

### STUDENT INFORMATION

Student's Legal Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Gender \_\_\_\_\_

Student's Email \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Student's church (if applicable) \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to student \_\_\_\_\_

May we text you? \_\_\_\_\_

### MEDICAL INFORMATION

Student Health problems or special needs \_\_\_\_\_

Emergency Contact (if parent/guardian cannot be reached) \_\_\_\_\_

Relationship to student \_\_\_\_\_ Phone # \_\_\_\_\_

- I give permission for the student listed above to attend the Released Time Bible Education class of Clarendon Christian Learning Center during the approved elective class period.
- I understand that this is a permanent consent form and will allow my child to attend until he/she is withdrawn or changes schools.
- As the parent/guardian I can remove the student at any point upon written notice, and likewise the program has the right to remove the student from the program for disciplinary issues.
- I give and assign Clarendon Christian Learning Center and their legal representatives the right and permission to use and publish, without charge, photographs, videos, or other media of this student and their image, or likeness taken. These photographs and/or videos may be used in publications, including electronic publications, audio-visual presentations, promotional literature, advertising, or in other similar ways.
- I hereby certify that I am over eighteen (18) years of age and am the parent or legal guardian of the student identified above and I am competent to contract in my own name.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_