



Pre-K Registration Now Open

Wynantskill UFSD is now accepting

Pre-Kindergarten applications for the 2021-22 school year.

Students must be 4 years old by December 1st to enroll.

Please note our Pre-Kindergarten Program will be limited to **15** students on a first come, first served basis.

For questions, [please contact](#) Ms Fazioli in the Main Office at 518-283-4600 ext. 10. Enrollment can be done by phone Monday - Friday 9:00am-3:00pm

Applications are due Apr. 12th (or until registration is full)

Wynantskill Union Free School District

25 East Avenue, Troy, NY 12180

Kathy Fazioli, Main Office

(518) 283-4600 x 10

Instructions for Pre-Kindergarten Registrations

To be eligible for Pre-Kindergarten at the opening of school of any year, a child must be four years of age on or before December 1.

Registration for all children entering the Wynantskill Union Free School District (“District”) occurs at the District’s Main Office located at 25 East Avenue, Troy, NY 12180. For general inquiries, the Main Office’s hours are 9:00 a.m. – 1:00 p.m. **Registration by appointment is preferred.**

ENROLLMENT/REGISTRATION PROCESS:

At the time of your appointment with the District’s Main Office, please bring with you the following completed forms and documentation listed below for each child you are seeking to enroll into the District. Please refer to District’s Student Admission Checklist to confirm that you are submitting to the Main Office all of the needed documentation.

Forms To Be Submitted:

The following forms must be completed and submitted to the Main Office for each child you are seeking to enroll into the District:

1. Pre-Kindergarten Registration Form
2. 2021-2022 Student Information Sheet
3. Student Racial and Ethnic Identification Form
4. Home Language Questionnaire
5. Residency Questionnaire
6. Parent Release / Request for Records Form

Additional Documents To Be Submitted at time of Registration:

In addition to the forms outlined above, please submit the following documents to the Main Office for each child you are seeking to enroll into the District. All documents submitted will be copied and returned to you immediately, if necessary.

A. Proof of Residency:

In order for your child to attend school in the District you must own or lease a residence located within the District and physically reside with the child in that residence.

To establish physical presence in the District, please submit:

1. A copy of a residential lease or proof of ownership of a house or condominium (i.e. a deed or mortgage statement);
2. A sworn or unsworn written statement from a third-party landlord, owner or tenant from whom you lease or share property within the District; or
3. A written statement from a third-party establishing your residency in the District.

In the event you cannot provide any of these documents, in determining your residency the District will consider any of the following:

1. Pay stub;
2. Income tax form;
3. Utility or other bills;
4. Membership documents based upon residency, such as library cards;
5. Voter registration document(s);
6. Official Driver's License, learner's permit or non-driver identification card;
7. State or other government issued identification; or
8. Documents issued by federal, state or local agencies, such as local social service agency or federal Office of Refugee Resettlement.

B. Documentation of the Child's Age:

In order for the District to confirm your child's age please submit either:

1. A certified transcript of a birth certificate;
2. A record of baptism confirming the date of birth for the child to be enrolled in the District. A foreign birth certificate or record of baptism will also be accepted; or
3. If a certified transcript of a birth certificate or a record of baptism is not available, please submit a copy of the child's passport. A foreign passport will be accepted.

In the event you cannot provide any of the above, the District will consider any of the following documents as long as it was issued two or more years ago:

1. Official driver's license;
2. State or other government issued identification;
3. School photo identification with date of birth;
4. Consulate identification card;
5. Hospital or health records;
6. Military dependent identification card;
7. Documents issued by federal, state or local agencies, such as local social service agency or federal Office of Refugee Resettlement;
8. Court orders or other court-issued documents;
9. Native American tribal document; or
10. Records from non-profit international aid agencies and voluntary agencies.

If any of these documents originate from a foreign country, the District may request verification of such documentary evidence from the appropriate foreign government or agency, consistent with Family Educational Rights and Privacy Act, 20 U.S.C. §1232g. The enrollment of your child will not be delayed by the District's verification of these documents.

C. Proof of Custody:

In order for the District to confirm your custody of your child, you may be required to submit either:

A written affidavit indicating that you are the parent(s) with whom the child lawfully resides;

1. A written affidavit indicating that you are the person(s) in a parental relation to the child, over whom you have total and permanent custody and control and describing how you obtained total and permanent custody and whether it is through a guardianship or otherwise; or
2. Judicial custody orders or guardianship papers.

