



**Irvington Preparatory Academy
Permission/Authorization Form
2018-2019 School Year**

Student Pick-Up Authorization

Student Name: _____ Grade: _____

Custodial Parent/Guardian: _____

The following people (**including parents/guardian**) are authorized to pick-up my child from school:

Name (please print):	Relationship to Student:	Phone Number:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Parent/Guardian Name (please print) Parent/Guardian Signature Date

NOTE: If you have any custodial requirements involving pick-up/release of your IPA student(s), please attach a copy of the court order.

Phone/Email Contact

Irvington Community Schools may occasionally contact parents via automated email, text, and phone messages with important school announcements, including school delays and closures. By signing below, I grant my permission for Irvington Community Schools to contact me by email, text, or phone at the email addresses and phone numbers I have provided on enrollment paperwork.

Parent/Guardian Name (please print) Parent/Guardian Signature Date

Walking/Bike Riding Home Permission

I grant permission for my child, _____ to walk home from school during the 2018-2019 school year. Students are expected to follow all traffic/safety rules when walking or bike riding home from school. Any abuse of these rules can result in loss of walking/bike riding home privileges.

Parent/Guardian Name (please print) Parent/Guardian Signature Date

Release of Directory Information

Parents and community members often request “directory” information from IPA for the purposes of communicating with our families about a variety of events and opportunities. We also like to publish student names for awards, honor roll, scholarships, athletic accomplishments, etc. in local newspapers and on our website. Unless indicated otherwise, IPA will include your directory information in such applicable requests. By signing below, you are indicating that you do **NOT** wish for your directory information to be shared with other parents and community members. Also, please indicate with a check mark which information you wish to be **WITHHELD**.

Parent/Guardian Name (please print) Parent/Guardian Signature Date

____ Parent name ____ Student name ____ Student grade level
____ Address ____ Phone number ____ Email address

Photographic/Video Release

I grant Irvington Preparatory Academy the right to use my student’s photograph, either in video or print, or electronic format for any appropriate use in school materials, including, but not limited to, websites, newsletters, brochures, certificates, and marketing materials. This right can be transferred to third-party sources for publicity reasons in the media and legitimate organizations partnering with the school. These rights are perpetual and not limited geographically. Of note, unless permission is otherwise granted, students’ names will appear only as first name and last initial with the grade level (e.g., “10th grader Megan R.”) when appearing on the school website, irvingtonprep.org. Full student names will be used in publications intended for distribution specifically within our school community.

Parent/Guardian Name (please print) Parent/Guardian Signature Date