



1145 Delsea Drive  
Westville, NJ 08093  
Tel: 856.848.4700  
www.adsschool.org

# ARCHBISHOP DAMIANO SCHOOL

*Making a difference in the lives of our students*

## SCHOOL YEAR 2021 - 2022

I hereby give permission for my son/daughter: \_\_\_\_\_ to participate in the following school activities: \_\_\_\_\_  
(Student Name)

**Community-Based Instruction:** I understand that I will be advised of all community-based instructional trips. I understand also, that adequate supervision will be provided at all times by a member or members of the school staff. If, for any reason, I do not wish to have my child participate in these planned events or activities, I must give advance written notice, before the scheduled event, so that proper arrangements can be made for the supervision of my child. It is my understanding that any weekend or overnight event is not included in this general release and that separate special releases will be issued to me, at the proper time, for my approval.

Hence, I assume full responsibility in granting yearly permission for my child and relieve the ARCHBISHOP DAMIANO SCHOOL AND THE DIOCESE OF CAMDEN, NEW JERSEY and its Bishop of any liability with respect to these activities.

PLEASE CHECK (✓): \_\_\_\_\_ **Permission Given** \_\_\_\_\_ **Permission Withheld**

**Publicity and Photographic Coverage:** Periodically, Archbishop Damiano School will release photographic or videos material for the purpose of, but not limited to, highlighting student accomplishments, recruitment of new students or dissemination of information. Permission is requested to release your child's image for publicity purposes. This may include publication of photographs on the agency's website or brochures. In the event we need to release specific information regarding your child, a separate release of information form will be used.

PLEASE CHECK (✓): \_\_\_\_\_ **Permission Given** \_\_\_\_\_ **Permission Withheld**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Mother)  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Father)  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Guardian/Other if applicable)

SIGN  
HERE

**THIS FORM MUST BE ON FILE IN THE SCHOOL OFFICE PRIOR TO STUDENT'S PARTICIPATION  
IN COMMUNITY BASED INSTRUCTION**