Phone: 612.729.9266 Fax: 612.729.9412 Email: info@bdote.org www.bdotelearningcenter.org

GENERAL PERMISSION SLIP 2020-2021

Parent/Guardian – This form contains two permission forms. Please sign and date **each** of the areas below. A brief description of each of the permissions is included.

| STUDENT INFORMATION: | | | | |
|------------------------|--|---------------------------------------|------------|----------------------------------|
| First Name: MI: | | MI: | Last Name: | |
| > | During the school year, your child may be photographed, filmed, and/or interviewed for school publications. By signing below, you are giving permission for your child to be included in the various publications. | | | |
| | Parent/Guardian Signat | ure: | | Date: |
| \(\rightarrow\) | Children in the Bdote Learning Center will participate in "Field Trip" opportunities throughout the year Field Trip experiences will be organized by the school staff and supervised. These excursions allow the children to build upon our work in place-based/project-based learning and will include involvement in the community. Field Trip opportunities are an outgrowth of learning activities pertaining to the curriculum and are considered essential to the program at the school. By signing below, you are giving permission for your child to participate in supervised Field Trip experiences and other activities as designated and/or approved by the staff of Bdote Learning Center Charter School that will occur outside of the school building. A notice and explanation of each field trip will be sent home prior to the activity. The parent will have | | | |
| | an opportunity to refuse | · · · · · · · · · · · · · · · · · · · | | e activity. The parent will have |
| | Parent/Guardian Signat | ure: | | Date: |