Activity photographs in news articles for newspapers.

I do not give permission _____

Included in general interest/news television reports.

I do not give permission _____

Events/Parties which relate to cultural observances such as Thanksgiving, holidays, cultural awareness months, etc.

I do not give permission _____

Access to internet within school-use guidelines.

I do not give permission _____

General health screening (vision, hearing, etc.)

I do not give permission _____

Individual/Group Pictures on web page.

I do not give permission _____

Access to public park with school personnel.

I do not give permission _____

Other than any activities specifically noted by my signature above, I recognize these activities as possible components of a comprehensive school program and give permission for my child to be involved.

PLEASE SIGN AND RETURN

PARENT/GUARDIAN SIGNATURE*

DATE

*Understand that this sheet and your signature do not release school officials from their responsibility to conduct a thorough program and to ensure that activities are planned using good taste and respect to the status and integrity of children. Understand also that the school may require specific permission for specific activities or programs.

SCHOOL COPY