2020/2021 ALLENDALE PUBLIC SCHOOLS 1ST-12TH GRADE ENROLLMENT FORM 2020/2021

STUDENT INFORMATION

Full Name of Student (as listed on the birth certificate)

Last_____ First_____ Middle_____

Gender ___Male ___Female Date of Birth_____ Place of Birth City only_____ Grade_____

Student's cell phone (grades 9-12 only)_____What is the primary language spoken in the home?_____

Has the student been attending English Language Learner classes?___Yes___No

ETHNICITY Part A and RACE Part B (The US Department of Education requires that parents answer both parts A and B)

Part A Is the student Hispanic/Latino? ___Yes ___No

Part B Please select all applicable races

___White ___Black or African American ___Asian ___American Indian or Alaskan Native ___Native Hawaiian or Other Pacific Islander

SPECIAL NEEDS INFORMATION

Is the student currently receiving special education services? ___Yes ___No Is there a current active IEP? ___Yes ___No

Please select current services provided ___Speech Therapy ___Occupational/Physical Therapy ___Social Work ___504 plan

___Other Please describe:_____

HEALTH INFORMATION

Does the student have any medically diagnosed/physician treated conditions? ___Yes ___No

If yes please describe_____

A MEDICAL STATEMENT MUST BE PROVIDED BEFORE information is entered into our student database or shared with school staff.

Does the student take any prescribed medication during school day hours ___Yes ___No

If yes, the student's physician must complete an APS prescribed medication form available at all buildings.

PRIMARY HOUSEHOLD INFORMATION

Is student living with a parent or legal guardian? ___Yes ___No If no, are legal papers on file? ___Yes ___No

Are the student and family Allendale residents? ___Yes ___No If no, please specify school district _____

Address_____ City_____Zip_____

Is the student's family currently sharing the housing of other relatives or other persons due to loss of housing, economic hardship or a similar reason? ___Yes ___No If YES, do you consider this to be permanent/regular housing? ___Yes ___No

List only legal guardian living at the student's address List parent/guardian living elsewhere on next page.

1. Legal Parent/Guardian_____Relationship to student_____

Cell Phone_____*Allow district announcements? ___Yes ___No Allow Texts? ___Yes ___No

Email_____Work Phone (if different from cell #) _____

2. Legal Parent/Guardian_____ Relationship to student_____

Cell Phone_____*Allow district announcements? ___Yes ___No Allow Texts? ___Yes ___No

Email_____Work Phone (if different from cell #) _____

**At least one phone number must receive District announcements. District announcements include: school delay/closings, emergencies and general announcements.*

Please list other adult(s) residing in SAME household including step-parents, grandparents, etc. (cell phone is optional)

Name_____Relationship to student_____Cell Phone_____

Name_____ Relationship to student_____ Cell Phone_____

Name_____ Relationship to student_____ Cell Phone_____

SECONDARY HOUSEHOLD

List Parent/Guardian living elsewhere here. If address is unknown leave blank. Address may be provided at a later time.

Name_____ Relationship to student_____

Address_____City_____State_____Zip_____

Phone_____Email_____

Michigan statue, MCL 722.30, states that "[A] parent shall not be denied access to records or information concerning his or her child because the parent is not the child's custodial parent, unless the parent is prohibited from having access to the records or information by a protective order. Legal documents must be provided to school. "Records or information" includes, but is not limited to, medical, dental, and school records, day care provider's records, and notification of meetings regarding the child's education."

NON-HOUSEHOLD EMERGENCY CONTACTS – (OPTIONAL) PLEASE PRINT

DO NOT list names or guardians/adults already listed on this form. They are automatically contacted first in an emergency. Your child will NOT be released to anyone other than parents/guardians already listed and those listed below.

