

Please mail this form immediately and no later than May 18.

Student's Name: _____
FIRST NAME LAST NAME

Parental Authorizations

I hereby give permission for my daughter/son (named above) to participate in all activities that are a part of the organized programs and services of the Governor's School. This includes:

- a) Permission for my child to participate in all field trips taken by the Governor's School program this year. I have read and agree with the information regarding off-campus trips listed in the Information for Parents brochure.
- b) Permission for the Governor's School and the Virginia Department of Education to photograph my son/daughter (named above) and use his/her picture, silhouette, or other reproductions of my child's physical likeness in connection with mailings, posters, pamphlets, and other publications, for informational, educational and promotional purposes in connection with Virginia Governor's Schools.
- c) Permission for the staff of the Governor's School to receive/share information with sources that provide services to my son/daughter including their school, social services, medical personnel, and counselors. This information may include: medical, academic, behavioral, and social information and records.

PARENT/LEGAL GUARDIAN SIGNATURE DATE

Wireless Phone Policy Acknowledgement

I have read the information regarding wireless phones listed in the Information for Parents brochure and on page 9 in the Student Handbook. In seeking to promote community among its members, I recognize that the Governor's School expects that all students and parents/guardians will respect the community formation process by not leaving or keeping wireless phones at Governor's School. I understand that if a wireless phone is found at Governor's School, it will be confiscated and sent, along with a letter, to the superintendent or headmaster of my school. My signature below indicates my understanding of, consent to, and willingness to abide by this policy.

PARENT/LEGAL GUARDIAN SIGNATURE STUDENT SIGNATURE DATE

Family Day Authorized Persons

Please list the names of all persons who have your permission to sign out your daughter/son after 8:00 a.m. on July 19, 2009, and sign her/him back in by 7:00 p.m. that same day. Make sure to include yourself and/or spouse. ONLY the people listed below will be allowed to check out your child and ONLY after producing proper photo identification.

<u>NAME</u> (PLEASE PRINT)	<u>RELATIONSHIP</u>
_____	_____
_____	_____
_____	_____
_____	_____

I give permission for the above named persons to pick up my son/daughter (named above) on Sunday, July 19, 2009, after 8:00 a.m. I understand that these persons must be adults over 21 years of age[†] and will be legally responsible for my child until they sign my student back in by 7:00 p.m. that same day.

PARENT/LEGAL GUARDIAN SIGNATURE DATE

[†]Authorized persons who are immediate family members must be 18 years or older.