**Time: 3:15 to 5:15 (Prek-8th) Days Attending (circle) M T W TH F**

**Students will start IMMEDIATELY once the homeroom teacher receives this form unless parents indicated otherwise…. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Student’s Name

 (Last) (First) (Middle)

Home Address Home Phone Number Date of

Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race (Circle One) Sex: M or F Lunch: \_\_\_\_Paid \_\_\_\_\_Free \_\_\_\_Reduced

List Related Siblings in school: 1). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2).\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Lives With: Both Parents Mother Only Father Only Guardian

Father’s Name Phone # Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_ Employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wk. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name Phone # Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_Employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wk. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardian’s Name Phone # Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_Employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wk. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Important:** Email Address: 1).\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any Special Health Problems**: Yes \_\_ No If Yes, Please ask for a PCS Health Form and a meeting with the school nurse and PLA Director **must take place before attending the academy**.

***Name and Relationship of other adults who have permission to check out/ pick-up the student/child***

Name Phone # Name Phone #

Name Phone # Name Phone #

**PARENT SIGNATURES IN ALL (5) AREAS!**

**I/WE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, GRANT PERMISSION FOR PHOTO/VIDEO IMAGES, SOCIAL MEDIA, AND NEWS OF MY ABOVE NAMED CHILD AND CAN BE SHARED WITH MEDIA OUTLET, INCLUDING, NEWSPAPER, TELEVISION STATIONS, AND SOCIAL MEDIA WITHIN ANY AND ALL ACTIVITIES, PARTNERSHIPS, INCLUDING MUSIC, THEATER AND MORE.**

**I/WE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, GRANT PERMISSION FOR THE ABOVE NAMED CHILD TO ACTIVELY PARTICIPATE IN (ALL) AFTER SCHOOL ACTIVITIES, AND PARTNERSHIPS…..INCLUDING (ALL) PLA WALKING/BUS TRIPS, WITHIN AND OUTSIDE THE PIEDMONT COMMUNITY.**

**I/WE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, UNDERSTAND THAT PES/PMS STUDENTS THAT ARE INVOLVED IN ANY SATURDAY AND/OR SUNDAY PRACTICES UNDER MR. WRIGHT’S THEATER PRODUCTIONS MUST BE ACCOMPANIED BY THEIR PARENT OR GUARDIAN.**

**I/WE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, GRANT PERMISSION FOR THE ABOVE NAMED CHILD TO ACTIVEY PARTICIPATE IN (ALL) AFTERSCHOOL ACTIVITIES, INCLUDING WORK-OUTS, AEROBICS, SPORTS, GAMES, DRAMA, MUSIC, ART, TUTORING, STEM&STEAM ETC.**

**I/WE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, UNDERSTAND MY/OUR PARTICIPATION AS PARENT/S IS MANDATIORY WITHIN THIS GRANT, THEREFORE ATTENDING MY CHILD’S PLA PROGRAMS, AND MEETINGS, WHILE COMMUNICATING WITH PES/PMS//PLA TEACHERS. I UNDERSTAND THIS IS VITAL IN ORDER TO CREATE A SUCCESSFUL UNITY BETWEEN HOME AND SCHOOL, WHICH EMPOWERS MY CHILD, FAMILY AND COMMUNITY AS A WHOLE.**

**\*Medical Insurance Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Holder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PES STUDENTS: RETURN THIS FORM TO YOUR CHILD’S HOMEROOM TEACHER**

**PMS STUDENTS: RETURN THIS FORM TO MRS. STEED IN THE PMS OFFICE**

**THE PIEDMONT LEARNING ACADEMY OFFICE IS LOCATED IN THE PES OFFICE**