



Holland Adventist Academy is passionate about Christian education. That passion includes the desire to support Holland SDA Church families who have made the choice to homeschool their children. The Harmony Program provides Christ-centered, supplemental education for such families. Our goal is to foster relationships and work cooperatively with parents to provide for their children's education, grow their unique God-given gifts and help them develop a closer walk with Him.

THE HARMONY PROGRAM

Homeschool families who wish for their child to participate in Holland Adventist Academy's Harmony Program agree to the following:

- 1) Complete and submit registration paperwork to the school office.
- 2) Pay yearly tuition fees upon registration.
- 3) Review the HAA Handbook. Students are required to follow all guidelines including the behavior, illness, and dress code policies.
- 4) Participating students must be up to date on required immunizations or have an Immunization Waiver Form validated by the local county Health Department prior to the start of school.
- 5) Attend all registered classes on-time each week. Contact the school office if your child will be absent due to illness. Please make prior arrangements for planned absences.
- 6) Respective students will participate in scheduled school musical performances and dress rehearsals.
- 7) Students must not be left unattended at drop-off or pick-up. Drivers should wait until their child is in the care of a staff member before leaving and should be present to pick up their child at the end of class.



THE HARMONY PROGRAM
Registration Checklist

- Application for Admission
- Class Registration
- Review School Calendar
- Student Behavior Contract
- Copy of Birth Certificate
- Consent - Medical Treatment
- Food Allergy & Anaphylaxis Emergency Care Plan (if applicable)
- Immunization Record from Physician or Immunization Waiver signed by County Health Dept.
- Consent - Administer Over-the-Counter Medications
- Consent - Student Photo Release
- Child Pick-Up Authorization
- Review HAA School Handbook
- Tuition Payment Included (Please make checks payable to Holland Adventist Academy)

Please include this checklist in your completed registration packet and submit to the school office.

Parent Signature: _____

Administration Signature: _____

Guest Student Application

Michigan Conference of Seventh-day Adventists

Please fill out a separate application for each child applying to participate in activities at:

Name of School

Child's full legal name: (Last - First - Middle) Gender Date of Birth: Mo./Day/Yr. Age

Father (Full Legal Name)		Mother (Full Legal Name)	
Home Address		Home Address	
Home Phone	Work	Home Phone	Work
Cell	E-mail Address	Cell	E-mail Address

Consent Form

PERMISSION FOR MEDICAL TREATMENT, PARTICIPATION IN ACTIVITIES, TRAVEL, AND RELEASE FORM

I/We the undersigned parent(s) or legal guardian(s) of _____ (the "student") hereby permit, consent and release as follows:

- I. **Consent to any needed emergency medical treatment as a result of accident or sickness.** The teacher in charge, designated driver or any of their assistants acting at their direction shall have authority to obtain such emergency medical assistance for the student and transport the student as is necessary. Authority and permission to any x-ray examination, anesthetic, medical or surgical diagnoses or treatment and hospital service that may be rendered to the student is also granted to the medical care providers. I/We will be contacted as soon as reasonably possible regarding the medical emergency.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize medical personnel and school personnel to exercise their best judgment as to the requirements of such diagnosis or treatment.

- The student is covered by health care insurance as follows:
 Insurance Company Name: _____
 Name of Policy Holder: _____
 Policy Number: _____

- The student is not covered by health care insurance.

II. Field Trips

- A. When parental notification has been provided I/we give permission for the child to participate in the following off-campus, board-approved school events including, but not limited to:
- Traditional Field Trips taking place during normal school hours
 - Routine Bible Labs Activities taking place during normal school hours
- B. For the child to participate in off-campus, board approved trips that fall outside of normal school hours or trips not described in Section A, additional parental approval at the time of the field trip will be required.

III. I/We give permission for the child to be transported to and from the above-described school trips by school board approved drivers.

IV. I voluntarily release, indemnify and hold harmless the Michigan Conference of Seventh-day Adventists, and its employees, representatives, agents, and affiliates from any claims, actions, losses, damages or liabilities (including reasonable attorney fees), for myself and for any occurrences or actions which result in injury, illness, accident or harm of any kind, now or in the future, to the named child while participating in the above-referenced events or activities, and from any act or omission of negligence in rendering or failing to render any type of emergency or medical service.

By signing this form, I declare that I have read and understand the contents of this form and agree to all the terms and conditions herein.