PLEASE LIST ONLY ONE NAME PER LINE PLEASE PRINT

1. Name_____ Relationship to student_____ Phone_____

2. Name_____ Relationship to student_____ Phone_____

3. Name_____ Relationship to student_____ Phone_____

4. Name_____ Relationship to Student_____ Phone_____

MILITARY INFORMATION

Is there a military parent/guardian in the household? ___Yes ___No If yes list name_____

If Yes, check the appropriate status

___Active duty, deployed ___Active duty not deployed ___Discharged Inactive ___Injured Retired ___Transitioning out of active duty

Please select which branch of service

___Army___Army Reserve___Air Force___Air Force Reserve___Navy___Navy Reserve___Marine Corp___Marine Corp Reserve

___Coast Guard___Coast Guard Reserve

OTHER CHILDREN LIVING IN PRIMARY HOUSEHOLD

Please list all children living in the family household. Please include their 2020/2021 grade (if applicable).

First and Last Name_____ Birth Date_____ ___Male ___Female Grade_____

First and Last Name_____ Birth Date_____ ___Male ___Female Grade_____

First and Last Name_____ Birth Date_____ ___Male ___Female Grade_____

First and Last Name_____ Birth Date_____ ___Male ___Female Grade_____

First and Last Name_____ Birth Date_____ ___Male ___Female Grade_____

First and Last Name_____ Birth Date_____ ___Male ___Female Grade_____

SIGNATURE

My signature below indicates that the information provided on this form is true and accurate.

Parent/Guardian's Signature _____ **Date**_____

Emergency Medical Authorization

Whenever my child is involved in a school activity and I am unavailable to provide authorization directly, I authorize the school principal or his/her designee to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnosis, and treatment, including surgical intervention, if necessary on behalf of my minor child listed and to take all necessary and reasonable actions to provide for my child's health and safety. This authorization is valid until such time as I withdraw the authorization in writing.

Parent/Guardian's Signature _____ **Date**_____

MICHIGAN BOARD OF EDUCATION
HOME LANGUAGE STUDENT SURVEY

This form is to be completed for ALL students even if English is the primary language spoken in home.
Please provide the following information regarding the primary language spoken in your home. This information will be used to determine the number of children who should be provided bilingual instruction according to Sections 380.1151-380.1158 of the School Code of 1976, Michigan's Bilingual Education Law.
Thank you for your cooperation.

Name of Student _____ Grade _____ Age _____

School District: ALLENDALE PUBLIC SCHOOLS

1. Is your child's native tongue a language ***other*** than English? _____ YES_____NO

   If yes, what is that language? _____

2. Is the primary language* used in your child's home or environment a language ***other*** than English?

   _____ YES_____NO If yes, what is that language? _____

_____ _____ _____
Signature of Parent or Guardian Address Date

"Primary Language" means the dominant language used by a person for communication.

ENCUESTA SOBRE EL IDIOMA DEL HOGAR

El Allendale, Public School District necesita información acerca de los idiomas que sus estudiantes hablan o entienden. Esta información se usará para determinar el número de estudiantes que son elegibles para recibir instrucción bilingüe de acuerdo a las secciones 380.1151-380.1158 del código de las Escuelas de 1976, Ley de la Educación Bilingüe de Michigan. ¿Puede usted hacernos el favor de responder a las preguntas de ésta encuesta? Muchas gracias por su cooperación.

Nombre del estudiante _____ Grado _____ Edad _____

Nombre de la escuela ALLENDALE PUBLIC SCHOOLS

1. ¿En cuál idioma aprendió su hijo o hija a hablar? _____
2. ¿Qué idioma usualmente usa su hijo o hija en la casa? _____
3. ¿Qué idioma generalmente use Ud para hablar a su hijo o hija? _____
4. I idioma que los adultos generalmente usan en casa: _____
5. ¿En qué país nació usted?
6. ¿En qué país nació su niño?

_____ _____ _____

Firma del Padre o Apoderado Dirección Fecha

Allendale District Enrollment * 10505 Learning Lane, Allendale, MI 49401

Student Name: _____

Date: _____

Dear Parent/Guardian:

The Michigan State Health Department requires a parent/guardian's signature verification indicating if your child has or has not had chickenpox. This verification form must be kept in your child's cumulative file at school. Thank you.

PLEASE CHECK ONE

☐ **YES – My child HAS HAD chickenpox.**

_____
Parent/Guardian Signature

☐ **NO – My child has NOT had the chickenpox.**
(I have provided my child's immunization record or immunization waiver to the school.)

