



PARENT/GUARDIAN/CAREGIVER CONSENT FORM

(Appendix 11)

STUDENT NAME: _____ GRADE: _____
(Please Print) Last First Middle

Directions: Initial the beginning of the following statements. All initialed areas must be completed.

BUS AGREEMENT FOR PRE-K, KINDERGARTEN, AND FIRST GRADE STUDENTS

I understand the policy which requires that any Pre-K, kindergarten or first grade child be accompanied to the bus stop five minutes before pick-up time and met at the bus stop at the assigned return home time. I understand the bus driver will not allow my child to get off the bus unless I am physically present at the designated stop and able to take immediate custody of my child as they depart.

I understand that I must notify the school in writing of the person who will escort my child to and from the bus stop. The designated person must be an adult daycare provider, a sibling in fifth grade or above, or an adult family member.

PERMISSION TO PHOTOGRAPH/VIDEO TAPE

YES NO (Check one)

I give my permission to allow my child to be photographed or video taped for use in news stories and/or promotional materials that relate to the Charlotte County Public Schools. My consent applies only to the use of such materials for non-profit, non-commercial purposes.

INTERNET PERMISSION

YES NO (Check one)

I give my permission to allow my child to be photographed or video taped for use in news stories and/or promotional materials that relate to the Charlotte County Public Schools and are displayed on the Internet. My consent applies only to the use of such materials for non-profit, non-commercial purposes.

SCREENING, FURTHER ASSESSMENT PERMISSION

YES NO (Check one)

I give permission for screening and further assessment of my child as necessary. (Below you will find a list of tests that may be given to your child on an individual basis if they are needed. (This does not apply for group testing such as AGS, ACT Plan; Florida Comprehensive Assessment Test (FCAT); Florida Writes! and other state mandated tests.)

INTELLIGENCE TESTS: Kaufman Brief Intelligence Test (K-BIT); Peabody Picture Vocabulary Test (Verbal)

DIAGNOSTIC TESTS: Brigance (Reading and Math); Speech and Language Screening, Torrance Test of Creative Thinking

OBSERVATIONS: School based personnel, student support personnel, ESE/Psychological Services personnel

HEALTH SCREENING PERMISSION

YES NO (Check one)

HEALTH SCREENINGS: Eyes, ears, height, weight, scoliosis

RELEASE OF DIRECTORY INFORMATION

Under Federal Law, directory information (which may include name, address, phone number, date of birth, honors and awards) about students can be released. This information **MUST** be released to the military unless parents opt out.

____ I am opting out and do not want any information about my child released to anyone (newspapers, etc.) except to those who have a legal right.

____ I am opting out and do not want any information about my child released to the military.

Parent/Guardian/Caregiver Signature: _____

(MUST ANSWER)

Have either of the parents/guardians moved within the last three years from another county/state due to working in agriculture, fishing or dairy activities? YES NO (Check one)

SURVEY PARTICIPATION

I give permission for my child to participate in surveys such as the Florida Youth Substance Abuse Survey and other surveys relevant to the health, safety, and welfare of students. I understand that surveys of this type contain no personally identifiable information. I also understand that I may contact the school if I wish to review any survey.

YES NO (Check one) Parent/Guardian/Caregiver Signature: _____

Parent/Guardian/Caregiver Signature (print): _____ Date: _____

Parent/Guardian/Caregiver Signature (print): _____ Date: _____