

TGU School District Permission Form

Please Use One Form Per Child

Student's Full Name _____ Date of Birth _____

Parent's /Guardian's Names _____

Mailing Address _____

Mother: (home) _____ (cell) _____ (work) _____

Mother's email: _____

Father: (home) _____ (cell) _____ (work) _____

Father's email: _____

Emergency Contact: _____ Phone: _____

Language spoken at home: English Spanish Other: _____

Completed English Language Survey, returned to the TGU School Office (newly enrolled students)

**Please read each of the boxes and check the appropriate box giving consent for your child.	YES	NO
1. Permission is given for my child to participate in school-sponsored field trips and activities, within the TGU District. Specific details may be sent home prior activity.		
2. Permission is given to the TGU Schools to administer non-aspirin tablets to my child. I understand that my child will not be administrated non-aspirin tablets unless a teacher, Staff or an administrator feels it is necessary.		
3. Rural Families Storm Home: In case of inclement weather, if TGU cannot get my child home, he/she would go to the following storm home. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> </div> Name of Storm Home Adult Storm Home Phone Number		
4. Acceptable Use of Technology Resources: By using the computer network systems in the TGU School District, you acknowledge that: 1. You have read, understand, and agree to the rules and regulation of the TGU School. 2. You understand that if you violate the Acceptable Use Policy your privilege to use the technology resources available to the TGU School District may be revoked for ONE(1) calendar year, and you may be subjected to suspension, expulsion, or legal consequences. 3. You understand that there will be NO second chances.		
5. LEGAL ALERT: Is anyone legally barred from visiting or picking up your student? If "YES", Whom? _____ Relation to the student _____ (Court documentation and physical description, and picture must be provided to the school office)		
6. It is allowable to use my child's name, picture and/or other information for publication in newspapers, school newsletters, websites, etc. for recognition. If you check NO, please see the Student Parent Handbook for further instructions.		
7. Does your child have any allergies or medical concerns that the teacher or office needs To be aware of? If "YES" please explain: _____		
8. We have read the TGU Student/Parent Handbook, which includes the TGU Speak Up Reporting Form and discussed any concerns with administration.		

Parent/Guardian Signature

Date

Student Signature

Date