_____
Parent/Guardian Signature

616.892.5574 * Fax: 616.892-5583 * Website: www.allendale.k12.mi.us

Consent for Disclosure of Immunization Information

Dear Parent/Guardian,

Immunizations are an important part of keeping our children healthy. Schools, State, and local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before your child's immunization record, date of birth, gender, and address is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may change your consent to share information in writing at any time.

Consent for Disclosure of Immunization Information to Local and State Health Departments

Please Print
Student's Name: _____ Date of Birth: ___/___/____

Please select one of the options below.

_____***Yes***, *I authorize Allendale Public Schools to release my child's immunization record to the Michigan Department of Health and Human Services and the Ottawa County Department of Public Health. This includes any immunization information and limited personally identifiable information (listed above) from the school.*

_____***No***, *I do not want my child's immunization record released to the Michigan Department of Health and Human Services or to the Ottawa County Department of Public Health.*

Please Print
Parent/Guardian Name: _____

Signature of
Parent/Guardian _____ Date: ___/___/____

Family Educational Rights and Privacy Act (FERPA) Directory Information Opt-In/Out Form

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that **Allendale Public Schools (APS)**, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Allendale Public Schools may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow Allendale Public Schools to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; Degrees, honors and awards received
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the *Elementary and Secondary Education Act of 1965* (ESEA) to provide military recruiters, upon request, with the following information – names, addresses and telephone listings – unless parents have advised the Allendale Public Schools that they do not want their student's information disclosed without their prior written consent.

Please note: **APS does NOT create or publish student directories or other documents as pursuant to FERPA law.**

Allendale Public Schools has designated the following information as directory information:

Students name
Address
Telephone number
Email address
Photograph/video (e.g. web site & news releases)
Date of birth
Grade level
Dates of Attendance (e.g. report cards and high school transcripts)
Participation in officially recognized activities and sports
Weight and height of members of athletic teams
Degrees, honors and awards received
STUDENT YEARBOOK
Student ID number is necessary to identify school information and is not available as an opt-out option.
(A student's SSN is not and cannot be used for any purpose)

STUDENT'S NAME (Please Print)_____

1) **Please select one of the options for <u>Directory Information</u> below. A parent/guardian's signature is required.**

☐ **YES,** I give permission to Allendale Public Schools to disclose my child's directory information as described above.

☐ **NO**, I do not want my child's directory information disclosed. ***I understand that my child's name will <u>NOT</u> appear in the APS yearbook, and any honors or awards my child may receive will <u>NOT</u> appear on any APS recognition lists, newsletters or other printed materials.***

Parent/Guardian's Signature_____ Date_____

2) **Please select one of the options for <u>publishing student photographs and/or videos.</u> A parent/guardian's signature is required.**

☐ **YES**, I give permission to Allendale Public Schools to use my child's picture and name on the district web site, in newsletters, student yearbook, and district promotional materials.

☐ **NO**, I do not want my child's picture and name published as described above.

Parent/Guardian's Signature_____ Date_____

Allendale Public Schools – Student Acceptable Use Agreement

Computer, network, and Internet access is a privilege available to students at Allendale Public Schools. Our goal in providing this service is to facilitate learning, promote educational excellence by facilitating resource sharing, innovation, and communication. These guidelines are provided so students are aware of the responsibilities required to use this technology. Please read this document carefully. Computer use may be revoked if a student does not adhere to the guidelines below.

1. Acceptable Use: My use of computers, the Internet, technology devices and the school network must be in support of education and research within the educational goals and objectives of Allendale Public Schools. Transmission of any material in violation of any U.S., state, or school regulations is prohibited. This includes copyrighted material, threatening or obscene material, or material restricted by school policy or staff. The school network includes the use of school computers, and computer peripherals such as scanners, printers, cameras, as well as the use of school network services such as the Internet, school e-mail accounts, and network file folders. Students should have no expectation of computer privacy, as the school may monitor computer, e-mail, and Internet use. Students may also request permission to use personal technology devices on the school's network at appropriate times.

