



CONSENT OF PARENT/LEGAL GUARDIAN

Name of Student: _____

Date of Birth: _____

Grade Level: _____

School year 2019-2020

SCHOOL ACTIVITY CONSENT:

Agree Disagree

1. I give Shiprock Associated Schools, Inc.'s sponsors and/or residential staff my consent and permission to take my child off campus for school functions and overnight field trips.
2. I fully understand that my child is to abide by all rules and regulations governing field trip conduct.
3. I also understand that if it is determined that my child is in violation of the conduct standards, appropriate action will be taken, including sending him/her back home at my expense.
4. I hereby release and discharge Shiprock Associated Schools, Inc., employees, agents, and officers from all liability arising out of these field trips, activities, and functions.
5. I give consent for all of the above services.

PHOTO RELEASE:

Agree Disagree

I give Shiprock Associated Schools, Inc. permission to use my child's picture in all school publications, including online publications. In compliance with the Child Online Protection Act, Shiprock Associated Schools, Inc. will not publish my child's name in any publication without my consent.

Print Parent/Guardian Name: _____

Relationship: _____

Signature: _____

Date: _____