

All Saints Catholic School
641 5th Avenue
Lewiston, ID 83501
(208) 743-4411
Fax (208) 743-9563

Dear Parents,

During the course of the school year, your child will have the opportunity to participate in a number of activities for which parent permission is required. Please circle your reply, sign below, and return this form to school as soon as possible. If you have any questions or concerns, please call the school office.

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|-----|----|---|
| Yes | No | <u>VISION - HEARING SCREENING</u> - this is done by parent volunteers with the school nurse. |
| Yes | No | <u>GROWING UP CLASSES</u> – 5 th and 6 th grade students only. |
| Yes | No | <u>SCOLIOSIS</u> - 6 th grade students will be checked by school nurse for curvature of spine or scoliosis. |
| Yes | No | <u>FIELD TRIPS</u> - Children are transported by school bus or private cars with their teachers and parent volunteers. Youth permission slips will be sent home before each outing. Adults wishing to drive must provide valid driver information, and complete a Diocesan form, available from the Office Manager. |
| Yes | No | <u>DISPLAY OF STUDENT WORK</u> - Children's work is entered in local, state, and national contests and may be displayed within our local community. |
| Yes | No | <u>WEB SITE</u> - Photographs or samples of school work may be used on our web site (using first names only). |
| Yes | No | <u>PUBLICITY</u> - Children may be photographed, filmed or samples of school work may be used in newspaper or television productions (using first & last names along with parent's names). |

I give permission for my child to participate in the above listed activities that are applicable. I expect to be informed ahead of time and will not hold the teacher or person in charge, the school or driver on a field trip responsible in case of accident or injury to my child.

Student Name

Grade

Date

Parent Signature

Phone