

6. That when, and if, the time comes for our child to walk or ride with another parent for off-campus activities, we will fill out the necessary office permits giving the child permission to do so.
7. We give permission for our son/daughter to be photographed or video taped during the school year while a student at St. Paul's. We understand that these pictures may be used on school bulletin boards, in school newsletters and other publications, and, possibly, on the school website (www.splcwa.org) and Facebook page, and that there will be no personal identification attached to any picture used on the website or Facebook page.

We further consent that these photographs and/or videos shall be the property of the St. Paul's, and that St. Paul's shall have the right to duplicate, reproduce, and use them at any time and in any way that it deems necessary.

_____ It is okay to use our son's/daughter's photograph as described above.

_____ We prefer NOT to give consent to have this done and used by St. Paul's in any way.

8. That St. Paul's is not responsible for lost or damaged personal belongings.
9. That St. Paul's is authorized to obtain, through any physician it may choose, any emergency medical care that may become reasonably necessary for our child during the course of any St. Paul's activity. We understand that the school will make every attempt to contact us in such an event.

We agree to all of the above-stated guidelines, expectations, and procedures of St. Paul's Lutheran School.

Father's / Guardian's Signature	Date
Mother's / Guardian's Signature	Date
Student's Signature	Date

Parent(s) Guardian(s) Name:

Address:

City, State, Zip:

Home Phone:

Work Phone:

Cell Phone Dad:

Cell Phone Mom:

Email:

Public School District:

Race of Student(s) :

Ethnicity of Student(s):

Student's birthday:

Student's baptism date:

People authorized to transport child to and from school:

- 1) _____
- 2) _____
- 3) _____