

**2024-2025 Lick Creek CCSD #16 Parent Consent Form**

**Student's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

Please initial the appropriate space below for the following items:

**Field Trips**    **Yes** \_\_\_\_\_    **No** \_\_\_\_\_

From time to time throughout the school year, classes may have the opportunity to take field trips. Notification and information of field trips will be sent home by the teacher. I give my permission for my child to go on field trips with his/her class. I may cancel my permission by notifying the teacher in writing prior to the day of the trip.

**Student Information**    **Yes** \_\_\_\_\_    **No** \_\_\_\_\_

School student records are confidential and information from them shall not be released other than as provided by law. Throughout the school year, the District may release directory information regarding students as appropriate.

**Publicity/Photo/Name Release**    **Yes** \_\_\_\_\_    **No** \_\_\_\_\_

On occasion, the school may have reason to publish in local newspapers, or on the District website, names and/or pictures of students. Pictures of their accomplishments or pictures of their participation in District programs may also be included. I agree to allow my child's picture, name, and/or project included in these publications.

**State of Illinois Textbook Loan Program**    **Yes** \_\_\_\_\_    **No** \_\_\_\_\_

I hereby request the loan of secular textbooks from the State of Illinois Secular Textbook Loan Program in accordance with Public Act 79-961 of 1975. Lick Creek CCSD #16, Buncombe, Illinois, Union County. The student is responsible for damaged and/or lost books. I may at any time withdraw this request in writing.

**Emergency Medical Care**    **Yes** \_\_\_\_\_    **No** \_\_\_\_\_

I understand that if I cannot be reached when my child becomes ill or injured at school and needs emergency care, emergency medical services may be called (911). I authorize responsible school authorities to send my child, properly accompanied, to a hospital. I understand that the school district assumes no responsibility for medical expenses, including transportation, incurred by emergency care.

**Computer & Internet Acceptable Use**    **Yes** \_\_\_\_\_    **No** \_\_\_\_\_

I understand that my child's use of school computers and access to the Internet is designed for educational purposes and that Lick Creek CCSD #16 has taken precautions to eliminate controversial and inappropriate materials. However, I also recognize it is impossible for the school district to restrict access to all controversial and inappropriate materials and I will not hold the school district (or its employees, agents, or Board members) responsible for materials acquired on the network or any harm caused by use of said materials. I accept full responsibility for supervision if and when my child's use is not in a school setting. I understand that any violation of the Internet use regulations is unethical and may constitute a criminal offense. Should my child commit any violation, his/her access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be sought.

**After School Daycare**    **Yes** \_\_\_\_\_    **No** \_\_\_\_\_

I understand that the school may offer an after school daycare option. The cost is \$8 per child for the first hour and \$3 per child for each additional hour up to 5:30 pm. After 5:30 pm the cost increases to \$10 per child per every 15 minutes. Payment is required each Friday, otherwise parent(s) will need to make other arrangements for child's care until the balance has been paid in full. Students who have not been picked up by 3:30 pm (2:30 pm on early dismissal days) & are not being directly supervised by a teacher or sponsor will be sent to After School Day Care. I agree to comply with the regulations of the Day Care Program.

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_