

ALERT \_\_\_\_\_

MARIETTA COMMUNITY SCHOOL  
1171 Whitlock Ave.  
Marietta, Georgia 30064

**SUMMER CAMP**

REGISTRATION FEE: \$100 (NON-REFUNDABLE)

RECEIPT # \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ GRADE NEXT YEAR \_\_\_\_\_ SCHOOL \_\_\_\_\_

IS YOUR CHILD IN A SPECIAL PROGRAM DURING THE SCHOOL YEAR? \_\_\_Y \_\_\_N

DOES YOUR CHILD HAVE SPECIAL NEEDS? \_\_\_Y \_\_\_N DESCRIBE NEEDS: \_\_\_\_\_

HOME TELEPHONE (\_\_\_\_) \_\_\_\_\_ OTHER PHONE NUMBER(\_\_\_\_) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ CELL PHONE(\_\_\_\_) \_\_\_\_\_

FATHER'S WORK PLACE \_\_\_\_\_ WORK PHONE(\_\_\_\_) \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

MOTHER'S WORK PLACE \_\_\_\_\_ WORK PHONE(\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS (FOR ELECTRONIC CONFIRMATION) \_\_\_\_\_

PLEASE LIST BELOW THE NAMES AND PHONE NUMBERS OF ANY OTHER PERSONS AUTHORIZED TO PICK UP YOUR CHILD. PLEASE INCLUDE SPOUSES AND OLDER SIBLINGS.

( )			( )		
NAME	RELATIONSHIP	PHONE	NAME	RELATIONSHIP	PHONE

( )			( )		
NAME	RELATIONSHIP	PHONE	NAME	RELATIONSHIP	PHONE

PLEASE PROVIDE YOUR CHILD'S PHYSICIAN AND INSURANCE COMPANY. LIST MEDICATIONS WE MAY BE RESPONSIBLE FOR ADMINISTERING.

**NOTE: IT IS THE RESPONSIBILITY OF THE CUSTODIAL PARENT TO NOTIFY THE CAMP PROGRAM IF NON-CUSTODIAL PARENT DOES NOT HAVE PERMISSION TO SIGN STUDENT OUT OF PROGRAM.**

**OVER**

**MARIETTA COMMUNITY SCHOOLS  
COMMUNITY SCHOOL PROGRAM  
SCHOOL ACTIVITIES CONSENT FORM**

This is to certify that my permission is granted for my child, \_\_\_\_\_, to participate in organized sponsored activities whether on the school campus or away. Therefore, I acknowledge unless gross negligence is involved, Community School program or Community School officials cannot be held responsible for medical or hospital costs resulting from injuries that might occur by participating in Community School Program sponsored activities or in transportation to or from the place where activities are conducted. Students must be insured to participate in the Community School Program.

YES \_\_\_\_\_ NO \_\_\_\_\_ My child is covered by health/accident insurance.

I have read or have had read to me the foregoing in its entirety and by placing my signature below do declare that I understand that any cost or injury resulting from participation in school sponsored activities is my responsibility.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PHOTOGRAPH RELEASE**

I give permission for my child's photograph or video image to be used on promotional or informational materials, press media, and possible publication on the world wide web through the school system web page for positive public relations purposes.

Student: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INTERNET NETWORK ACCESS AGREEMENT**

I accept responsibility to abide by the Board of Education Internet Network policy (IFBGA) and procedures as stated in this agreement. I understand that access to the Internet is a privilege and not a right, and I agree:

Not to incur any charges to the school system; to use the Internet network for appropriate educational purposes and research; to use the Internet network only with the permission of designated school staff; to be considerate of other users on the network and use appropriate language for school situations; do not degrade or disrupt Internet network services or equipment, including tampering with software/hardware, vandalizing data, invoking computer viruses, attempting to gain access to restricted or unauthorized network services, or violating copyright laws; to immediately report any security problems or breeches of these responsibilities to appropriate school system/ school staff; to comply with all of the rules and expectations included in the Student Internet Appropriate Use Policy; not to divulge personal information such as address and telephone numbers over the Internet; and to use the Network in a lawful manner.

I understand that I have no right to privacy when I use the school Internet network, and I consent to staff monitoring of my communications. I also understand that this policy governs student use of and access to the Internet, and it does not include Internet access, which is under the control of the teacher. I also understand that any conduct that is in conflict with these responsibilities is inappropriate and may result in termination of network access and possible disciplinary action.

Student  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**SCHOOL POLICIES:**

**I understand that I should pick up a handbook at the Community School Office if I don't have one and I agree to abide by the policies therein.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date