



# Parental Consent Form

Student's Name: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

Please initial the sections for which you are giving consent and sign below

Yes \_\_\_\_\_ Publicity: I give my consent for my child(ren) to appear in photographs and/or videos publicizing Integrity Academy. I understand this material will be used for the sole purpose of Integrity Academy public relations and in keeping with the program statement and purpose of Integrity Academy. I understand that my child's image will not be used unless I give specific consent.

Yes \_\_\_\_\_ Off-Campus Excursions: I give my consent for Integrity Academy staff members to escort my child(ren) to activities which are within walking distance of the Integrity Academy campus. I understand that reasonable supervision will be provided for such activities (see Student/Parent Handbook for details.)  
No \_\_\_\_\_

Yes \_\_\_\_\_ Directory: I give my consent for my family's information (as specified below) to appear in the Integrity Academy Directory. I understand that this directory is intended only for the use of Integrity Academy families and staff.  
No \_\_\_\_\_

Please check each item for which you give consent to appear in the Integrity Academy Directory:

- \_\_\_\_\_ Student(s) name(s) (as shown at the top of this form)
- \_\_\_\_\_ Student(s) date(s) of birth (as shown at the top of this form)
- \_\_\_\_\_ Household 1 information:

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Parent/Guardian Name	Relationship	Cell Phone #
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Parent/Guardian Name	Relationship	Cell Phone #
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Sibling(s) Name(s)

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Address

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Email Address	Home Phone #
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Household 2 Information (if applicable):

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Parent/Guardian Name	Relationship	Cell Phone #
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Parent/Guardian Name	Relationship	Cell Phone #
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Sibling(s) Name(s)

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Address

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Email Address	Home Phone #
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By signing below, I acknowledge that this authorization form shall remain on file and will be valid until revoked in writing by student's parent or legal guardian.

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Signature of Parent/Legal Guardian	Date
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