

## **SCHOOL INFORMATION, PARENTAL WAIVERS & CONSENT FORMS**

Please fill out this 6-page form completely **prior to** your child’s first day of attendance and **turn it in to the Front Desk**. If you would like a copy of this document for reference, please see the “Forms, Information & Policies” page of your school’s website, or request a copy from the Front Desk Staff.

Thank you.

**PLEASE NOTE: this form is double-sided and requires multiple signatures.**

### **SCHOOL HOURS**

<b>August – May:</b>	Mondays, Tuesdays, Wednesdays & Fridays:	8:45 – 2:45
	Thursdays:	8:45 – 1:45
<b>Summer Term:</b>	Tuesdays, Wednesdays & Thursdays:	8:45 – 2:45

### **FOOD**

Organic, nutritious, well-balanced lunches and healthy snacks are provided for all students. Please do not send any food to school with your child; this includes drinks, mints, gum, etc.

### **LATE ARRIVALS & ABSENCES**

Please call the Front Desk to inform school staff, **prior to 8:30am** on the day of your child's absence or late arrival, and **indicate whether you would like your child's absence to be excused or unexcused**. Office hours are from 8:00am – 4:00pm, but messages can be left for the Front Desk Staff at any time.

## **LATE ARRIVAL & EARLY PICK-UP**

If you plan to bring in your child late or pick him/her up early, please notify the Front Desk Staff. In addition, when you arrive, you **must** come to the Front Desk and sign your child in or out. Students cannot be dropped-off or picked-up by anyone other than a parent/guardian or an **adult** who has been approved by his/her parent/guardian. Please fill-out the “Authorization for Alternative Transportation” form if this person will be dropping-off or picking-up your child on a regular basis and is not identified as a Parent or Emergency Contact on your child’s “Emergency Information Form”.

## **CABS/BUSES**

It is the responsibility of the parent to notify the cab/bus company of the following:

- If your child will be absent in the morning
- If you will be bringing in your child in late, but s/he still needs a ride home
- If you plan to pick up your child early from school

Your child’s school district will give you all of the transportation information you require, including the transportation company’s contact information. The Front Desk Staff can also provide this information to you at any time.

## **MEDICATION**

Absolutely **NO** medication will be given at school without written permission from a parent/guardian **and** doctor. This includes over-the-counter medication. Please see the “HIPPA Law and Your Child’s Medications” and “Authorization for Administration of Medication at School” forms for more detailed information about this subject.

## **INSURANCE**

Your Connections Organization School will not be liable for any accidents or injuries that occur while your child is at school, or any resulting medical bills. All families are encouraged to maintain either private insurance, insurance available through your public school district, or Medicaid/All Kids.

Your signature below acknowledges that you have read and understand the seven (7) statements above.

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Signature of Parent/Guardian

Date

**EDUCATIONAL SERVICE COLLABORATIONS**

In order to provide educational services for all students, The Connections Organization Schools collaborate with the Illinois State Board of Education, NWEA Measures of Academic Progress and Compass Odyssey. All student information provided remains confidential within these organizations.

Your signature below acknowledges that you have read and understand the statement above.

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Signature of Guardian

Date

**THERAPY & ASSESSMENT PROGRAMS**

The Connections Organization Schools provide extensive individual, group and family therapy services for all students as well as diagnostic testing services when needed. All therapy and testing is provided by qualified clinicians some of whom may be Doctoral or Master’s-level Clinical Psychology students. Therapists-in-training are under the direct supervision of Licensed Clinical Psychologists and Licensed Clinical Professional Counselors on staff. The Connections Organization Schools are well-regarded clinical training sites for therapists in Illinois and beyond.

Your signature below acknowledges that you have read and understand the statement above.

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Signature of Parent/Guardian

Date

**DEPARTURE FROM SCHOOL WITHOUT PERMISSION**

The following steps will be taken when a student has been transported to school and then fails to enter the building, and/or leaves the school without permission:

1. Verbal warning to student about risks and consequences of elopement, if possible.
2. Call to Parent/Guardian.
3. School Staff will follow any student who leaves the building indefinitely
4. Local police may be contacted
5. A meeting may be required with School Staff, the school district and the Student and Parent prior to the student returning to school.
6. Chronic elopement behavior may also result in a careful assessment of whether the student continues to be appropriate for this school setting.

Your signature below acknowledges that you have read and understand the statement above.

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Signature of Parent/Guardian

Date

## **MULTIMEDIA**

Periodically, photographs/videos are taken of students during classroom projects, on field trips, at Open House, Field Day, special events, and for the newsletter and yearbook. These photographs are never published in print/on video or any other medium except for the above school purposes, and are only utilized within the context of your Connections Organization School (Connections Day School, South Campus, New Connections Academy, or Connections Academy East). If you do not give your permission, your child will be separated from classmates during activities that are photographed or videotaped.

- I **DO** give permission for my child to be photographed/videotaped.
- I **DO NOT** give permission for my child to be photographed/videotaped.

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Signature of Parent/Guardian

Date

## **FIELD TRIPS**

Periodically, students will be given the opportunity to participate in off-campus activities and events. All school rules apply at these activities and events. Please indicate below whether you do or do not give permission for your child to participate in field trip activities and events that take place within a 10-mile radius of the school. A separate field trip form will be sent for events that are more than 10 miles from school.

- I **DO** give permission for my child to travel within the 10-mile radius.
- I **DO NOT** give permission for my child to travel within the 10-mile radius.

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Signature of Parent/Guardian

Date

## **PERMISSION FOR USE OF SUNSCREEN & INSECT REPELLANT**

As long as the weather permits, our physical education program includes going outside. In an effort to be mindful of our students' health and possible sensitivities, we offer the option of having your child protected with sunscreen and/or insect repellent. Ideally, these products would be applied prior to the student coming to school. You may also supply your own product(s) for use at school. Any products brought from home will be kept locked in the nurse's office.

Please indicate by using the check-boxes below whether or not you give permission for your child to use these products at school. Please keep in mind that students will go outside without sunscreen or repellent unless this authorization is provided.

**Sunscreen**

- YES**, my child may use sunscreen at school                       **NO**, my child may not use sunscreen at school

**Insect Repellant**

- YES**, my child may use insect repellant with DEET at school (6-7% DEET)  
 **YES**, my child may use insect repellant applied **without** DEET at school  
 **NO**, my child may not use insect repellant at school

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Signature of Parent/Guardian

Date