I declare that I am the legal parent and/or guardian of the child listed above and that I am authorized to sign this document. The information I have provided is truthful and accurate to the best of my knowledge.

If any provisions of this document should be invalid or unenforceable, the remaining provisions shall continue to be fully effective.

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

Emergency Contact Information:

Name	Number
Physician:	Work:
Other:	Home: Work: Cell:
Other:	Home: Work: Cell:
Other:	Home: Work: Cell:



THE HARMONY PROGRAM CLASS REGISTRATION

Student Name: _____

Physical Education - Monday/Wednesday

Please check your class selection.

_____	1:00 p.m. – 1:45 p.m.	Grades 3-5
_____	1:55 p.m. – 2:25 p.m.	Grades K-2
_____	2:35 p.m. – 3:25 p.m.	Grades 6-10

Music Education - Tuesday/Thursday

Please check your class selection.

_____	1:15 p.m. – 1:45 p.m.	Grades 3-5
_____	1:55 p.m. – 2:25 p.m.	Grades K-2
_____	2:35 p.m. – 3:25 p.m.	Grades 6-10

TUITION PRICING

Grades	Physical Education	Music	Combined
K-2	\$140.00	\$140.00	\$230.00
3-5	\$185.00	\$140.00	\$275.00
6-10	\$200.00	\$200.00	\$350.00

*Variances in cost reflect hours offered per school year.

Tuition Payment Total: _____

Cash _____ Check _____

Holland Adventist Academy

2022-2023 CALENDAR

AUGUST '22

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

1 Contract Year Begins
 1-5 Teacher Meetings
 17 School Begins:
 1/2 Day

FEBRUARY '23

S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

1-3 Map Testing
 16 Min. Day: P/T Conf.
 17 No School for Students
 Teacher Professional Day
 20 No School: Pres. Day
 24-26 Teen Impact

SEPTEMBER '22

S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

5 No School- Labor Day
 9-11 Adventurer Family Camp
 12-23 MAP Testing
 15-18 Pathfinder Camporee
 19 No School for Students
 Pastor/Teacher Day

MARCH '23

S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

17 Q3 Ends
 17 1/2 Day
 20-24 Spring Break

OCTOBER '22

S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

2-5 LIFT
 14 Q1 Ends
 26-27 1/2 Days: P/T Conf.
 31 No School for Students
 Teacher Inservice Day

APRIL '23

S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

24-28 MAP Testing

NOVEMBER '22

S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

23-25 Thanksgiving Break

MAY '23

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

1-5 MAP Testing
 12-14 Pathfinder Fair
 26 Q4 Ends
 26 1/2 Day – Last Day
 29 Memorial Day

DECEMBER '22

S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

16 Q2 Ends
 16 1/2 Day
 19-30 Christmas Break

JUNE '23

S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

2 Contract Year Ends

JANUARY '23

S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

2 School Resumes
 16 MLK Jr. Day – full day
 23-31 MAP Testing

KEY

Notable Days
 1/2 Days
 No School Days
 End of Quarter

Day Counts

Q1: 43 Aug 17-Oct 14
 Q2: 41 Oct 17-Dec 16
 Q3: 51 Jan 2-Mar 17
 Q4: 45 Mar 27-May 26

Total Days: 180
 Total Hours: 1099.5

Additional Dates set by Board:
 Fall Week of Prayer
 Spring Week of Prayer
 Adventist Education Sabbath



Michigan Conference Student Behavior Contract

I consider it a privilege to attend a Christian school and understand that I will be expected to be obedient and treat others with kindness and respect.

I agree to follow all of the school rules as listed in the school handbook and as announced by school personnel.

I understand that disobeying or treating others with unkindness or disrespect cannot be tolerated at this school.

I understand that if I choose to not follow the school rules, discipline may result and my parents may be notified. Discipline may include suspension or dismissal.

Student

Date

We agree to support each other and work together.

Parent or Legal Guardian

Date

Teacher

Date



Adventist Education

A JOURNEY TO EXCELLENCE

Student Birth Certificate Verification Form



1. Student's Legal Name

Last/First/Middle

2. Student's Birth Date

Month/Day/Year

3. Student's Birth Place

City/State

I have seen the above student's birth certificate and verify that the above information is accurate.

