

Acknowledgements and Releases

Student's name _____ Date of Birth _____ Grade _____

_____ **Handbook** - I am aware that the school handbook is posted online at atholtonadventistacademy.org and can also be obtained by requesting a hard copy at the school office. It is my responsibility to read the handbook and I agree to abide by the procedures stated and the terms contained therein. Rules and policies announced by the administration during the school year will take precedence over statements previously printed in the handbook.

_____ **Photography/Videography** - I give permission for Atholton Adventist Academy to photograph/video my child and use the photo, video, derivatives, and/or other digital reproductions or physical likenesses for publication/ promotional purposes for the school, whether electronic, print, digital or internet. I understand that student confidentiality and safety are of utmost importance to the school.

_____ **Field Trips** - I understand that field trips are an integral part of my child's education at Atholton Adventist Academy and I hereby give permission for my child to attend all field trips authorized by school administration during the school year. I further agree that, in the event of injury or accidental death involved in any of the above mentioned activities, I will not hold the school or its personnel liable beyond the coverage provided by the school accident insurance policy when reasonable care and supervision have been provided. I understand that field trip details will be provided before each field trip occurs.

_____ **School Directory** - I give permission for the following information to be printed in the school directory and given to other school families upon their request. Please check all that apply:

- _____ Student Name
- _____ Student/Family Address
- _____ Student/Family Phone Number

_____ **Testing** - I understand that in order for the teachers to best serve my child's needs, academic testing may be required. I give permission for Atholton Adventist Academy to conduct academic testing deemed necessary to understand my child's individual needs and help him or her to succeed. If my child has had any prior testing of this kind, I will provide the school a copy of the testing results so additional testing is not administered unnecessarily.

_____ My child has a current IEP or 504 plan. I understand that I will need to provide a copy of the original plan and the latest update to the school as soon as possible.

_____ My child has received some form of intervention in the past (i.e. speech therapy, occupational therapy, physical therapy, ESOL)

Parent/Guardian Printed Name

Parent/Guardian Signature

Date