Teacher/Grade

John Bynon Park Permission

Student's Last name, first name

 I give permission for my child, , to travel to the John Bynon

Community Park located adjacent to West Hills Elementary School. I understand that the park will be used for both recreational and educational purposes this year and that the teacher will make the decision to use the park facilities. This permission slip will serve for this school year.

Media Release

From time to time, we receive requests from our local media (newspaper, radio, television) to interview, photograph and/or videotape our students. These requests are generally in conjunction with special activities or events that take place in our school. Please fill in your child's name below if you give permission.

 My child, , has my permission to appear in a photograph

and/or video as described above. My child has my permission to be interviewed and quoted. I realize that these pictures/video will become the property of the local media.

H.A.B.I.T. (Human-Animal Bond in Tennessee) Ruff Reading Program

The H.A.B.I.T. Ruff Reading program typically provides classroom support to students from Pre K to fifth grade, and sometimes up to eighth grade when students have special needs. H.A.B.I.T. volunteers will bring their medically and behaviorally evaluated dogs to the classroom once a week for one hour so that the students can read to him. The goal of H.A.B.I.T.’s Ruff Reading program is to bring a nonjudgmental and unconditionally loving animal into the classroom to create a supportive environment for students. The classroom teacher will have the opportunity to direct the use of this tool to create the best outcome for her/his students’ academic, social, or emotional development. Please complete one of the statements below.

 My child, , has permission to possibly spend some quiet

time with a Ruff Reading dog from The University of Tennessee College of Veterinary Medicine and has no known allergies to, or fear of, dogs.

 I would prefer my child, , does not spend time with a HABIT dog.

I have read and understood all of the above information.

Date

Parent or Guardian's signature

Thank you for taking the time to complete this form.

KNOX COUNTY SCHOOLS

ELEMENTARY ENROLLMENT AND EMERGENCY INFORMATION

udent's Last Name

 School Year School Homeroom Teacher G.rade

 Student's Full Name \_

 Date of Birth Soc. Sec. No.

 Address -=,--...,.,...-.". ~----------\_----

 StreeV Apt. # City Zip Code

 Custodial Parent/Guardian's Name In Zone D Out of Zone D Bus No. \_

 Phone Numbers: Home Work Cell Pager \_

The following individuals are authorized to pick up the above named child and/or to work with school personnel in the event of an emergency or illness:

 Father/Guardian Telephone (work) (home) \_

Address

 Mother/Guardian Telephone (work) (home) \_

 • Address

Relative, neighbor or friend:

 Name/Relationship Telephone \_

Address

 Name/Relationship Telephone \_

Address

 Name/Relationship Telephone \_

Address

 Contact family physician-Name Telephone \_

 Take child to any licensed physician: Yes D NoD Take child to emergency hospital \_

It Is important for teachers and principals to have special medical information concerning your child so that any emergency may be taken care of as adequately as possible. Please summarize any special medical conditions you want to share:

~1-1 08 (2/05)

 Date \_

Signature of Parent or Guardian

KNOX COUNTY SCHOOLS

EMERGENCY EARLY SCHOOL DISMISSAL INFORMATION

We need to know where your child should go or how he or she should get home in the event that bad weather or other emergencies should cause school to be dismissed early. Please complete the form below and return it to your child's teacher at once. Also, please discuss with your child what to do in case of early dismissal.

Please DO NOT call to ask whether school will be dismissed early. The radio and television stations will have the information as soon as we do. Our school telephones will be needed for emergency calls.

 Teacher Bus Number Load Number \_

 K-Trans Bus \_

 Mother's Work Place Telephone \_

 Father's Work Place \_

Please check the appropriate instruction for your child.

 Telephone \_

 Let my child: walk home alone walk home with (I have made these arrangements.)

 ride the usual bus \_

 ride with who is in 's class.

other instructions for getting home

Complete a card for each child.

Date

Signature of Parent or Guardian