

Enrollment Permissions

Please check all that apply

_____ **I do give permission** for my student's image to be reproduced in promotional materials for Grandview Christian School, i.e., website, newsletters, newspaper articles, and advertisements.

_____ **I do give permission for my child to participate in the yearly eye exam given by Premier Eye Care.**

_____ **I do want** to receive e-mails from the school regarding activities and other important information at my e-mail address.

_____ **I give permission** for the school to administer the following to my child (ren) for minor aches and pains:

(Please circle) Children's Motrin Tylenol/Acetaminophen

Advil/Ibuprofen

_____ **I give permission** for the school to administer the following medications (IE Inhalers, breathing treatments, asthma medications, allergy medications, epilepsy treatments, diabetic solutions, etc): _____

_____ My child(ren) may be picked up by the following people:

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Child's Name

Grade Entering

Child's Name

Grade Entering

Child's Name

Grade Entering

Child's Name

Grade Entering