2. Personal Responsibility: As a member of my school community, I will accept responsibility for proper use of school technology and for reporting any misuse of technology. My use of school technology will meet the guidelines below:

- I will respect the privacy and dignity of students and teachers at all times and I will not use another user's password.
- I will use appropriate language by refraining from the use of profanity or insulting language. Offensive messages that originate outside of school, but disrupt the school's educational process may be subject to school consequences.
- I will respect school equipment; I will not vandalize or maliciously use the equipment.
- I will only use software that is pre-approved by Allendale Public Schools. I will not attempt to add software to the device.

3. Internet Safety: The Internet provides opportunities to access new resources, but it also provides unique risks to students. Allendale Public Schools provides filtered access to the Internet on all school devices, but to ensure my safety on the Internet, I will follow the guidelines below:

- I will not give out on the Internet personal information such as my full name, phone number, or address.
- I will not give out on the Internet personal information about someone else such as his or her name, phone number, or address.
- I will show respect to other students when posting online. I will not engage in any form of cyber-bullying.
- I will not correspond or meet with someone through the Internet without the pre-approval of a teacher.
- I will only access or download sites appropriate for school classes or activities.
- I will immediately report any technology use that makes me uncomfortable or violates school policies.

4. E-Mail Safety: Electronic mail (e-mail) also provides new opportunities for students, but it too requires careful use. I will follow the guideline below when using school devices or school e-mail accounts:

- I will only use a school provided e-mail account when using e-mail at school. I will not use IM and chat during school hours without permission.
- I will adhere to all of the guidelines in this Acceptable Use Policy when using a school provided e-mail account at school or another location.

5. Device Use: The school's 1-1 device program is a bold move, providing students new opportunities to learn and enhance their education.

- Use of the school owned device remains a privilege. This privilege can be taken away.
- Use of the device must abide by all school policies at all times regardless of location.
- The handbook contains specific policies and guidelines.

Student Name: _____ Grade: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature_____ Date: _____

Revised March 31, 2017

Educational Material for Parents and Students (Content Meets MDCH Requirements)

Sources: Michigan Department of Community Health. CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

UNDERSTANDING CONCUSSION

Some Common Symptoms

Headache	**Balance Problems**	**Sensitive to Noise**	**Poor Concentration**	**Not "Feeling Right"**
Pressure in the Head	**Double Vision**	**Sluggishness**	**Memory Problems**	**Feeling Irritable**
Nausea/Vomiting	**Blurry Vision**	**Haziness**	**Confusion**	**Slow Reaction Time**
Dizziness	**Sensitive to Light**	**Fogginess**	**"Feeling Down"**	**Sleep Problems**
		Grogginess		

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

IF YOU SUSPECT A CONCUSSION:

1. **SEEK MEDICAL ATTENTION RIGHT AWAY –** A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don't hide it, report it. Ignoring symptoms and trying to "tough it out" often makes it worse.
2. **KEEP YOUR STUDENT OUT OF PLAY –** Concussions take time to heal. Don't let the student return to play the day of injury and until a heath care professional says it's okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
3. **TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION –** Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can't recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to Center for disease control web site regarding concussions.

Parents/Guardians and Students Must Sign and Return the Educational Material Acknowledgement Form

CONCUSSION AWARENESS

EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by ALLENDALE PUBLIC SCHOOLS

_____	_____
Student Name (please print)	Parent or Guardian Name (please print)
_____	_____
Student Name (please sign)	Parent or Guardian Name (please sign)
_____	_____
Date	Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

Participants and parents/guardians please review and keep the educational materials available for future reference.

FOR OFFICE USE ONLY

GR	SCH YR
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Allendale District Enrollment * 10505 Learning Lane, Allendale MI, 49401

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

Last School Attended_____

Address (if known)_____

City, State, Zip:_____

Phone (if known)_____Fax (if known)_____

In accordance with the Family Educational Rights and Privacy Act of 1974 and Michigan State Law, I hereby authorize the release of all school records to Allendale Public Schools for the student below:

Student Name_____ Birthdate_____Grade_____

The above named student has enrolled at Allendale Public Schools. Please forward the following information:

- Cumulative folder (CA60) including all medical records, attendance discipline and confidental information.
- Records including psychological evaluations, social work evaluations, copies of IEP's and METS and any other records applicalble to special education placement.
- State assesment results and current grades at the time of leaving.