Once your child has been registered into the Pre-Kindergarten Program, You will receive an additional packet with the following paperwork:

Health Records:

Pursuant to Education Law §903, 8 NYCRR §136.3 and Public Health Law §2164(7), please submit the following documents:

1. Health Physical Exam Records: *The exam must have been performed within the 12 months prior to the child's start date in our school district. If a physical has not been performed, you are allowed 30 days from the start of school to obtain one.*
2. Immunization records which may consist of:
 - A certificate of immunization from a healthcare practitioner or from New York State Immunization Information System or Citywide Immunization Registry confirming that the child has been fully immunized;
 - Documentation that the child is in process of receiving required immunizations;
 - A signed, completed medical exemption issued by the New York State Department of Health or a signed statement from a New York State licensed physician certifying that the immunization may be detrimental to the child's health, containing sufficient information to identify a medical contraindication to a specific immunization and specifying the length of time the immunization is medically contraindicated. This medical exemption must be reissued annually and the District may request additional information in support of the exemption; or
 - A completed Request for Religious Exemption to Immunization stating that you object to the immunization because of a sincere and genuine religious belief which prohibits the immunization of your child. The District may request additional information and documents in support of the exemption.

Other records, related to your Child's Educational History, if in your possession:

1. IEP (Individualized Education Plan) from previous school district;
2. Section 504 documentation from previous school district; and/or

Enrollment, Attendance and the Board of Education's Review of the Documentation Submitted:

Upon request, your child will be enrolled and permitted to attend school in the District the next school day, or as soon as practicable.

Within three (3) business days of your child's initial enrollment, the Board of Education ("Board"), or its designee, will review all of the documentation outlined above and determine whether your child is entitled to attend school in the District.

If it is determined that your child does not reside in the District, the Board, or its designee, within two (2) business days, will issue a written notification confirming the basis for this determination and the date your child is to be excluded from the District. The written notification will also confirm your right to appeal the decision to the New York State Commissioner of Education within thirty (30) days and advise that the instructions, forms and procedures for an appeal, including translated instruction forms and procedures can be found at the following:

- Online at the Office of Counsel, www.Counsel.nysed.gov;
- Mail addressed to the Office of Counsel, New York State Education Department, State Education Building, 89 Washington Avenue, Albany, New York 12234; or
- Calling the Appeals Coordinator at (518) 474-8927.

Wynantskill Union Free School District - Student Information Sheet
 Pre-Kindergarten Registration
 2021-2022 School Year

Student ID:		Grade: PK	Gender:
Student Name:	SSN:	Birth Date:	
Physical Address:		Ethnicity:	Hispanic: Y N

Parent/Guardian Contact #1

Name:	Employer:	Has Custody: Y N
Mailing Address (if different than student):		
Home Phone:	Work Phone:	Cell Phone:
Email:		Relationship:

Parent/Guardian Contact #2

Name:	Employer:	Has Custody: Y N
Mailing Address (if different than student):		
Home Phone:	Work Phone:	Cell Phone:
Email:		Relationship:

Emergency Closing Contact Information: In case of emergency school closure, an automated system will be used to contact the numbers listed above. If you would like someone else contacted instead, please fill out information below. If not, please leave blank.

Name:	Address:	
Home Phone:	Work Phone:	Cell Phone:
Email:		

Medical Information: Please list two adults, other than parents, who could be contacted in case of a medical emergency.

Name:	Employer:	Relationship:
Home Phone:	Work Phone:	Cell Phone:
Name:	Employer:	Relationship:
Home Phone:	Work Phone:	Cell Phone:

Physical Information	Dr. Name:	Dr. Phone:

Other Information	
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Adults authorized to pick up my child (other than parent):

Siblings:

***Wynantskill Union Free School District
Pre-Kindergarten Registration Form
Gardner Dickinson School***

_____ **DOB:** _____ PK
Name of Student **Grade**

_____ **Parent/Legal Guardian Names**

Parent's Address _____ As of _____

School Last Attended _____

Special Education Services at Previous School? Yes _____ No _____

Describe: _____

Phone Number _____ Parents Work Phone Number _____

Sibling _____ Date of Birth _____

Please see instructions for Pre-Kindergarten registration for acceptable proof of residency, the child's age and custody.

FOR OFFICE USE ONLY	
Approved for: Residency <input type="checkbox"/> Custody <input type="checkbox"/> Attendance: <input type="checkbox"/>	
Principal: _____	Date: _____
Superintendent: _____	Date: _____

Gardner Dickinson School Health Office Information

Required paperwork:

- Physical (Health appraisal)- All new students and those in grades Pre-K, K, 1, 3, 5, and 7 (dated within one year of current school year.)
- Birth Certificate
- Immunization record- signed by physician
- Dental form (requested, not required)

Medications (including anything over the counter): New York State requires a written physician order or prescription for anything a student will need during school hours. Written parent permission for the school to administer is also required. If a child will need to carry their own medication (ex. Inhaler), written physician and parent permission is still required. See- Medication policy available on Health office webpage.

