

**CASMAN ALTERNATIVE ACADEMY**

225 Ninth Street, Manistee, MI 49660

Telephone: 231-723-4981 Fax: 231-723-1555

**Student Enrollment Packet**

Welcome to CASMAN Academy! We are excited about the school year and look forward to having your student be a part of our school.

**All students whether they are returning or new need to complete the enrollment packet in its entirety.**

**Immunization Records. All students whether they are returning or new,** need to provide up-to-date proof of immunizations or a signed Exemption Waiver. The District #10 Health Department in Manistee can provide you with immunizations or waivers, if needed. District #10 Health Department phone number is 231-723-3595.

In addition to completing the enrollment packet all **new students** must provide the following documentation:

**Certified Birth Certificates.** State law requires that every student enrolled for the first time in any school district must have a certified copy of his/her birth certificate on file. If a birth certificate is unavailable, other reliable proof of the student’s identity and age may act as an affidavit/proof only if CASMAN Academy administrative staff approves it.

**Legal Documentation** is needed for custody and/or guardianship issues.

**MANDATORY FOOD SERVICE APPLICATION**

**All students must complete a food service application regardless of income level.** Applications are available at the school office or you can fill out your application online at [www.lunchapp.com](http://www.lunchapp.com) by clicking on “Apply”, select “I Agree” to continue. Select “Michigan” and “Manistee Area Schools”, from there, enter all of the student and anyone who lives in your household information. Follow the instructions until you have completed your application.

For Office Use Only

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_ Birth Certificate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Immunization \_\_\_\_\_\_\_\_\_\_\_\_\_ Custody Papers (if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_ SE Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lunch Application

\_\_\_\_\_\_\_\_\_\_\_\_ Bus Transportation \_\_\_\_\_\_\_\_\_None \_\_\_\_\_\_\_\_\_KND \_\_\_\_\_\_\_\_\_MAPS \_\_\_\_\_\_\_\_Dial-A-Ride

UIC # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ User ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Password \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous School and Background Information**

Is student currently enrolled in school? \_\_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_\_\_No Current Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of current/last school enrolled in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last grade completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Has student previously attended CASMAN: \_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_No

Has student ever been suspended or expelled from any school in the past 2 years? \_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_No

Please explain: ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the student currently under suspension or expulsion? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_No

Has the student been found guilty of committing a felony or currently on probation? \_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_No

Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please complete previous school and Special Education information**

**if you are a new student or have not recently attended CASMAN Academy**

**Special Education**

Is the student currently enrolled in a Special Education program? \_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_No \_\_\_\_\_\_Unsure

Has the student been found eligible for Special Education services? \_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_No \_\_\_\_\_\_Unsure

Has student ever had an IEP or been enrolled in a Special Education Program? \_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_No \_\_\_\_\_\_\_Unsure

**Student/Parent Information**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Parent/Legal Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address/PO Box: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_Male \_\_\_\_\_\_\_\_\_\_Female

Ethnic Background: \_\_\_\_\_\_\_\_ American Indian \_\_\_\_\_\_\_\_ Asian \_\_\_\_\_\_\_\_ African American

\_\_\_\_\_\_\_\_ Hispanic/Latino \_\_\_\_\_\_\_\_White \_\_\_\_\_\_\_\_Other

Is English the main language spoken at home: \_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_No

\_\_\_

**Residency Questionnaire**

**Emergency Information**

***The answers you give below will help determine your child’s eligibility for services under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don’t have the documents normally needed, such as proof of residency, school records, immunization records or birth certificate.***

**Where is the student currently living? (Please check ONE box.)**

\_\_\_\_\_\_\_\_\_ Permanent housing \_\_\_\_\_\_\_\_\_ Foster Care placement as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)

\_\_\_\_\_\_\_\_\_ Homeless shelter \_\_\_\_\_\_\_\_\_ Motel/Hotel \_\_\_\_\_\_\_\_\_\_Domestic Shelter \_\_\_\_\_\_\_\_\_\_\_\_Youth Shelter

