



SPRING HILL
S C H O O L

2009-2010 Permissions Slip

Child's Name _____
(Please print child's full name)

Please indicate your preferences below and on the other side by initialing "Accept" or "Decline" following each statement and then sign the back. If there is a change in the child's guardianship, please file a revised form with the office.

Daily Travel

During the school year, various unscheduled activities take place away from school grounds. These may include walks around the neighborhood, to the park or trips to the library. I give permission for my child to participate in outings off school grounds. I understand that my child will be under the supervision of the teacher, substitute, assistant or other adult authorized by the school.

Accept

Decline

Field Trips

My child may be transported to some events in a privately owned vehicle. I give permission for my child to participate in outings off school grounds. I understand that my child will be under the supervision of the teacher, substitute, assistant or other adult authorized by the school. I agree to hold Spring Hill Waldorf Foundation, its employees and volunteers harmless from any liability associated with these trips. ***I understand that I may decline my child's participation in any field trip by notifying the office in writing at least 24 hours prior to the event.***

Accept

Decline

Medical information

A school nurse provided by the Minnetonka Public School District has permission to review my child's medical files.

Accept

Decline

Photographs/Drawings

It is customary for Spring Hill School to keep photographic records and videotape of children participating in various school activities and to compile children's drawings and written work. We use these photographs, video, and schoolwork for the internal or external promotional and informational activities of Spring Hill School. May we have permission to include your child's photograph, video, drawings and written work in our publications and promotions?

Accept

Decline

Directory Listing

I understand that my family's names address and phone number will be published in the school **directory**. I give permission for cell phone numbers, e-mail address and child's birthdates and siblings to be included. *If there is specific information in the schools database, which you would like excluded from the school directory, please notify the office in writing*

Accept

Decline

District Funding

Spring Hill School is eligible to receive state funding through the local school district for health services and textbook materials for the classroom. Each child in the grades and kindergarten children who are 5 years old at the beginning of the school year are eligible. Spring Hill School may request district funding on my behalf for my child.

Accept

Decline

Parent/Guardian's Name _____
(please print)

Parent/Guardian's Signature _____ Date _____

Spring Hill School, a Developing Member of the Association of Waldorf Schools of North America, welcomes children of all cultural, racial, social and religious backgrounds.

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