Illness: Please call health office when your child is sick or will be late. You can leave a message anytime day or night. Email is not always reliable. If your child has a Fever, they need to stay home for 24 hours after the fever has broken without medication. If your child is vomiting or has diarrhea today, please keep them home the next school day. When your child returns after an illness, please send in a handwritten note explaining the absence.

Lost and Found: Located near the main office. Please label anything your children bring to school. Parents can check the lost and found anytime they are in the building, or at evening events when it will be in displayed. Items not claimed will be donated several times during the school year.

Screenings: The State of New York mandates that health related screenings be completed in our school each year when not completed by students' private physicians. The requirements are as follows:

- Vision Screening: All new students, Kindergarten and Grades 1, 2, 3, 5 and 7.
- Hearing Screening: All new students, Kindergarten and Grades 1, 3, 5, and 7.
- Scoliosis: Completed for girls Grades 5 and 7.

Pre-K and Kindergarten: A change of clothes for each child can be kept in the health office (if you would like to send in with your child). In my experience, this is helpful to have as there are spills, accidents, wet playgrounds, etc. I do keep some extra things, but won't have all sizes available.

Please don't hesitate to call for any questions or concerns.

Best wishes for a wonderful school year!

Tricia Gibbs RN, School Nurse

Phone 518-283-4600 X 18

Fax 518-283-0362

PRE-KINDERGARTEN REGISTRATION INFORMATION FROM THE HEALTH OFFICE

The completed medical information form and the child's immunization record are necessary to complete the registration process. If not brought to the orientation meeting, then please submit to the Main Office as soon as possible. Some children may not have completed the required immunizations as yet, but please submit what has been received so that the health record can be started.

Listed below are the immunizations required for school attendance in kindergarten. Students cannot be allowed to start school until the following immunizations have been administered:

- 5 Diphtheria (DTap, DTP) (4 doses allowed if fourth dose is at or after age 4)
- 4 Polio (3 doses allowed if third dose is at or after age 4)
- 2 MMR (Mumps, Measles, Rubella)
- 3 Hepatitis B (adequately spaced- see chart and footnotes)
- 2 Varicella (or physician documentation of student having had chicken pox)

Please see included New York State Immunization Requirements for reference.

In this packet is the policy for a student who needs to receive medication in school. We **must** have a written order from a physician, written permission from the parent, and the medication delivered to school in a pharmacy labeled container (an adult must bring the medication in to school- it is not to be transported by a student)

A physical exam is required for all students entering kindergarten. Ideally, the child's primary health care provider should perform the exam, as he/she is familiar with the child's medical history. Reports of physical exams must be **dated within 1 year** of the start of school. Any students who have not submitted the completed exam report will have the physical done at school by our School Health Care Provider.

Dental exam form is also included in this packet. The report can be completed any time within 1 year from the start of school, or after school starts. This form is requested, but not required for school attendance.

When your child is absent or will be late, please call the Health Office at 283-4600, ext. 18. There is an answering machine, so you may call and leave a message anytime. Our policy is to verify all absences. If we do not hear from you, we will call home or parent's work numbers. This can be very time consuming. Your cooperation is essential in making this safety policy work.

**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR
IF AN AREA IS NOT ASSESSED INDICATE NOT DONE**

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached Date of last seizure:
Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

Risk Factors for Diabetes or Pre-Diabetes: Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.

BMI _____ kg/m2

Percentile (Weight Status Category): <5th 5th-49th 50th-84th 85th-94th 95th-98th 99th and >

Hyperlipidemia: No Yes Not Done **Hypertension:** No Yes Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
Laboratory Testing	Positive	Negative	Date	List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Lead Level Required Grades Pre- K & K			Date	
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated $\geq 5 \mu\text{g/dL}$				
<input type="checkbox"/> System Review and Abnormal Findings Listed Below				
<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal
<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:			Diagnoses/Problems (list)	ICD-10 Code*
<input type="checkbox"/> Additional Information Attached			*Required only for students with an IEP receiving Medicaid	