\_\_\_\_\_\_\_\_\_Doubled up (temporarily living/staying with another family member/friend/other due to a loss of

housing or economic hardship)

\_\_\_\_\_\_\_\_\_Other location (example: in a car, park, bus, train, or campsite): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_Other temporary living arrangement (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­

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*For School Use Only*

I certify that above named student is eligible to receive services under the McKinney-Vento Act including participation in the Child Nutrition Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date McKinney-Vento Liaison Signature

**Parents/Guardians are the first to be contacted in an emergency. Please provide additional emergency contacts that can be notified in case the parent/guardian cannot be contacted. If you want only parent/guardian contacted please leave blank.**

Emergency Contact 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this person have permission to dismiss your student to leave school at any time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this person have permission to dismiss your student to leave school at any time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this person have permission to dismiss your student to leave school at any time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INFORMATION**

Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will the student be taking any medications at school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_Yes\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No

Please list any allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list any medications that the school should be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list any medical conditions the school should be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**All medications including over the counter medications are NOT allowed to be carried on a student’s person with the exception of Inhalers for Asthmatics.**

\*By school policy, CASMAN faculty and staff will not administer any medication to any student without prior written permission from the Parent/Guardian. All medications to be taken at school must be brought to school by a Parent/Guardian in the original prescription bottle and a Medication Consent form must be completed and signed by a Parent/Guardian.

**PERMISSION TO ADMINISTER NON-ASPIRIN PAIN RELIEVER**

For cases of headache and/or minor aches or pains, CASMAN Academy has my permission to administer to my child either Tylenol or a generic non-aspirin pain reliever product in the recommended dosage indicated on the label.

I understand that this authorization does not apply to any other type of medication.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTENDANCE COMMITMENT AND POLICY**

There is a direct relationship between attendance and academic success. Our attendance policy also reflects this. Students, by state law, are only allowed 10 absences per school year. Your student will automatically be referred to the Manistee County Truancy Officer after 10 absences. As a parent/guardian I agree to the policy and agree to support my student’s success by keeping them at school when they call home asking to leave for non-emergencies.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL CONSENT**

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to the school director or his/her designee the authority to act and provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed below and to do all other necessary things as I might or could do to provide for the child’s health and safety, if I were present. This authorization is valid for the current school year or until such time as I withdraw authorization, whichever occurs first.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT CONSENT FOR OFF CAMPUS TRIPS**

I permit my child to participate in all off-campus trips. I understand that this is part of CASMAN Academy’s educational program and provides a learning experience of educational value to my child. In case of an accident or serious illness while off-campus the school can reach me at my home number on file. In case of an accident or serious illness and I cannot be reached, I give my permission for the school employees to call 911 or contact a physician or hospital and take whatever action is necessary.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VISUAL AND AUDIO DOCUMENTATION CONSENT FOR**

We want you to be aware that CASMAN Academy intends to photograph, audio record and/or audio visually record some classes and other activities, and also intends to make various uses of these photographs and recordings in printed material, social media sites, radio commercials and television commercials.

This acknowledges my consent that:

1. CASMAN Academy may photograph, audio record and/or audio-visually record my student during classes and activities. I will own no rights to such photographs and recording, and to the extent that any copyrightable content is provided thereto e.g. re-makes or speeches that are recorded, I hereby assign such rights to CASMAN Academy.
2. CASMAN Academy may make such uses as it sees fit of such photographs and recording, including limitation creating, distributing, and/or transmitting copies of them, and/or promotional and advertising uses thereof, without restriction regarding media. CASMAN Academy shall have right to retouch, adapt, edit, excerpt, and crop these materials, and use the results thereof without further consent. This consent is irrevocable, worldwide, and perpetual, and CASMAN Academy will be under no obligation to credit me in connection with these activities. Although it may do rights relating to copyright, right of publicity, and right of privacy.
3. CASMAN Academy shall have no obligation to pay me any sums for exercising any of its rights hereunder.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_