

**THE MADDUX SCHOOL**

11614 Seven Locks Road ♦ Rockville ♦ Maryland 20854 ♦ 301-469-0223 ♦ [www.madduxschool.org](http://www.madduxschool.org)

**PERMISSION FORM**

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

**Dismissal Release:**

I give permission for my child to be released by Maddux School staff to the following:

Name	Relationship to Student	Pickup Schedule (Please circle)	Cell Phone	Alt. Phone
		M, T, W, Th, F		
		M, T, W, Th, F		
		M, T, W, Th, F		
		Occasionally/ In Emergency		

This permission is:

\_\_\_\_\_ for the entire 2018-19 school year; or \_\_\_\_\_ for these date(s): \_\_\_\_\_

*To update this information or for occasional changes to this plan, please submit written notification.*

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**Fieldtrips:** I give permission for my child to participate in class walks in the vicinity of The Maddux School and on occasional field trips. I understand that I will be notified about fieldtrips requiring transportation away from the school building.

\_\_\_\_\_ YES                  \_\_\_\_\_ NO                  (Please check one)

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**Photographs:** I give permission for photographs of my child that are taken at school to be used for classroom teaching activities, bulletin boards, slideshows for parents, yearbooks and for The Maddux School website, presentations and publications. (Please note: No last names will be used for The Maddux School website, presentations and/or publications.)

\_\_\_\_\_ YES                  \_\_\_\_\_ NO                  (Please check one)

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\_\_\_\_\_  
Parent/Guardian (Print Name)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date