



**ST. JOSEPH MONTESSORI SCHOOL
2011-2012**

COMBINED PERMISSIONS FORM

Please complete both sides of form.

The following permission items are required for all students. Please list your children's name(s):

Child 1: _____ Child 3: _____

Child 2: _____ Child 4: _____

1. PERMISSION TO USE GRANDPARENT and FAMILY FRIENDS INFORMATION

Grandparents and special family friends are encouraged to participate in your child's life at SJMS. We will send invitations to school events and information about opportunities to support SJMS to anyone you indicate below.

Grandparent(s) _____ Grandparent(s) _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Friend(s) _____ Friend(s) _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

_____ Please only send invitations to special events like Grandparents Day

_____ Please only send information about giving opportunities like the annual fund.

2. PERMISSION TO USE DATA FROM THE FAMILY and EMERGENCY MEDICAL FORMS

St. Joseph Montessori School is interested in compiling statistics/data about SJMS families for accreditation, recruitment and other purposes, and for seeking assistance of individuals with specific skills/talents. This information can be gathered from the Family and Emergency Information form. We will assume permission to use this information for internal school purposes only unless you indicate your refusal below.

_____ NO, I/we do not give permission to use our information.

3. CLASS WALKING TRIP PERMISSION (for Children's House students only)

_____ YES, I/we give permission for our child(ren) to take supervised neighborhood walking trips.

_____ NO, I/we do not give permission.

4. CLASS TRIP TRANSPORTATION PERMISSION (for Elementary students only)

_____ YES, I/we give permission for our child(ren) in Elementary to take supervised neighborhood walking trips, to ride in private cars, vans, etc., as well as in public transportation for field trips and shopping trips within Franklin County, and sponsored by SJMS.

_____ NO, I/we do not give permission.

VOLUNTARY INFORMATION: We'd appreciate it if you would provide the following information.

Weekly neighborhood paper (Clintonville Booster, This Week, etc): _____

Religious affiliation: Mother/Parent 1 _____ Father/Parent 2 _____ Child(ren) _____

Race/Ethnicity (check all that apply for each family member):

Mother/Guardian Black/African-American White/Caucasian Asian
 Native American Hispanic Other _____

Father/Guardian Black/African-American White/Caucasian Asian
 Native American Hispanic Other _____

Child 1 Black/African-American White/Caucasian Asian
 Native American Hispanic Other _____

Child 2 Black/African-American White/Caucasian Asian
 Native American Hispanic Other _____

Child 3 Black/African-American White/Caucasian Asian
 Native American Hispanic Other _____

Child 4 Black/African-American White/Caucasian Asian
 Native American Hispanic Other _____

My/Our signature(s) below signify consent to all permissions as they are specifically marked above:

Parent: _____ **Date:** _____

Parent: _____ **Date:** _____