



Permission Form

The Ohio Department of Education and The CinDay Academy requires the following information on file for every student. It will be kept in your child's permanent folder.
Please complete and return ASAP.

Child (ren) Names: _____

Class Rosters

I give my permission for my child to be included on the class roster & school directory which will include address, phone numbers and parent's email. This roster is distributed only to the parents at The CinDay Academy.

Yes ___ No ___

Photographs

I give my permission for photographs to be taken of my child for the purpose of school publicity. Photos will be used in social media, website, newspapers, marketing materials, App and portfolios throughout the school year. We will not include a last name with any photograph.

Yes ___ No ___

Playground

I give my permission for my child to play on the designated playground and all of the structures within.

I releases the school from any liability and waive my rights to make any claim based on my participation in the activities for which permission is given.

Yes ___ No ___

Climbing Wall

I give my permission for my child to climb on the climbing wall in Impact Point. I understand that my child will be instructed on the rules and there are age limits as to how high they can climb. There is some risk of injury with this activity, but we will not hold The Academy liable.

Yes ___ No ___

Field trips/ Extra Classes

The school does not provide transportation. Thus, we rely on parent and staff drivers. I give my permission for my child to ride on field trips with other parents & staff. This releases the school, staff and the other parents from any liability associated with transportation. Also, if I am a driver, I agree that I will assume chaperone duties. (see reverse side for chaperone expectations)

Yes ___ No ___

Are there any parents that you do not wish your child to ride with:

Student Handbook

I have read and understand the policies and procedures that are explained in the Student Handbook online

Yes ___

Parent Signature: _____ Date: _____