Parent/Guardian Signature_____Date_____

OFFICE USE ONLY

Allendale Middle School
7161 Pleasant View Cout
Allendale, MI 49401
Mr. Travis Plain, Principal
Mr. Chuck Bailey, Ass't Principal

Allendale High School
10760 68th Avenue
Allendale, MI 49401
Mr. Troy VanderLaan Principal
Mrs. Heidie Mucha, Ass't Principal

New Options High School
10760 68th Avenue
Allendale, MI 49401
Mrs. Tamika Henry, Principal

Allendale Early Childhood Center
10455 Timberline Drive
Allendale, MI 49401
Mr. Blake Smolen, Principal

Oakwood Intermediate
10505 Learning Lane
Allendale, MI 49401
Mr. Doug Bol, Principal

Evergreen Elementary
10690 Learning Lane
Allendale, MI 49401
Mr. Andrew VanderWal, Dean of Students

Allendale Public School Administration
10505 Learning Lane
Allendale, MI 49401
Phone: (616)892-5570
Fax: (616)892-5583
Dr. Garth Cooper, Superintendent

FEDERAL LAW 99.31 STATES THAT "*No parent signature is required for educational records sent to another agency.*"

Parent Affidavit - Memo of Understanding

Parent/Guardian signature is <u>required</u> as an acknowledgement of your understanding of the items needed for student entry into public school.

Please sign and date where indicated below.

District Enrollment Office * 10505 Learning Lane, Allendale MI, 49401

Please Print Childs Name_____

1. **Birth Certificate**: *(MCL 380.1135)*
   As the parent/guardian, I understand that I must provide my child's birth certificate (original or a copy) within 30 days of my child's first day of school. If I fail to do so, the school district must contact the local law enforcement agency for investigation.

_____ _____

Parent/Guardian Signature **(required)** Date

2. **<u>Health Records</u>:** *(Public Health Code Acts 89 of 2000 and 368 of 1978 Section 9307)*
   A certificate of required immunizations or valid medical waiver provided by physician. Non-medical waivers must be obtained directly from Ottawa County Department of Public Health.

   As the parent/guardian, I understand that I must present the health record listed above as required by law. If I fail to do so, my child will not be permitted to attend school until I have provided the proper documentation.

_____ _____

Parent/Guardian Signature **(required)** Date

3. **<u>Proof of Residency</u>** *(MCL380.1148a:388.1624b)***:**

   Acceptable proof of residency is:
   Lease (month-to-month no longer accepted) or mortgage with at least one of the parent/guardian's name listed. Utility bill (gas, electric, home phone, cable/satellite) with at least one of the parent/guardian's name listed. <u>Un</u>acceptable items are driver's license, auto insurance, voter card, and any other items not listed above.

   As the parent/guardian, I understand that I must present acceptable proof of residency as described above and required by law. If I fail to do so, my child will not be permitted to attend school until I have provided this proper documentation. I understand that if I move, I will need to provide a new proof of residency.

_____ _____

Parent/Guardian Signature **(required)** Date

Consent to Share Student Information
With Non-Legal Guardian

This *optional* form allows a non-legal guardian (step-parent) to have access to all of your child's student information such as behavior, attendance, grades, progress, social and psychological information etc.

DO NOT LIST EMERGENCY CONTACTS ON THIS FORM.

Emergency contacts should be listed on the student enrollment form.

PLEASE LEAVE BLANK IF NOT APPLICABLE.

I, (Parent/Legal Guardian)_____

authorize (Non-Legal Guardian Individual) _____
to exchange verbal and/or written information with any Allendale Public Schools staff in regards to my child(ren) listed below:

_____ _____
_____ _____
_____ _____

Relationship of Non-Legal Guardian to Student(s):_____

I authorize Allendale Public Schools to contact the individual listed above to share any pertinent information or to discuss any educational, social, and psychological information pertaining to my child(ren) listed above. I understand that I may revoke this "consent" at any time by contacting Allendale Public Schools Administration.

Comments:

Signature of one Parent/Legal Guardian (Required)_____ Date_____