Signature of Principal

Date

School

Michigan Conference of Seventh-day Adventists

5801 W. Michigan Ave

Lansing, MI 48917

517-316-1500



Consent Form

PERMISSION FOR MEDICAL TREATMENT,
PARTICIPATION IN ACTIVITIES,
TRAVEL, AND RELEASE FORM

Michigan Conference of Seventh-day Adventists

SCHOOL: _____

I/We the undersigned parent(s) or legal guardian(s) of _____
(minor "child") hereby permit, consent and release as follows:

- **I. Consent to any needed emergency medical treatment as a result of accident or sickness.** The teacher in charge, designated driver or any of their assistants acting at their direction shall have authority to obtain such emergency medical assistance for the child and transport the child as is necessary. Authority and permission to any x-ray examination, anesthetic, medical or surgical diagnoses or treatment and hospital service that may be rendered to the child is also granted to the medical care providers. I/We will be contacted as soon as reasonably possible regarding the medical emergency.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize medical personnel and school personnel to exercise their best judgment as to the requirements of such diagnosis or treatment.

The child is covered by health care insurance as follows:
Insurance Company Name: _____
Name of Policy Holder: _____
Policy Number: _____

The child is not covered by health care insurance.

II. Field Trips

- A. When parental notification has been provided I/we give permission for the child to participate in the following off-campus, board-approved school events including, but not limited to:
 - Traditional Field Trips taking place during normal school hours
 - Routine Bible Labs Activities taking place during normal school hours
 - B. For the child to participate in off-campus, board approved trips that fall outside of normal school hours or trips not described in Section A, additional parental approval at the time of the field trip will be required.
- III. I/We give permission for the child to be transported to and from the above-described school trips by school board approved drivers.

IV. I voluntarily release, indemnify and hold harmless the Michigan Conference of Seventh-day Adventists, and its employees, representatives, agents, and affiliates from any claims, actions, losses, damages or liabilities (including reasonable attorney fees), for myself and for any occurrences or actions which result in injury, illness, accident or harm of any kind, now or in the future, to the named child while participating in the above-referenced events or activities, and from any act or omission of negligence in rendering or failing to render any type of emergency or medical service.

By signing this form, I declare that I have read and understand the contents of this form and agree to all the terms and conditions herein.

I declare that I am the legal parent and/or guardian of the child listed above and that I am authorized to sign this document. The information I have provided is truthful and accurate to the best of my knowledge.

If any provisions of this document should be invalid or unenforceable, the remaining provisions shall continue to be fully effective.

Emergency Contact Information:

Name	Phone
Mother:	Home: Work: Cell:
Father:	Home: Work: Cell:
Physician:	Work:
Other:	Home: Work: Cell:
Other:	Home: Work: Cell:



Adventist Education
Holland Adventist Academy

March 31, 2022

Dear Parents:

One in thirteen children has a life threatening food allergy which impacts almost every school across the nation, including Holland Adventist Academy. It is the desire of the teachers and the School Board to provide a safe learning environment for all students, including those with life-threatening food allergies. Holland Adventist Academy has a Food Allergy Policy and is dedicated to managing food allergies appropriately.

IF your child has a food allergy, please complete the (attached) “Food Allergy and Emergency Care Plan.” It is important that this document be on file and signed by a physician for every student with a food allergy. Our staff will work with parents to determine each child’s individual needs and make efforts to meet these needs. If you would like a copy of the Food Allergy Policy, please contact the school and one will be provided to you.

Sincerely,

Tom Coffee

Tom Coffee, Principal
Holland Adventist Academy

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: **Yes (higher risk for a severe reaction)** **No**

**PLACE
PICTURE
HERE**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.

If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:

SEVERE SYMPTOMS



LUNG

Short of breath, wheezing, repetitive cough



HEART

Pale, blue, faint, weak pulse, dizzy



THROAT

Tight, hoarse, trouble breathing/ swallowing



MOUTH

Significant swelling of the tongue and/or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

**OR A
COMBINATION**
of symptoms
from different
body areas.



1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy/runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea/ discomfort

FOR **MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA**, GIVE EPINEPHRINE.

