

THE MADDUX SCHOOL

11614 Seven Locks Road ♦ Rockville ♦ Maryland 20854 ♦ 301-469-0223 ♦ www.madduxschool.org

PERMISSION FORM

Student Name: _____

Dismissal Release:

I give permission for my child to be released by Maddux School staff to the following:

Name	Relationship to Student	Pickup Schedule (Please circle)	Cell Phone	Alt. Phone
		M, T, W, Th, F		
		M, T, W, Th, F		
		M, T, W, Th, F		
		Occasionally/ In Emergency		

This permission is:

_____ for the entire 2017-18 school year; or _____ for these date(s): _____

To update this information or for occasional changes to this plan, please submit written notification.

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Fieldtrips: I give permission for my child to participate in class walks in the vicinity of The Maddux School and on occasional field trips. I understand that I will be notified about fieldtrips requiring transportation away from the school building.

_____ YES _____ NO (Please check one)

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Photographs: I give permission for photographs of my child that are taken at school to be used for classroom teaching activities, bulletin boards, yearbooks and for The Maddux School website, presentations and publications. (Please note: No last names will be used for The Maddux School website, presentations and/or publications.)

_____ YES _____ NO (Please check one)

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Parent/Guardian (Print Name)

Parent/Guardian Signature

Date