Student's Name		
Last Name	First Name	Middle Initial
☐ All school-related trips for the 2023/2024 scho	ool year; OR 🗖 Field trip dat	e(s) Destination
Mode of Transportation (Check the appropriate	boxes.)	
☐ District-provided (to and from activity)	☐ Parent/guardia	n vehicle to and from activity
hereby give permission for my child to participate	in the above-mentioned schoo	l-related student trip(s).
If I elect to drive my child to and from the school Board's insurance does not cover private vehicle iability coverage in case of an accident.		
In addition, in the event my child suffers an acciduationize school personnel to contact the physicauthorize those physician(s) to render such treatmental child. In the event that I, the physician(s), personnel are hereby authorized to take whatever achild.	cian(s) listed on my child's s ent as may be deemed necessar or other persons I've design	chool enrollment data forms and y in an emergency for the health of ated cannot be contacted, school
Parent/Guardian's Signature		Date:
Permission to Videotape/Photograph		09.14 AP.251
Dear Parent/Guardian:		
At some time during the school year, school/District photograph classroom activities or special projects staff/student evaluative, educational, or public away peers, faculty, or administrators. On special occurry of an academic or athletic event, the film or photograph.	in which your child participate reness purposes. Such videotaj asions such as a videotape or p	es during or after the school day for pes or photographs may be viewed hotograph of a class or school play
Please review this form carefully, indicate your proign and date the form, and submit the form to t equest, bear in mind that we cannot monitor all a parents may take pictures or may tape the event.	he school. Although we will	make efforts to comply with your
Once signed and dated, this form shall remain in each any time during the school year, you may am Principal in writing of your request.		
As the parent (s)/guardian(s) ofStud		, I/we give the
Fulton County School District permission to reproduction for publication concerning school fun		
Parent/Guardian Signature:		Date:
Princinal/Designee's Signature		Date: