

Karuk Tribe Education Program

www.karukeducation.us

(530)493-1600 ext. 2034



This permission slip gives your students permission to participate in the Karuk Tribe's Education Program. It also gives the Karuk Tribe permission to speak with school personnel, teachers, resource specialists, principals, and other personnel involved with your child's educational needs. This also includes written records, transcripts, progress reports, test scores, grades, behavior and attendance records the school has regarding your child's educational background. This information will be held with the strictest confidence.

STUDENT NAME: _____

SCHOOL: _____ GRADE: _____ TEACHER: _____

ADDRESS: _____

PARENT NAME: _____

PARENT HOME PHONE #: _____ WORK/CELL: _____

EMAIL ADDRESS: _____

I realize that this permission is granted to the Karuk Tribe's Education Program for the 2017-2018 school year unless the permission is rescinded in writing to the Karuk Education Department. This also includes summer time events.

Please initial all that apply:

_____ I give my permission for my child to be transported by the Karuk Tribe staff for organized fieldtrips or pre-planned events. I realize that the Karuk Tribe will inform me prior to any transportation.

_____ I give my child permission to be assisted before, during or after school hours. The schedule will be set up with parents/guardians prior to assistance.

_____ I give my consent to Karuk Tribe staff to obtain emergency medical treatment in the event that it is needed for my child and I am unavailable to give this consent during a Karuk Education event.

_____ I give permission to the Karuk Tribe to photograph my child for promotional purposes and/or file records related to the Karuk Education and TANF Department and/or statements to be used by Karuk Tribe for promotion, publicity, or instructional purposes.

Parent/Guardian Signature

Date

PLEASE LET US KNOW WHEN THERE IS A CHANGE IN INFORMATION