



A Seventh Day Adventist Christian K-8 School

## WELCOME PACKET

This packet of information guides you through the yearly Enrollment Process and helps identify any missing information in your child's file that should be submitted to the school.

**2022-23**



A SEVENTH-DAY ADVENTIST CHRISTIAN SCHOOL

23901 NW 212<sup>th</sup> ave High Springs FL 32643 (386)454-2777

## COMPLETING YOUR 2022-23 ENROLLMENT

Dear Parents,

We are so excited to welcome our new student(s) to this school year full of wonder and expectations! However, some administrative paper-pushing remains to be done.



- **STEP-UP SCHOLARSHIP APPLICANTS:** You are responsible for Registration Fees and monthly tuition payments until the scholarship is awarded. Please check emails and application status daily at [www.stepupforstudents.org/Logins](http://www.stepupforstudents.org/Logins). Call them immediately if you have any questions. Likewise, respond to them immediately when they ask for another piece of information. Otherwise, your application goes to the bottom of the list before they review it again!
- **FULL UNIFORM** is required daily and to any school event, unless otherwise instructed. Unacceptable attire requires the parent to bring proper clothing or take the student home. The student is required to dress out in full exercise attire on (PE) Physical Education class days. The PE grade is affected by dressing out and participation.
- **FINALIZE 2022-23 ENROLLMENT** by **Thursday May 26th** by returning the items marked in the attached checklist.
- **PARENT NIGHT on Thursday, SEPT 1st.** It begins at **5:30pm** with a light supper and supervised activities provided for your entire family. Parental attendance at the meeting is required and begins promptly at 5:30pm.
- **TUITION** is due on the first day of class in August and on the 1<sup>st</sup> of each month thereafter through May. Check or money order payments must be inserted into the grey metal drop box in the office.
- **SCHOLARSHIP RECIPIENTS** must come in to sign their child's quarterly tuition checks as soon as they are notified. The Treasurer must deposit all checks together promptly.

So much happens behind the scenes -- Our school website should become your first stop for valuable updated information and check ClassDojo regularly. Thank you for entrusting your children under our care and guidance. God bless you and your family in all your endeavors.

*Andrea Bennett-Graham*

Registrar



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# 2022-23 ENROLLMENT CHECKLIST

for \_\_\_\_\_  
(student name)

PLEASE RETURN CHECKMARKED ITEMS BELOW.

(Health Exam and Immunization school records are inspected by the County each September.)

**NEW APPLICANTS**, please complete and return the following:

Office use:

- Southern Union Conference Application *(waived, if it was filled out online)* \_\_\_\_\_
- 3 STUDENT REFERENCES *(Teacher, Pastor, and friend)* \_\_\_\_\_
- STUDENT RECORDS RELEASE REQUEST \_\_\_\_\_

SUPPORTING DOCUMENTATION:

- FTC Application/Award Letter \_\_\_\_\_
- Report Card *(& IEP if applicable)* \_\_\_\_\_
- Copy of Student Birth Certificate \_\_\_\_\_
- Copy of Social Security card \_\_\_\_\_
- Copy of Insurance Card \_\_\_\_\_

**ALL STUDENTS**, please complete and return the following:

- UPDATED STUDENT HEALTH EXAM DUE BY AUG 31<sup>st</sup> \_\_\_\_\_
- UPDATED IMMUNIZATION RECORD DUE BY AUG 31<sup>st</sup> \_\_\_\_\_
- MEDICAL CONSENT FORM Notarized \_\_\_\_\_
- PARTNERSHIP CONTRACT \_\_\_\_\_
  - Student Handbook Policy Agreement *(read Student Handbook first.)* \_\_\_\_\_
  - Volunteer Commitment \_\_\_\_\_
  - Trip Consent \_\_\_\_\_
  - Media Picture Consent \_\_\_\_\_
  - No Gossip Policy \_\_\_\_\_
  - Bullying/Harassment Discussion & Contract Policy \_\_\_\_\_
- FINANCIAL CONTRACT \_\_\_\_\_
- \$100 Registration Fee DUE BY August 5<sup>th</sup> \_\_\_\_\_  
*(By request, families with multiple students or hardships may deposit \$100 and pay the balance over 3 months, Sept-Nov.)*
- AUGUST TUITION DUE BY AUG 10<sup>th</sup> \_\_\_\_\_



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# CONSENT for MEDICATION and Emergency Treatment

Signatures on this document must be NOTARIZED

Parent/Guardian's Name: \_\_\_\_\_

Instructions: Please SIGN, NOTARIZE, and RETURN this consent to Living Springs Academy (herein referred to as LSA). This will help reduce delay when seeking treatment for your child.