FOR **MILD SYMPTOMS FROM A SINGLE SYSTEM AREA**, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.15 mg IM 0.3 mg IM

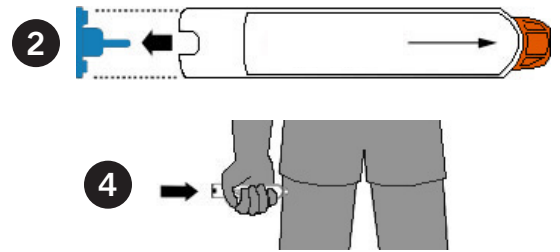
Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

EPIPEN® AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the clear carrier tube.
2. Remove the blue safety release by pulling straight up without bending or twisting it.
3. Swing and firmly push orange tip against mid-outer thigh until it 'clicks'.
4. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove auto-injector from the thigh and massage the injection area for 10 seconds.



ADRENALICK® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle enters thigh.
5. Hold in place for 10 seconds. Remove from thigh.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____

PARENTS

VACCINES REQUIRED FOR SCHOOL ENTRY IN MICHIGAN

Whenever children are brought into group settings, there is a chance for diseases to spread. Children must follow state vaccine laws in order to attend school. These laws are the minimum standard to help prevent disease outbreaks in school settings. The best way to protect your child from other serious diseases is to follow the recommended vaccination schedule at www.cdc.gov/vaccines. Talk to your health care provider to make sure your child is fully protected.



	All Kindergarteners and 4-6 year old transfer students	All 7th Graders and 7-18 year old transfer students
Diphtheria, Tetanus, Pertussis (DTP, DTaP, Tdap)	4 doses DTP or DTaP 1 dose must be at or after 4 years of age	4 doses D and T or 3 doses Td if 1st dose given at or after 1 year of age 1 dose Tdap at 11 years of age or older upon entry into 7th grade or higher
Polio	4 doses 3 doses if dose 3 was given at or after 4 years of age	
Measles, Mumps, Rubella (MMR)*	2 doses at or after 12 months of age	
Hepatitis B*	3 doses	
Meningococcal Conjugate (MenACWY)	None	1 dose at 11 years of age or older upon entry into 7th grade or higher
Varicella (Chickenpox)*	2 doses at or after 12 months of age or Current lab immunity or History of varicella disease	

During disease outbreaks, incompletely vaccinated students may be excluded from school. Parents and guardians choosing to decline vaccines must obtain a certified non-medical waiver from a local health department. Read more about waivers at www.michigan.gov/immunize.

*If the child has not received these vaccines, documented immunity is required.

All doses of vaccines must be valid (correct spacing and ages) for school entry purposes.



Dear Parent/Guardian:

**Key Points Related to Claiming a Nonmedical Immunization Waiver for Children
Attending Michigan Schools and Licensed Childcare Programs**



In early 2015, Michigan instituted an administrative rule change on nonmedical waivers for childhood immunizations. Parents/guardians seeking to obtain a nonmedical immunization waiver for their child/children who are enrolled in school or licensed childcare programs are required to attend an educational session, where they are provided with information about vaccine-preventable diseases and vaccinations.

- Michigan has one of the highest immunization waiver rates in the country, with select counties reporting waiver rates over 10% (that is 1 out of 10 school-aged students that have not received all vaccinations required for school)¹. In addition, individual school buildings have reported even higher waiver rates.

Key Points

- The rule applies to parents/guardians seeking a nonmedical immunization waiver for their child/children enrolled in public or private:
 - Licensed childcare, preschool, and Head Start programs
 - Kindergarten, 7th grade, and any newly enrolled student into the school district
- This rule preserves your ability to obtain a nonmedical waiver.
- Nonmedical waivers (religious or philosophical/other objections) are available at your county health department and cannot be found at schools/childcare programs or physician offices.
- Parents/Guardians are required to follow these steps when seeking a nonmedical waiver:
 1. Contact your county health department for an appointment to speak with a health educator.
 2. During the visit, immunization-related questions and concerns of the parents/guardians can be brought up for discussion. The staff will present evidence-based information regarding the risks of vaccine-preventable diseases and the benefits/potential risks (risks consisting mostly moderate side effects) of vaccination.
 3. Schools/childcare programs will only accept the current, un-altered, official State of Michigan form (Any new waivers issued should have the revision date of January 1, 2019.)
 - A county health department will not issue a waiver without both signatures as it would be considered an incomplete and invalid waiver.
 - Forms cannot be altered in any way (this includes crossing information out).
 4. Take the current, certified waiver form to your child's school or childcare program.
- If your child has a medical reason (that is, a true medical contraindication or precaution) for not receiving a vaccine, a physician (MD/DO) must sign the State of Michigan Medical Contraindication Form.
- Based on the public health code, a child without an up-to-date immunization record, a certified nonmedical waiver form, **or** a physician (MD/DO)-signed medical waiver shall be excluded from school/childcare.

