



For School Year: _____

In order to better ensure the safety of your child(ren), please check applicable items and complete the sections below. Any changes in this information should be reported to the Main Office immediately.

Student Name	Grade
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

STUDENT RELEASE INFORMATION

Please list contacts, including parents, for the students listed above and check off the permissions you grant to each contact.

If a **parent** is not included in the approved pickup list or release of student records, please provide documentation. GPCS will not release a child or children to people who are not listed as approved for pickup.

Name / Relationship to Student

Permissions

_____	<input type="checkbox"/> Medical/emergency	<input type="checkbox"/> Authorized for Pickup	<input type="checkbox"/> Access to Student's Records
<small>Parent or Guardian</small>			
_____	<input type="checkbox"/> Medical/emergency	<input type="checkbox"/> Authorized for Pickup	<input type="checkbox"/> Access to Student's Records
<small>Parent or Guardian</small>			
_____	<input type="checkbox"/> Medical/emergency	<input type="checkbox"/> Authorized for Pickup	<input type="checkbox"/> Access to Student's Records
_____	<input type="checkbox"/> Medical/emergency	<input type="checkbox"/> Authorized for Pickup	<input type="checkbox"/> Access to Student's Records
_____	<input type="checkbox"/> Medical/emergency	<input type="checkbox"/> Authorized for Pickup	<input type="checkbox"/> Access to Student's Records
_____	<input type="checkbox"/> Medical/emergency	<input type="checkbox"/> Authorized for Pickup	<input type="checkbox"/> Access to Student's Records
_____	<input type="checkbox"/> Medical/emergency	<input type="checkbox"/> Authorized for Pickup	<input type="checkbox"/> Access to Student's Records
_____	<input type="checkbox"/> Medical/emergency	<input type="checkbox"/> Authorized for Pickup	<input type="checkbox"/> Access to Student's Records
_____	<input type="checkbox"/> Medical/emergency	<input type="checkbox"/> Authorized for Pickup	<input type="checkbox"/> Access to Student's Records
_____	<input type="checkbox"/> Medical/emergency	<input type="checkbox"/> Authorized for Pickup	<input type="checkbox"/> Access to Student's Records
_____	<input type="checkbox"/> Medical/emergency	<input type="checkbox"/> Authorized for Pickup	<input type="checkbox"/> Access to Student's Records
_____	<input type="checkbox"/> Medical/emergency	<input type="checkbox"/> Authorized for Pickup	<input type="checkbox"/> Access to Student's Records

Please note that in the event of an early release (due to sickness, emergency, or unexpected early dismissal), GPCS cannot release your child to anyone who is not authorized for pickup on the list above.

Parent/Guardian Signature

Name Printed

Date

(form continues on other side)



For School Year: _____

Dear Parents/Guardians:

We occasionally have the opportunity to use students' photos, videos, and work on school promotional materials and resources such as brochures, newsletters, social media, and our websites. To do that, we request your permission, which is granted by signing the agreement below.

Group videos and photos of classes performing in concerts, on field trips, or doing whole-class activities present problems in limiting individual students from photos and videos. It may mean that if a parent has concerns for their child, that the child will need to always stand on the end during concert line-ups (so they can be cropped out), or the child may need to step back when a group photo is taken during special events or activities.

GPCS cannot control third party videos and photos taken by parents, grandparents, family friends, and volunteers at school-related events when guests are invited for class performances, field trips, concerts, and other school activities.

- I DO hereby permit GPCS to use, in whole or in part, photographs, videos, written extractions, and voice recordings of my child and his or her work for the purpose of illustrations, publications, and websites, including but not limited to school marketing materials. Further, I hereby permit the School to notify local newspapers of my child's academic, athletic, and other special achievements.
- I DO NOT give the school authorization to use my child's images and/or work for school promotional purposes.
- I DO give permission as stated above with the following limitations: _____

Parent/Guardian Signature

Name Printed

Date

**GPCS Community Information &
Family Directory Information Permission**

What church do you presently attend? _____ Our family does not attend church.

How often do you attend?: frequently often occasionally seldom

The Family Directory is available to our families and staff at our Sycamore website and includes contact information for GPCS staff and school families. This directory is to be used only for school-related purposes and events such as birthday parties. The Family Directory can only be viewed by someone with a Sycamore login; it is not available to the general public and is not made available to any non-school individuals or companies.

Please indicate your permissions below:

- YES, our family names, addresses, phone numbers, and email addresses may be published in the Family Directory.
- NO, none of our family names, addresses, phone numbers, and email may be listed in the GPCS School Directory.
- YES, our student's name and grade may be listed but do NOT publish any information checked below:
 - Mobile Numbers
 - Mailing Address
 - Email Address

Parent/Guardian Signature

Name Printed

Date