## Consent for Medication

I/We, the undersigned Parent/Guardian guardian(s) of (student name) \_\_\_\_\_, understand that LSA designated personnel may administer over-the-counter (OTC) medications (e.g. Tylenol, Advil, Sudafed) or other as prescribed to my child as per standing orders.

These are ALL prescribed or OTC medications and/or medical devices (e.g. inhalers) my child uses:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Consent for Emergency Medical Treatment

In the event of an accident or illness, I/we, the undersigned Parent/Guardian guardian(s) of (student name) \_\_\_\_\_, do hereby consent and authorize LSA staff to use its discretion to engage a licensed physician for surgical diagnosis, treatment, and/or hospital service, which may be required by said minor. This consent gives LSA or the physician the right to exercise their best judgment as to the immediate medical requirements of such diagnosis or treatment.

The undersigned agree to indemnify and save harmless LSA for any and all claims, expenses, or other forms of liabilities incurred by reason of action taken in procuring medical services for said minor. It is further understood that this consent is given in advance of any specific diagnosis, treatment, or need which may be required prior to being notified. This consent shall remain in effect until revoked in writing and delivered to LSA.

I give my permission to the above as follows:

- Please check ONE (1):
- I/We give consent WITHOUT RESTRICTIONS.
  - I/We give consent WITH THE FOLLOWING RESTRICTIONS:
  - I/We DO NOT give consent to the above.

Name of legally/financially responsible person(s) for student's medical needs: \_\_\_\_\_

Phone of legally/financially responsible person(s) for student's medical needs: \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Please attach a copy of BOTH sides of the Insurance Card.

Notary Area for Parent/Guardian signature:

(Seal)

This instrument was acknowledged before me on: \_\_\_\_\_ by:

who is personally known to me

whose identity I proved on the basis of: \_\_\_\_\_

\_\_\_\_\_  
(Notary Signature)



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## PARTNERSHIP CONTRACT

**Welcome to LIVING SPRINGS ACADEMY.** Everyone at LSA works hard toward our goal of providing a safe and caring environment for all students.

**Purpose of this Partnership Contract** is to define the responsibilities of the school, the students, and the parents. It is not intended to replace the Student Handbook, but rather emphasize it. The ultimate purpose of the Student Handbook is to provide a concise statement of the basic policies, procedures, and philosophy of Living Springs Academy. Commitment to these policies and procedures is EXPECTED from students, parents, and staff and enables the school to run in a harmonious way.

### **As SCHOOL STAFF, we agree to:**

- Maintain a welcoming and safe learning environment;
- Be good role models, maintaining a personal relationship with Jesus Christ;
- Remain competent and current in subjects taught;
- Foster high standards of academic achievement and behavior;
- Be available to explain or answer questions;
- Lead a student to a knowledge of God;
- Listen carefully to your child's perception of an event;
- Practice the necessary language skills for conflict resolution
- Provide loving, redemptive and corrective measures when disciplining children;
- Encourage parent/guardian involvement;
- Maintain an effective two-way communication channel between all parties;
- Be fair and consistent within the content of the Student Handbook.

### **As PARENTS/GUARDIANS of successful students, you are expected to:**

- Provide your child with nourishing meals at home and for school;
- Provide a quiet place for your child to study and make sure your child completes the homework;
- Regulate TV and other passive activity time and establish an adequate bedtime;
- Communicate with the teacher when the child is struggling;
- Get your child to school between 7:45 and 8:00 each weekday morning;
- Pick up your child Mon-Thurs at 3:00pm, Fridays at 1pm, and Early Dismissal days at 11:30am;
- Ensure all persons picking up your child are pre-authorized and SIGNS THEM OUT.
- Provide the school with a satisfactory reason for tardiness or absences and ensure missed work is done;
- Pay your child's tuition on time each month;
- Get Involved in school activities and occasionally help with special needs
- Refer to the Student Handbook to work in harmony as a team in the upbringing of your child.

### **As PARENTS/GUARDIANS of successful students, you are highly recommended to:**

- Encourage your child to read aloud;
- Regularly eat a meal together;
- Monitor passive activity time, encouraging your child to engage in reading/math educational games;
- Attend school and church functions with your child in order for them to experience a healthy student life.



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## PARTNERSHIP CONTRACT (cont'd)

### We expect each STUDENT to:

- Have a positive attitude towards others, school and learning;
- Come to class prepared;
- Be cooperative and obedient;
- Ask your teacher questions when you don't understand something;
- Work as hard as you can to complete all school assignments;
- Share with your family your school experiences;
- Abide by the rules and regulations set forth in the Student Handbook as long as you are a student.

**Believe in yourself; that you can learn, and that God is with you always.**

### Consents and Signatures: (Please initial or check mark each action agreed to)

- \_\_\_\_\_ We, the undersigned **parent and student**, understand what is expected of us and AGREE TO ABIDE BY the rules in the STUDENT HANDBOOK throughout the enrollment of our child(ren).
- \_\_\_\_\_ I, the undersigned **parent/guardian**, UNDERSTAND THAT OUR FAMILY INVOLVEMENT IS NECESSARY in the upkeep of Living Springs Academy, as well as in my child's daily student life.

### Parent's Emergency Contact Information:

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Teacher \_\_\_\_\_ Date \_\_\_\_\_



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## FINANCIAL CONTRACT 2022-23

### **Registration and other Fees:**

A pre-paid student Registration Fee secures a seat for your child. This student **Registration Fee remains at \$100 per student** and includes, but is not limited to: Liability Insurance, Achievement Testing, Technology Fee, Library Fee, Workbooks & Instructional Supplies. Scholarship students will be refunded after the first scholarship payment.

### **Annual Tuition:**

**The annual tuition is \$6,750** and is based on an annual amount, which is divided into ten equal payments. You may pay the entire amount at the beginning of the school year or in 10 monthly payments by the 10<sup>th</sup> of each month, August 10<sup>th</sup> through May 10<sup>th</sup>. If the 10<sup>th</sup> falls on the weekend, then payment is due the previous Friday. See next page for scholarship and aid programs. We can help you set up automated payments.

### **Payment / Late Fees / Non-Payment:**

*If parents experience a situation in which they cannot meet their financial responsibility to the school, they should contact the Principal, the Treasurer, or the Chairperson **before** the account becomes delinquent.*

**Tuition payments may only be placed in the lock-box located in the office.** Tuition payments are due by the 10<sup>th</sup> of each month. If payment is not received by the 10<sup>th</sup> of the month, a delinquent statement will be sent with a \$25 delinquent fee and a due date of the 22<sup>nd</sup> of the month. If payment is not received by the 22<sup>nd</sup>, the Principal will contact the parent to arrange for a payment date. If payment is still not received by that date, the parent(s) will be called before the School Board to answer why the contract between the parent(s) and the school should not be terminated.

### **Withdrawal Policy**

A written 30-day notification from the parent/guardian is required to withdraw a student from Living Springs Academy. The parent is responsible for all tuition and fees incurred during the month that the student attends.



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## FINANCIAL CONTRACT - TUITION WORKSHEET

**Step Up For Students Scholarships** – This program is available for all Florida students whose family meets certain income levels and for students who attended public school during the entire previous school year.

**Church Subsidy Credit** – This program is available to all families who consistently support, attend, and are members of a Seventh-day Adventist Church. Students must attend all scheduled school events and extra-curricular programs. Family members are strongly encouraged to volunteer at the school.

**Worthy Student Church Aid** – This program is available by application to families who consistently support and attend High Springs Seventh-day Adventist Church and have proven to be in need of financial help.

**Conference Employee Subsidy Credit** – The Florida Conference provides for subsidy funding for it's employees' child(ren) who attend SDA schools.

Student Name	Tuition	-Subsidy	-Aid	-Scholarship	= BALANCE
_____	_____	_____	_____	_____	= _____
_____	_____	_____	_____	_____	= _____
_____	_____	_____	_____	_____	= _____

Monthly Amount Due from Parent/Guardian: \$ \_\_\_\_\_ Method of Payment: \_\_\_\_\_

If other than parent, payment will be received from:

I have read and agree with the terms and conditions set forth in this Financial Contract. I agree to fulfill my financial obligation toward the tuition of my child.

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Principal Signature*

\_\_\_\_\_  
*Treasurer Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*





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## NO GOSSIP POLICY

In the classroom, gossip is an activity that can drain, distract and ruin the learning experience. We all have participated in this, yet most of us say we don't like it. In order to create a more Christ-like environment, we at Living Springs Academy are making a commitment to change our atmosphere to be gossip free.

**gossip n. – casual or unconstrained conversation or reports about other people, typically involving details that are not confirmed as being true.**

- Gossip is something you choose to do.
- Gossip always involves a person who is not present.
- Unwelcomed and negative gossip involves criticizing another person
- Gossip often hurts or injures another person's reputation.

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**The names signed below agree to the following:**

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**In order to have a more Christ-centered and gossip free classroom/school, I will:**

1. Not speak *or insinuate* another person's name when that person is not present unless it is to compliment or reference regarding school matters.
2. Refuse to participate when another person mentions a person who is not present in a negative light. I will change the subject or tell them I have agreed not to talk about others.
3. If I see or hear something that is damaging information about someone else, I will inform the teacher immediately.
4. If I fail to adhere to this policy: 1) I will have a warning after the 1<sup>st</sup> offense, 2) I will be written up and parents will be informed after the 2<sup>nd</sup> offense, 3) I will be written up and suspended (for up to 3 days) after the 3<sup>rd</sup> offense. If I fail to comply, and there is a 4<sup>th</sup> offense, the School Board Members will be notified to determine of necessary expulsion.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Administrator's Signature \_\_\_\_\_

Date \_\_\_\_\_



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## BULLYING/HARASSMENT DISCUSSION & CONTRACT

**Student Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Grade** \_\_\_\_\_ **Administrator** \_\_\_\_\_

*Bullying is a repeated behavior that is deliberate or done on purpose. These behaviors include physical acts, verbal or written communication and/or threats, or anything sent electronically by telephone, cell phone, computer, etc. that occur on school property, at school events/activities, or on the school bus.*

\_\_\_\_\_ I understand that I will be made aware of the violation.

\_\_\_\_\_ I will be instructed about the possible consequences of bullying other students.

\_\_\_\_\_ I understand that reacting or getting even will NOT be tolerated as a result of discussion/contract.

\_\_\_\_\_ I understand if this behavior continues that in-school or out-of-school suspension is a possible outcome.

I have read and understand the above information about bullying.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_



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## POWER HOUR – FAMILY VOLUNTEER FORM

Studies have proven that your involvement enhances your child’s success at school AND for life! Each family is expected to help in fundraising activities AND at least 1 of the categories below, as your schedule allows. Thanks for lightening the load to make this the highest quality school year for our kids!

### VOLUNTEER 1:

### VOLUNTEER 2:

<b>NAME:</b>		
<b>Commit to how much time?</b>	<input type="checkbox"/> 1 hr / week <input type="checkbox"/> 1 hr / month	<input type="checkbox"/> 1 hr / week <input type="checkbox"/> 1 hr / month
<b>Phone #s:</b>	Hm: _____ cell: _____	Hm: _____ cell: _____
<b>E-mail:</b>		
	I check my email: <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> rarely I check my texts: <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> rarely	I check my email: <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> rarely I check my texts: <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> rarely

**VOLUNTEER1    VOLUNTEER2    Someone from my family will help in at least 1 of the following:**

		<b>STUDENT – RELATED HELPERS :</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Lunchtime Monitors:</b> (Circle which day of the week): <b>M T W Th</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Hot Lunch Friday:</b> Coordinate potluck lunch w/parents. <b>Which month?</b> _____
		<b>BEHIND – THE – SCENE HELPERS :</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>From-home Clerical:</b> (Reminder calls/texts/emails OR Newsletters OR Picture Gallery)
<input type="checkbox"/>	<input type="checkbox"/>	<b>Field Trip Coordinators:</b> Coordinate w/teachers & parents and make group reservation.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Bulletin Board:</b> Coordinate w/teachers a seasonal display on their board of choice.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Outdoor Help:</b> (contact Henry at 423-653-7800 or <a href="mailto:hernandez.henry@hotmail.com">hernandez.henry@hotmail.com</a> )
<input type="checkbox"/>	<input type="checkbox"/>	<b>Indoor Help:</b> (contact Andrea at 646-206-8538 or <a href="mailto:andrebennettgraham85@gmail.com">andrebennettgraham85@gmail.com</a> )
		<b>ANNUAL EVENT HELPERS :</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>FALL PICNIC</b> SUNDAY afternoon; date varies year to year.
<input type="checkbox"/>	<input type="checkbox"/>	<b>THANKSGIVING BRUNCH</b> WEEKDAY morning in NOV; date varies year to year.
<input type="checkbox"/>	<input type="checkbox"/>	<b>PAJAMA PARTY</b> WEEKDAY morning in DEC; date varies year to year.
<input type="checkbox"/>	<input type="checkbox"/>	<b>SPRING PICNIC</b> SUNDAY afternoon; date varies year to year.
<input type="checkbox"/>	<input type="checkbox"/>	<b>OUTDOOR ED Week grades K-5</b> WEEKDAY in NOV.; accompany on day field trip(s).



