Handbook Acknowledgment Form
2016-2017 School Year

Dear Parent(s),

Please complete the agreement portions of this page and return it to your child’s homeroom teacher.

Thank you,
Chief Learning Officer
Chief Academic Officer

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Parent Handbook Agreement
2016-2017

Student Name _________________________________________________________________

Homeroom Teacher ____________________________________________________________

Student Grade Level __________________

I acknowledge that I have read the parent handbook. I agree to comply with the policies set forth in this handbook.

___________________________________________________
Parent/Guardian Signature

Date

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PARENTAL DISMISSAL AGREEMENT
2016-2017

For the safety and protection of each student, it is necessary that your child’s teacher has a clear understanding concerning how each child leaves the school each day. Therefore, you are requested to check the way that your child is to leave the school and to fill in other requested information when applicable.

If, for specific reasons, you need to change your dismissal choice, contact your child’s homeroom teacher. If on a certain day you need to change the dismissal procedures shown below, write your child’s teacher a note and include a telephone number where you can be reached during the day to confirm that you sent the note.

Child’s Name_____________________________________________________________________________________________

Please Check One:

_ Rides Nursery Bus (Name & Phone Number): __________________________________________________________________

_ To Be Picked Up by Parent or Designated Person:______________________________________________________________

Please indicate below any special instructions concerning your child being transported to and from school. Also, indicate any restrictions on who may pick the child up from school in the event of illness or emergency.

____________________________________________
Parent/Guardian Signature

Date

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INTERVIEW/PHOTOGRAPHY RELEASE
2016-2017

I, ______________________________________________, give permission for my child, ________________________, to be photographed and/or interviewed by Leadership Preparatory Academy for the purpose of: Leadership Preparatory Academy School Publications, Video Tape, Newspaper Article or Radio/Television Reporting.

This photograph and interview will be used for no other purpose than those stated above.

____________________________________________
Parent/Guardian Signature

Date
EDUCATIONAL FIELD TRIP PERMISSION FORM
2016-2017

Educational field trips have a proper place in the instructional program. They are scheduled as a definite outgrowth of a classroom activity. Teachers carefully plan each trip and present a proposal to the principal which must be approved prior to the trips being scheduled. All necessary supervisory and safety precautions will be taken.

Our students will take several field trips during the year. Rather than send home permission slips for each trip, we are requesting permission which will cover all trips during the year. Parents will be notified of field trips to be taken. If there are objections to any trips, parents must notify the teacher in writing so that alternative instructional activities can be provided for the child. Additionally, if funds are needed for the trip parents will be notified in writing.

My child, ____________________________________________, has permission to attend approved educational field trips during the 2016-2017 school year.

____________________________________________                           ________________________
Parent/Guardian Signature                     Date

STUDENT ACCIDENT INSURANCE PLAN
2016-2017

We are pleased to offer through the DeKalb County School System the 2016-2017 Student Accident Insurance. This coverage provides excellent protection against medical expenses resulting from accidental injury to your child. Leadership Preparatory Academy will not pay for any injuries sustained during school activities.

I, _________________________________________ was made aware that a student accident plan is available.

____________________________________________                           ________________________
Parent/ Guardian Signature                     Date

MEDIA RELEASE
2016-2017

I, as the parent or guardian of ________________________, hereby give Leadership Preparatory Academy and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

____________________________________________                           ________________________
Parent/Guardian Signature                     Date

PHYSICAL EDUCATION RELEASE
2016-2017

A. Students are expected to participate in physical activities. Regular exercise improves children’s fitness and body composition. Exercise builds the skills and habits that can help keep the body healthy throughout life.

B. Individual health situations will be considered on an individual basis. After an absence from school for several days, the student should discuss with the teacher any reason for exemption from participating.

C. Medical notes from a doctor for medical reason are respected and honored. The doctor is requested to indicate when possible, why the student is exempted and for the length of time the exemption is valid. We will keep your child’s medical notes on file.

D. Please let us know in writing of any health condition your child may have which will affect his/her participation.

My child ____________________________________________, is able _____, is not able _____ to participate in regular physical education activities.

To my knowledge, there is no health problem limiting participation.

If there are any health problems, please attach a letter of explanation and/or doctor’s note.

I have read the above information and understand the policies of Physical Education Class at Leadership Preparatory Academy.

Date: __________________________________________
Parent/Guardian Signature: _____________________________
Home Phone: _____________________________
Work Phone: _____________________________
Other Phone: _____________________________
Comments: _____________________________

Home Address: __________________________________________________________
City: _____________________________