

# CONSENT FORM

I \_\_\_\_\_ give the Chilmark School permission to include my child's (parent/guardian signature)

name \_\_\_\_\_, address and phone number in a class list to be published and (Child's name)

made available to other parents in my child's class.

If you would like the name included, but maintain the address unlisted, check here: \_\_\_\_\_

If you would like the name included, but maintain the phone number unlisted, check here: \_\_\_\_\_

If you would like to be on the parent e-mail list, check here:

\_\_\_\_\_

E-mail address \_\_\_\_\_

\_\_\_\_\_

Please write clearly.

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# ON ISLAND FIELD TRIP PERMISSION SLIP

I give permission for my child, (children)

\_\_\_\_\_

to participate in any and all field trips or other special activities which are organized and supervised by the staff and parents of the school. I understand that travel may be by walking or school bus .

Date: \_\_\_\_\_

Signature parent(s) or legal guardian:

\_\_\_\_\_

Comments or conditions: