



**PARENT/GUARDIAN/CAREGIVER CONSENT FORM**

(Appendix 11)

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_  
(Please Print) Last First Middle

Directions: **Initial** the beginning of the following statements. **All initialed areas must be completed.**

**BUS AGREEMENT FOR PRE-K, KINDERGARTEN, AND FIRST GRADE STUDENTS**

I understand the policy which requires that any Pre-K, kindergarten or first grade child be accompanied to the bus stop five minutes before pick-up time and met at the bus stop at the assigned return home time. I understand the bus driver will not allow my child to get off the bus unless I am physically present at the designated stop and able to take immediate custody of my child as they depart.

I understand that I **must** notify the school in writing of the person who will escort my child to and from the bus stop. The designated person **must** be an adult daycare provider, a sibling in fifth grade or above, or an adult family member.

\_\_\_\_\_ **PERMISSION TO PHOTOGRAPH/VIDEO TAPE** YES  NO  (Check one)

I give my permission to allow my child to be photographed or video taped for use in news stories and/or promotional materials that relate to the Charlotte County Public Schools. My consent applies only to the use of such materials for non-profit, non-commercial purposes.

\_\_\_\_\_ **INTERNET PERMISSION** YES  NO  (Check one)

I give my permission to allow my child to be photographed or video taped for use in news stories and/or promotional materials that relate to the Charlotte County Public Schools and are displayed on the Internet. My consent applies only to the use of such materials for non-profit, non-commercial purposes.

\_\_\_\_\_ **SCREENING, FURTHER ASSESSMENT PERMISSION** YES  NO  (Check one)

I give permission for screening and further assessment of my child as necessary. (Below you will find a list of tests that may be given to your child on an individual basis if they are needed. **(This does not apply for group testing such as AGS, ACT Plan; Florida Comprehensive Assessment Test (FCAT); Florida Writes! and other state mandated tests.)**

- INTELLIGENCE TESTS:** Kaufman Brief Intelligence Test (K-BIT); Peabody Picture Vocabulary Test (Verbal)
- DIAGNOSTIC TESTS:** Brigance (Reading and Math); Speech and Language Screening, Torrance Test of Creative Thinking
- OBSERVATIONS:** School based personnel, student support personnel, ESE/Psychological Services personnel

\_\_\_\_\_ **HEALTH SCREENING PERMISSION** YES  NO  (Check one)

**HEALTH SCREENINGS:** Eyes, ears, height, weight, scoliosis

\_\_\_\_\_ **RELEASE OF DIRECTORY INFORMATION**

Under Federal Law, directory information (which may include name, address, phone number, date of birth, honors and awards) about students can be released. This information **MUST** be released to the military unless parents opt out.

- \_\_\_\_\_ I am opting out and do not want any information about my child released to anyone (newspapers, etc.) except to those who have a legal right.
- \_\_\_\_\_ I am opting out and do not want any information about my child released to the military.

Parent/Guardian/Caregiver Signature: \_\_\_\_\_

**(MUST ANSWER)**

Have either of the parents/guardians moved within the last three years from another county/state due to working in agriculture, fishing or dairy activities? YES  NO  (Check one)

**SURVEY PARTICIPATION**

I give permission for my child to participate in surveys such as the Florida Youth Substance Abuse Survey and other surveys relevant to the health, safety, and welfare of students. I understand that surveys of this type contain no personally identifiable information. I also understand that I may contact the school if I wish to review any survey.

YES  NO  (Check one) Parent/Guardian/Caregiver Signature: \_\_\_\_\_

Parent/Guardian/Caregiver Signature (print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian/Caregiver Signature (print): \_\_\_\_\_ Date: \_\_\_\_\_