

# DKH Academy Permission Form

CHILD'S NAME: \_\_\_\_\_

## HANDBOOK

I have read and understand the DKH Handbook/operational policies.

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

## CLASS CHANGES

Students are considered PROBATIONARY for the first month of class. After thirty days, students will be assessed, if needed, and may be reassigned to the appropriate classroom at the teacher's discretion.

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

## DIRECTORY

\_\_\_\_\_ I give permission for DKH to publish my name, child's name, address and phone number in a directory given only to DKH staff and families.

\_\_\_\_\_ I do not give permission for DKH to publish my name, child's name, address and phone number in a directory given only to DKH staff and families.

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

## PHOTOGRAPHS AND VIDEOS

\_\_\_\_\_ I give permission for DKH teachers to take and use photographs and videos of my child for class projects and teaching tools. I understand these will be shared only with other DKH families.

\_\_\_\_\_ I do not give permission for photographs or videos of my child to be used in school projects.

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