

Parent Acknowledgements

2017-2018 School Year

Date: _____

Student Name: _____ **Grade:** _____

IMPORTANT * PLEASE READ *** IMPORTANT**

Please read and initial the following acknowledgements:

_____ In case of emergency, school authorities will use their judgement in seeking the best treatment. In this event, parents will be contacted at the earliest possible time. Parents who do not wish their child(ren) cared for in accordance with this statement should indicate this in writing to: Superintendent of Schools, 926 KWIX Road, Moberly, MO 65270.

_____ I understand that should an emergency vehicle be requested by school authorities to transport my child, it is my responsibility to pay for the emergency vehicle and treatment. Also, the information contained herein is accurate to the best of my knowledge.

_____ I understand that my child may be photographed while attending school or participating in school related activities; and, if I do not wish their picture be taken, I will notify my child's school indicating my wishes not to have my child photographed. I also understand that my child may be discussed by the collaborative team in order to provide additional resources and support. If I do not wish to have my child brought to the collaborative team, I will notify my child's school in writing indicating my wishes. Also, please be advised the Moberly School District may require official documents to support the information provided above.

_____ I understand that the district can release directory information upon request as stated in Policy JO. This information is considered "public record" under Missouri Sunshine Law. To opt out, please submit your notice in writing within 10 days of annual public notice to: Superintendent of Schools, 926 KWIX Road, Moberly, MO 65270.

_____ **I understand it is the parents' responsibility to report change of name, address, telephone, health conditions and any other pertinent information to the school office.**

Parent Permission

We are planning several field trips to various businesses and industries in the local area. These are part of the education activities. We would like to have your permission for your child(ren) to go with us. If you wish for your child(ren) to participate in these field trips during this school year, please sign below.

SIGNATURE OF PARENT OR GUARDIAN