Name:				DOB:	
SCREENINGS					
Vision (w/correction if prescribed)		Right	Left	Referral	Not Done
Distance Acuity		20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Near Vision Acuity		20/	20/		<input type="checkbox"/>
Color Perception Screening		<input type="checkbox"/> Pass <input type="checkbox"/> Fail			<input type="checkbox"/>
Notes					
Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.					Not Done
Pure Tone Screening	Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
Notes					
Scoliosis Screen Boys in grade 9, and Girls in grades 5 & 7		Negative	Positive	Referral	Not Done
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK					
<input type="checkbox"/> Student may participate in all activities without restrictions. <input type="checkbox"/> Student is restricted from participation in: <input type="checkbox"/> Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling. <input type="checkbox"/> Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball. <input type="checkbox"/> Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field. <input type="checkbox"/> Other Restrictions:					
Developmental Stage for Athletic Placement Process <u>ONLY</u> required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level. Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V Age of First Menses (if applicable) : _____					
<input type="checkbox"/> Other Accommodations*: (e.g. Brace, orthotics, insulin pump, prosthetic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.					
MEDICATIONS					
<input type="checkbox"/> Order Form for Medication(s) Needed at School Attached					
IMMUNIZATIONS					
		<input type="checkbox"/> Record Attached	<input type="checkbox"/> Reported in NYSIIS		
HEALTH CARE PROVIDER					
Medical Provider Signature:					
Provider Name: <i>(please print)</i>					
Provider Address:					
Phone:			Fax:		
Please Return This Form To Your Child's School When Completed.					



Home Language Questionnaire (HLQ)

Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes English. Your assistance in answering these questions is greatly appreciated.

Thank You

TO BE COMPLETED BY SCHOOL PERSONNEL

DISTRICT _____ *Please print or type clearly*

SCHOOL _____ GRADE _____

STUDENT NAME _____

DATE OF BIRTH _____
 Month: _____ Day: _____ Year: _____

STUDENT IDENTIFICATION NUMBER _____

NAME/POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION _____

DETERMINATION: Possible LEP
 English Proficient

(√ boxes that apply)

6. What language(s) is spoken in the student's home or residence? English Other _____
specify
7. What language(s) are spoken most of the time to the student, in the home or residence? English Other _____
specify
5. What language(s) does the student understand? English Other _____
4. What language(s) does the student speak? English Other _____
specify
3. What language(s) does the student read? English Other _____ Does Not Read
specify
2. What language(s) does the student write? English Other _____ Does Not Write
specify
1. In your opinion, how well does the student understand, speak, read and write English?

	<i>Very well</i>	<i>Only a little</i>	<i>Not at all</i>
Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Parent/Guardian/Other _____

Month: _____ Day: _____ Year: _____
 Date

STUDENT RACIAL AND ETHNIC IDENTIFICATION

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

Name of School: Wynantskill UFSD

School District Student Identification Number:	Date of Birth (Month/Day/Year): / /
Student Name: Last, First, Middle:	Grade Level:

DIRECTIONS TO PARENT/GUARDIAN

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND. [For question (1) Check (✓) the box that best describes your child.] Check (✓) only ONE box.

1. **Is the student Hispanic, Latino, or of Spanish origin?** Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.
YES, Hispanic

NO, not Hispanic

2. **Select one or more races from the following five racial groups** [For question (2) Check (✓) all groups that apply to your child; check (✓) at least ONE box.]:

- AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- BLACK OR AFRICAN AMERICAN:** A person having origins in any of the Black racial groups of Africa.
- WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Signature of Parent/Guardian/Other

Date

Relationship to Student (please check one box below):

Mother Father Guardian Other _____ (Specify):

**See reverse for important message to
Parents/Guardians and Confidentiality Procedures and
Regulations.**

STUDENT RACIAL AND ETHNIC IDENTIFICATION

To the Parent/Guardian: The *SAMPLE SCHOOL DISTRICT* has adopted a policy which requires the collection and recording of the ethnic identity of students in the *SAMPLE SCHOOL DISTRICT* in accordance with the federal categories and definitions. The information will be used to:

- Report information to the State and federal Education Departments.
- Plan educational programs and make sure that they are readily available to all students. - Analyze differences in academic performance, attendance and completion of school.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions on the back of this page. Put a check () in the box for the category or categories which best describe your child. The *SAMPLE SCHOOL DISTRICT* understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

CONFIDENTIALITY PROCEDURES AND REGULATIONS

To School Staff: This form will be filed in the student's permanent record as confidential information

To the Parent/Guardian: The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number

Please complete the form on the reverse side of this page

Student Photo Opt-Out Form

Dear Parent or Guardian:

To recognize student achievement and share the great things happening at Gardner-Dickinson with our community, your student may be photographed at school during a classroom project, assembly or other activity. These photographs may be used on the district's website, social media sites, or released to the media.

If you DO NOT want your child's photo used, please fill out the information below and return this form to the school main office. We will make every effort not to use your student's photo.

If you DO want your child's photo used, no response is necessary.

If you have any questions or concerns, please contact the main office at 283-4600 ext. 10.

Thank you.

I **DO NOT** give permission for my child, _____, to be
Child's Name

photographed for educational and/or educationally- related purposes.

Parent Signature

Date