For more information, please visit www.michigan.gov/immunize > click on *Local Health Departments* > click on *Immunization Waiver Information*. This website will provide you with a link to all the county health departments, along with their addresses and phone numbers.

¹ MDHHS unpublished data

*County Health Department includes the City of Detroit



Permission to Administer Over-the-Counter Medications

I/We the undersigned parent(s) or legal guardian(s) of _____ (the “student”) hereby authorize and request school personnel to administer the over-the-counter medications marked below to the student as is deemed reasonably necessary and appropriate.

- Cough drops
- Pain relievers such as Ibuprofen, Acetaminophen, aspirin
- First aid ointments

Check all that apply:

- Such medications will be provided by the parent/legal guardian
- School personnel may provide these over-the counter medications

- Students are not to keep medications with their personal belongings.
- All medications are to be kept by school personnel.

Date: _____

Parent/Guardian

Date: _____

Parent/Guardian



**Office of Education
Michigan Conference of Seventh-day Adventists**

**STUDENT PHOTO RELEASE
Grades K-12**

I, _____, a student at _____ (“School”), and my parent or legal guardian hereby give permission to the School to use, copy, exhibit, publish or distribute my photograph, image, and/or audio recording in official School business media, including, but not limited to, newsletters, websites, social media, compact discs, DVDs, and all other forms of media. It is agreed that the use of my photograph, image, all/or audio recording shall in no way be used in any forum other than for official School or Michigan Conference business.

For a good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby grant to the School, its affiliates, successor and assigns, and those acting with its authority and permission, the irrevocable and unrestricted right and permission to copyright, in its own name or otherwise, and to use, re-use, publish, and re-publish photographs, images, and/or audio recordings of me, or in which it may be included, in whole, in part, in composite or in distortion in character or form, without restriction as to changes or alterations, in conjunction with my own or a fictitious name, or reproduction thereof in color or otherwise, including without limitation any claims for libel or invasion of privacy. I also consent to the use of any printed matter in conjunction therewith.

I hereby waive any right I may have to inspect or approve the finished product and the copy or other matter that may be used in connection therewith or the use to which it may be applied. I understand that I will receive no compensation for the use of my photograph, image or audio recording.

I hereby release, acquit, and forever discharge the School, its affiliates, successors and assigns, those acting with its authority and permission, from any and all demands, damages, causes of action, judgments, costs, and/or fees of whatsoever nature or character, past or future, known or

unknown, whether in contract or in tort, whether for personal injuries or property damage arising in any way out of the use of my photograph, image or audio recording for official School business.

This Student Photo Release contains the entire agreement between the parties regarding the subject matter hereof, shall be interpreted under the laws of the State of Michigan and shall be binding upon and inure to the benefit of the parties, successors, assigns, heirs, and representatives.

If any provisions of this document should be invalid or unenforceable, the remaining provisions shall continue to be fully effective.

Executed on the _____ day of _____, 20____.

Student

I represent that I am the parent or guardian (circle one) of the above-named student, and I hereby consent to the foregoing on his/her behalf.

Parent or Guardian

DECLINATION

Declination:

I hereby decline to grant permission for the Photo Release described above.

Student

I represent that I am the parent or guardian (circle one) of the above-named student, and I hereby decline to grant permission for the Photo Release described above.

Parent or Guardian

January 21, 2020

Student Pick-Up Authorization Form

For the safety of all our students, we will need a list of each person authorized to pick-up your student(s) from school. Please complete this form (ONE PER FAMILY).

YOUR CHILDRENS' NAMES

Child 1 (Name & Grade): _____

Child 2 (Name & Grade): _____

Child 3 (Name & Grade): _____

Child 4 (Name & Grade): _____

PARENT/GUARDIAN CONTACT INFORMATION

Father's Name: _____

Phone: _____

Mother's Name: _____

Phone: _____

ADDITIONAL PEOPLE AUTHORIZED FOR PICK-UP

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

Parent's Signature

Date Signed