Levy Permission Slip

	Stud	lent's Name		
I give per	On/Off Commission for my child to participate in the f	ampus Activities Collowing activities duri	ng the school day:	
1. Pa	articipate in the breakfast program ementary Middle .25 Full/\$.30 Reduced \$1.35 Full/\$.30 Reduced	<u>High</u>	YES	NO
	oller-skating through our Adapted Physica	l Education curriculum		
Ou sp ma on an so	articipate in our Water Therapy and Swimi ar water therapy program provides a therapeutic an ecially designed 92 degree pool. If your child's phay call Levy at 973-3400. A child may be exempt for the written request from the physician. The request d length of time for exemption. The principal may me students may be required to provide swim diaped safety of all students and staff who use our pool.	d/or rec-leisure time in our sysician has any questions, he from water therapy/swimminst must state the health reaso also grant participation exert	ng n(s) nptions.	
	ake short walk in the vicinity for purpose of the home in case of an emergency	of an evacuation drill		
education would lik	ne course of the school year, USD259 encourse of the school year, USD259 encoursers and activities throughout our die your permission for your student to be not conter. This also includes posts and picture.	strict. If the opportunity amed and/or photograph	for such coverage	should arise, we
property, and physi should oc	you to be aware that if your child is in the he/she may require the use of physical intectal intervention are not used as a punishmeter, the school will try to contact you by pon within two school days. A copy of BOE	ervention and/or seclus nent and are only used a shone as soon as possibl	herself or others; of ion for safety purpo is a last resort. If si le; and, you will red	oses. Seclusion uch an incident ceive written
Parent/G	uardian Signature		 Date	