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### STUDENT REFERENCE FORM

**Instructions:** Prospective students need THREE (3) REFERENCES.  
At least ONE (1) REFERENCE MUST BE FROM A CURRENT ACADEMIC TEACHER, and one (1) reference preferably from a pastor or clergy.

**Student Name:** \_\_\_\_\_ **Applying for Grade:** \_\_\_\_\_

The above named student is applying for admission to Living Springs Academy. Please complete this form and return *as soon as possible* to: **Living Springs Academy PO Box 537 High Springs FL 32655-0537**

**How long have you known the applicant?** 1-2 years 3-4 years 5+ years

**When was your last interaction with the applicant?** Current 1 year ago 2+ years

**In what capacity have you known the applicant?** Teacher Principal Pastor Friend

**How would you rate the applicant in the following areas?**

Christian Influence	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know
Academic Ability	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know
Dependability	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know
Cooperation With Authority	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know
Kindness and Courtesy	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know

**To your knowledge, has the applicant ever used:** Alcohol Tobacco Drugs None

**To your knowledge, has the applicant been suspended or dismissed from school, arrested, or on probation?** (If so, please explain – use back if more space is required)

**To your knowledge, has the applicant ever received individualized instruction or been evaluated/placed on an Individual Educational Plan (IEP)?** (If so, what level of services were provided – use back if more space is required)

**General Comments:** (Please list strengths/weaknesses – use back if more space is required)

**Do you recommend this student?** Yes-without reservation Yes-with reservation No-not at this time

Name (Please Print)		Signature	Date
Position	Organization	Name	Phone
Address		City, ST	Zip





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<http://lsa.sda.com/>

## FIELD TRIP CONSENT FORM

In order to minimize problems with trying to collect individualized field trip forms, here is a generic permission slip to approve for **ALL** away-from-school educational trips during the normal school day (8:00 a.m. to 3:00 p.m.). This form of approval would apply to walking, as well as, motorized trips (buses, school vehicle, teacher's vehicles, etc.). Teachers will continue to send home a brief note identifying the date, time, location, and cost of field trips.

I, the undersigned, do hereby grant or deny Living Springs Academy staff and other supervisory adults permission to take my child \_\_\_\_\_ on short local field trips.

- Deny permission to take my child on local field trips.
- Grant permission to take my child on local field trips.
- I would like to be listed as a chaperone for my child's local field trips.

**I do understand that every precaution to ensure my child's safety will be taken. However, in the event of an emergency, I will be contacted at the numbers in my child's school records.**

Due to limited transportation, we will *require* for some parent chaperones to attend. Please indicate your availability.

- Yes; I can chaperone all/most of the field trips
- No; I cannot chaperone any of the field trips

**\* The end-of-year field trip REQUIRES AN ADULT CHAPERONE FOR EVERY FAMILY that will attend \***

I understand that there will be field trips throughout the year and that my child will be permitted to participate as I have indicated above. I also understand that in order for my child to *participate in the final field trip of the school year*, I **WILL make arrangements to chaperone or have a chaperone** available in order for my child to attend.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_



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## MEDIA RECORDING CONSENT

For the purpose of educational documentation, students' images are captured for various reasons, such as, yearbooks, printed advertisement, programs, parental knowledge on ClassDojo or private school social media, etc.

- Deny permission to use my child's image at all.
  
- Grant permission to use my child's image in the following ways (mark all that apply):
  - Limited usage:** I want my child's image used within the Living Springs Academy setting only (not in the larger community).
  
  - Limited usage:** I want my child's image used for educational materials only (not marketing). This could be either within Living Springs Academy or in the larger community. One example of this could be videos in parent educational classes.
  
  - Limited usage:** I want my child's image used on printed materials only (no digital or video use).
  
  - Unrestricted usage:** I give my unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used without further notifying me.

**I do understand that the child's name WILL NOT be used in conjunction with any video or digital images.**

Child's Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_