**Lowell Public Schools**

**Special Education**

PERMISSION FORM

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_

 (school year )

Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (if different from home address)

Phone Number: Emergency Phone Number:

School student attends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate your choice:

\_\_\_\_yes \_\_\_\_no I give permission for my child to remain in the classroom during

observations of the classroom by other parent(s)/guardian(s), third parties unaffiliated with the Lowell Public Schools who may be determining the appropriateness of the classroom for a particular student and by any other person whose interest is in ensuring that the appropriate services and in place to meet a student’s needs.

\_\_\_\_yes \_\_\_\_no I give permission for my child to participate in the

 breakfast and lunch program.

\_\_\_\_yes \_\_\_\_no I give permission for my child to be videotaped and photographed

 and consent to have these published in the newspaper, shown on

 TV, and/or used to promote educational activities.

I understand that the permission I am granting above will extend from the start of the (insert school year) until the end of the (insert school year).

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_

 (Parent/Guardian)