

HOME CONTACT FORM 2020-2021

Student's Name: _____ Class: _____

Teacher's Name: _____ Grade: _____

Parent's/Guardian Name: _____

Student's Home Address: _____

Home Telephone # _____ Work Telephone# _____

Emergency Contact (Please indicate names and numbers of people who can pick up your child)

Name: _____ #: _____

Name: _____ #: _____

Name: _____ #: _____

Health Alert:

Does child have any health condition or any allergies? _____

Limitations _____ Allergies _____

_____ My child has permission to walk home.

_____ My child will be picked up.

Parent Consent: _____



Picture-Video Consent Form 2020-2021



This is a parental consent form to both inform you and request your permission for your child's photo/video image to be used for school purposes. Throughout the year, the children perform many assemblies, create projects and participate in classroom celebrations. We like to recognize the student achievement by capturing the memories through picture and video.

Your son/daughter's image will be used solely for school use. Your child's photographic appearance/video appearance may appear in school publications, bulletin boards and/or newscasts. Please fill out the form below and send it back to school with your child. Thank you.

I, the parent/guardian of _____ in Class _____
give consent to the release of photographs/video of my child by school staff. I
understand that these images will only be used for the purpose of recognizing
student achievement within the school community.

Parent/Guardian Signature _____

Relationship to Student _____

Name of Student _____

Date _____