*Vocational Rehabilitation ● Early Intervention ● Special Education ● Here We Grow Learning Center*

**SCHOOL YEAR**

**2019 - 2020**

I hereby give permission for my son/daughter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the following school activities: (Student Name)

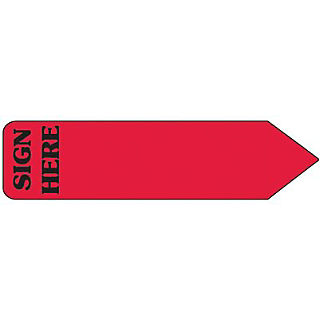
**Community-Based Instruction:** I understand that I will be advised of all community-based instructional trips. I understand also, that adequate supervision will be provided at all times by a member or members of the school staff. If, for any reason, I do not wish to have my child participate in these planned events or activities, I must give advance written notice, before the scheduled event, so that proper arrangements can be made for the supervision of my child. It is my understanding that any weekend or overnight event is not included in this general release and that separate special releases will be issued to me, at the proper time, for my approval.

Hence, I assume full responsi­bility in granting yearly permission for my child and relieve the ARCHBISHOP DAMIANO SCHOOL, ST. JOHN OF GOD COMMUNITY SERVICES AND THE DIO­CESE OF CAMDEN, NEW JERSEY and its Bishop of any liability with respect to these activities.

**PLEASE CHECK (): \_\_\_\_\_\_\_\_\_\_ Permission Given \_\_\_\_\_\_\_\_\_\_\_Permission Withheld**

**Publicity and Photographic Coverage:** Periodically, Archbishop Damiano School will release photographic or videos material for the purpose of, but not limited to, highlighting student accomplishments, recruitment of new students or dissemination of information. Permission is requested to release your child's image for publicity purposes. This may include publication of photographs on the agency’s website or brochures. In the event we need to release specific information regarding your child, a separate release of information form will be used.

**PLEASE CHECK (): \_\_\_\_\_\_\_\_\_\_ Permission Given \_\_\_\_\_\_\_\_\_\_\_Permission Withheld**

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mother)

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

(Father)

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

(Guardian/Other if applicable)

**This form must be on file in the school office prior to student’s participation**

**In community based instruction**

1145 Delsea Drive Westville Grove, NJ 08093  
Web: www.sjogcs.org Tel: (856) 848-4700 TTY: (856) 848-4598 General Fax: (856) 384-1512 School Fax: (856) 848-3965  
*The Hospitaller Order of St. John of God is an international nonprofit, serving those in need in 5 continents and 53 countries.*