



Permissions 2020–2021

Student Name: _____

Teacher: _____

PUBLICITY RELEASE

_____ (YES) I GRANT

_____ (NO) I DO NOT GRANT

Permission to CTC Academy to use my child's **PHOTO** for publicity purposes, the CTC Academy School Yearbook, or any other CTC Academy publications. If in the future I change my decision regarding this release, I will notify you in writing.

VIDEO RELEASE

_____ (YES) I GRANT

_____ (NO) I DO NOT GRANT

Permission to CTC Academy to **VIDEOTAPE** my child for program purposes. If in the future I change my decision regarding this release, I will notify you in writing.

WALKING FIELD TRIP RELEASE

_____ (YES) I GRANT

_____ (NO) I DO NOT GRANT

Permission to CTC Academy for my child to participate in all off-site **WALKING FIELD TRIPS**. If in the future I change my decision regarding this release, I will notify you in writing.

TASTING AND TOOTH BRUSHING (Due to pandemic, not currently implemented. Please complete for future use.)

_____ (YES) _____ (NO) Permission for my child to participate in **TASTING ACTIVITIES**. If in the future I change my decision regarding this release, I will notify you in writing.

_____ (YES) _____ (NO) Permission for my child to participate in **TOOTH BRUSHING**. If in the future I change my decision regarding this release, I will notify you in writing.

To return permission slips:

Fair Lawn: Email to: amilstein@ctcacademy.org

Oakland: Email to: cmoore@ctcacademy.org

Or

Return to School with Your Child.

ANIMAL ENCOUNTER RELEASE (Due to pandemic, not currently implemented. Please complete for future use.)

_____ (YES) I GRANT

_____ (NO) I DO NOT GRANT

Permission for my child to participate in **ANIMAL ENCOUNTERS**. If in the future I change my decision regarding this release, I will notify you in writing.

CALL ALERT REGISTRATION

CTC Academy maintains a phone alert system to provide families with vital information regarding school closings, emergencies, or community announcements. Please indicate how you prefer to be contacted. SPECIFY the phone # for Emergency Call Alerts:

_____ HOME _____ CELL _____ Text
(_____) _____

_____ HOME _____ CELL _____ Text
(_____) _____

EMAIL:

NAME:

COVID DAILY SCREENING FOR STUDENTS

_____ I agree to take my child's temperature and review the daily screening questions that have been provided by CTC Academy before leaving for school. I will not send my child to school if they are ill or fit the exclusion criteria.

PLEASE SIGN & DATE BELOW FOR ALL PERMISSIONS LISTED

Parent/Gaurdian Name (PLEASE PRINT)

Parent/Gaurdian SIGNATURE

Date: _____