



# Annual Parental Authorization Form

## Lowell School District

*Lowell achieves educational excellence for all through pride, communication, and respect for all in a fun and safe environment.*

Date: \_\_\_\_\_

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

Grade/Classroom Teacher: \_\_\_\_\_

Name of Parent/Guardian completing form (please print): \_\_\_\_\_

Daytime contact phone number for parent/guardian completing form: \_\_\_\_\_

### AUTHORIZATIONS

#### FIELD TRIPS

My child does/does not (circle one) have permission to go on planned field trips. (Prior notification will be given, and I have the right to decline permission at any time or for any specific field trip).

#### INFORMATION RELEASES

Do you give permission for publication of information and/or photos of your child **within the school** (bulletin boards, display cases, class photos, presentations, etc.)?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

Do you give permission for publication of information and/or photos of your child **outside of school** (PTSA directory, newspaper, websites, local news, etc.)?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

Signature of Parent/Guardian completing form: \_\_\_\_\_ (Date): \_\_\_\_\_

FOR OFFICE USE ONLY:

Date completed: \_\_\_\_\_

Signature: \_\_\_\_\_

Please turn this form into Terry White  
**THANK YOU!**