

Germantown Hills School District #69

103 Warrior Way - Germantown Hills, IL 61548

<http://ghills.metamora.k12.il.us>

(309) 383-2121

PARENT & STUDENT CONSENT FORM

STUDENT'S NAME: _____

GRADE: _____

- **MEDICAL INFORMATION:** I grant permission for G.H.E.S. School District #69 to share medical information concerning my child with district staff as needed.

____ Yes ____ No Parent's initials _____

- **STUDENT DIRECTORY:** I grant permission for G.H.E.S. #69 to publish my child's *name/address/primary phone information in the student directory. **(*please circle all that apply)**

____ Yes ____ No Parent's initials _____

- **STUDENT HANDBOOK:** The student handbook is an important part of the educational experience. This handbook contains information about Germantown Hills School District #69 and its policies. Parents and students are to read (or have read to them) the handbook. If you have any questions or concerns, please contact the school for clarification. As a student, I will abide by the rules and regulations for classroom, district, extracurricular, and bus behavior. As a parent, I agree to help my child meet behavior expectations.

____ Yes ____ No Parent's initials _____ Yes ____ No Student's initials _____

- **PHOTOGRAPHING/VIDEO TAPING:** Students may be photographed or videotaped at school. Photographs may be used in the yearbook, newspaper, or classroom websites. GHSD #69 uses video cameras in various places around the school campus to help ensure the health and safety of our students and staff. Videotapes may be used to help the school district maintain discipline, order, and safety for everyone. As a parent, I agree to allow my child to be videotaped or his/her picture taken as a part of the school procedures.

____ Yes ____ No Parent's initials _____

- **FIELD TRIP CONSENT:** Field trips are an integral part of the school experience. An agenda of the events will be distributed before the event, in the case that parents wish to exclude their child from participation. I grant permission for my child to participate in field trips sponsored by Germantown Hills School District #69. I further authorize supervising GHSD #69 personnel to act as an agent for my child and to use his/her judgment and discretion in obtaining medical care, as he/she deems necessary for the welfare of my child while on the field trip.

____ Yes ____ No Parent's initials _____

- **CELLULAR COMMUNICATIONS AND ELECTRONIC DEVICES:** A student and parent signature indicates that both parties understand the expectations and consequences for usage of these devices.

____ Yes ____ No Parent's initials _____ Yes ____ No Student's initials _____

- **INTERNET USAGE:** A student and parent signature indicates that students and parents understand the expectations and consequences for usage of school computers and the Internet.

____ Yes ____ No Parent's initials _____ Yes ____ No Student's initials _____

The district uses e-mail to communicate event information, calendar updates, teacher correspondence, and lunch balances. Please provide us with the e-mail address that you would like to view this information.

FATHER'S EMAIL: _____ MOTHER'S EMAIL: _____

PARENT/GUARDIAN'S SIGNATURE: _____

STUDENT'S SIGNATURE: _____

DATE: _____