

Student(s) Name(s)

Date of Birth

Yes No **publicity:** I give my consent for my child(ren) to appear in photographs and/or videos publicizing AHB Community School. I understand this material will be used for the sole purpose of AHB public relations and in keeping with the program statement and purpose of AHB Community School. I understand that my child's name will not appear in conjunction with his/her image unless I give specific consent.

Yes No **off-campus excursions:** I give my consent for AHB staff members to escort my child(ren) to activities which are within walking distance of the AHB campus. I understand that reasonable supervision will be provided for such activities (see Student/Parent Handbook for details.)

Yes No **directory:** I give my consent for my family's information (as specified below) to appear in the AHB Directory. I understand that this directory is intended only for the use of AHB families and staff.

Please check each item for which you give consent to appear in the AHB Directory:

- Student(s) name(s)** (as shown at the top of this form)
- Student(s) date(s) of birth** (as shown at the top of this form)
- Household #1 information:**

Parent/Guardian Name	Relationship	Cell Phone #
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Parent/Guardian Name	Relationship	Cell Phone #
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Sibling(s) Name(s)

Address

Email Address #1	Email Address #2	Home Phone #
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- Household #2 information** (if applicable):

Parent/Guardian Name	Relationship	Cell Phone #
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Parent/Guardian Name	Relationship	Cell Phone #
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Sibling(s) Name(s)

Address

Email Address #1	Email Address #2	Home Phone #
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By signing below, I acknowledge that this authorization form shall remain on file and will be valid until revoked in writing by student's parent or legal guardian.

Parent/Legal Guardian Signature

Date