

**BLACKWELL PUBLIC SCHOOLS
SCREENING PERMISSION FORM**

As a service to its students, Blackwell Public Schools provides speech, language, dental, hearing, vision, and /or reading screenings as needed throughout the school year. As the parent or guardian of _____, I give permission for my student to
(student's name)
participate in schools screenings.

Parent/Guardian Signature

_____ 2018 - 2019 _____
School Year

**BLACKWELL PUBLIC SCHOOLS
FIELD TRIP AND PHOTOGRAPHY PERMISSION FORM**

My child may participate in school related events such as field trips, concerts, picnics, etc. I understand by giving permission for my child to participate in approved activities, I release the driver and the school from responsibility for individual accidents or injury. I also give permission for my child's picture to be taken and published for the school memory book/yearbook, school web site, and the local newspaper for articles related to school events.

Parent/Guardian Signature

_____ 2018 - 2019 _____
School Year

**BLACKWELL PUBLIC SCHOOLS
SCHOOL MESSENGER NOTIFICATION FORM**

In order for you to continue to receive automated phone calls from our school district, we need to obtain your written permission to receive these messages. From time to time, the district uses these messages to inform parents of important events or safety issues. Please complete the permission form below.

As the parent/guardian for _____, a student in the _____ grade, I hereby give my written permission to receive automated phone calls, text, or e-mail messages from the school district. The telephone number which may be notified is _____ and e-mail address is _____.

Parent/Guardian Signature

_____ 2018 - 2019 _____
School Year