



PLAINVIEW PUBLIC SCHOOLS

PARENT/GUARDIAN CONSIDERATIONS/DISCLAIMERS

PLEASE PRINT

Student _____ Grade _____

I DO _____, I DO NOT _____ give permission for my child to travel with school officials by bus, van, or car, to attend academic field trips, athletic events, non-academic field trips, class outings, and other activities as scheduled by Plainview Public Schools

I DO _____, I DO NOT _____ give permission for my child to have their name and address printed in a directory by other agencies or distributed to outside organizations as directory information.

I DO _____, I DO NOT _____ give permission for my child to have their picture on Plainview School's web page, television channel, yearbook, or other outside media outlets.

I DO _____, I DO NOT _____ give permission for Plainview Public School to administer corporal punishment to my child.

I DO _____, I DO NOT _____ give permission to refer and/or test my child for Gifted/Talented.

I DO _____, I DO NOT _____ give permission for my child to have a vision and/or hearing screening.

_____ Phone # _____

Parent Signature

Print Name