

Releases, Consents, & Authorizations

School Year 2020–21

Student & Parent/Guardian Information

Student's First Name: _____

Parent's First Name: _____

Student's Last Name: _____

Parent's Last Name: _____

Student's Date of Birth: _____

Check this box if the student is an adult enrolling himself or herself in school.

Records Release

By signing below I authorize Kingsman Academy Public Charter School to request records from all schools the student above has attended. I understand that Kingsman Academy will not further transfer or communicate the records to any other party or agency without my express written consent except under the authority of the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99).

Parent/Guardian/Adult Student Signature: _____ Date: _____

Field Trip Authorization (Optional)

I understand that the student above may have the opportunity to participate in field trips that will take him or her away from campus. I understand that these trips will be under the direct supervision of a Kingsman Academy Public Charter School faculty member and that the student above will be transported either by public transportation, a Kingsman Academy vehicle, or a for-hire vehicle.

I request that the student above be allowed to attend such field trips.

I authorize any medical treatment in case of emergency and agree that I am responsible for the cost of such treatment.

I agree to release, hold harmless and indemnify Kingsman Academy Public Charter School, its agents, representatives, and employees from all claims, damages, or other liabilities for injuries to the student above that are not the result of gross negligence, intentional neglect or willful or wanton conduct by the school or its agents, representatives, or employees.

I understand that any trips that take my student out of the District of Columbia metropolitan area or that require an overnight stay will require a separate permission form that will be provided to me by Kingsman Academy.

Parent/Guardian/Adult Student Signature: _____ Date: _____

Media Release (Optional)

By signing below, I hereby grant Kingsman Academy Public Charter School and its employees, agents, successors, and assignees the right to: (1) record the image and voice of the student above; (2) edit such recordings at their discretion; and (3) use such recordings, along with the artwork and written work of the student on videotape, in photographs, in digital media, and in any other form of electronic or print media. I understand that this release does not grant Kingsman Academy the right to disclose any biographical or other identifying information regarding the student above and that I may revoke this consent at any time by contacting the school.

I hereby release Kingsman Academy, its successors, its assignees, and anyone using image, voice, artwork, and/or written work of the student above pursuant to this release from any and all claims, damages, liabilities, costs, and expenses which I or the student above now have or may hereafter have by reason of any use thereof.

I understand that the provisions of this release are legally binding. This consent is valid through the end of the school year and can be revoked at any time.

- I consent. I do not consent.

Parent/Guardian/Adult Student Signature: _____ Date: _____

Release of Information to Military Recruiters (Optional)

Federal laws require Kingsman Academy Public Charter School to provide military recruiters, upon request, with the name, address, and telephone number (“information”) of all sixth through twelfth-grade students unless the parent/guardian or adult student has opted out of such disclosure by signing below. This opt-out is valid throughout the student’s time enrolled at Kingsman Academy Public Charter School and can be revoked at any time.

- I request that Kingsman Academy not release the information of the student above to military recruiters.

Parent/Guardian/Adult Student Signature: _____ Date: _____

Consent to Social and Emotional Health Services (Optional)

Kingsman Academy Public Charter School has highly qualified professionals to help students experiencing stress, sadness, anger, or other emotions that can affect their lives. By signing below, you authorize Kingsman Academy professionals to begin working with the student above. You will be notified and included in any plan for services, consistent with best practices. The student’s information will be reviewed by the school’s mental health and behavioral support professionals and will be handled confidentially. This consent is valid through the end of the school year and can be revoked at any time.

If you consent, please check which of the following your student has or is experiencing:

- Parental divorce/separation Homelessness Foster care Incarcerated parent
- Death of close family Incarceration Other trauma: _____

Would you like to be contacted to discuss further? Yes No

Parent/Guardian/Adult Student Signature: _____ Date: _____

Google Apps Consent (Optional)

Kingsman Academy Public School uses G Suite for Education, and we are seeking your permission to provide and manage a G Suite for Education account for the student above. G Suite for Education is a set of education productivity tools from Google including Gmail, Calendar, Docs, Classroom, and more used by tens of millions of students and teachers around the world. Kingsman Academy students use their G Suite accounts to complete assignments, communicate with their teachers, sign into Chromebooks, and learn 21st-century digital citizenship skills.

Kingsman Academy has a notice that provides answers to common questions about what Google can and can't do with the personal information of the student above, including:

- What personal information does Google collect?
- How does Google use this information?
- Will Google disclose the student's personal information?
- Does Google use student personal information for users in K-12 schools to target advertising?
- Can the student share information with others using the G Suite for Education account?

The notice is posted on the school website and available in print by request. Please read it carefully, let us know of any questions, and then sign below to indicate that you've read the notice and give your consent. If you don't provide your consent, we will not create a G Suite for Education account for the student above. Students who cannot use Google services may need to use other software to complete assignments or collaborate with peers.

By signing below, I give permission for Kingsman Academy to create/maintain a G Suite for Education account for the student above and for Google to collect, use, and disclose information about the student above only for the purposes described in the notice described above.

Parent/Guardian/Adult Student Signature: _____ Date: _____