Parental Permissions

Student Name: ___________________________________________  Grade: ______

Please circle your response

My child can ride his/her bike to school  
Yes  No

My child can walk to school  
Yes  No

My child can be photographed, recorded, 
Identified for school or PTO related activities. 
This includes forms of social media.  
Yes  No

My child’s work can be included in classroom 
circulated projects or public displays.  
Yes  No

I give my permission to teachers and 
administrators to communicate with me about 
my child and school communications via email.  
Yes  No

Do you want to receive Thursday Folder 
information via email.  
Yes  No

EMAIL ADDRESS(ES):

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

My child has a computer with internet access at home.  
Yes  No

_______________________________________________________________

Parent Signature  
Date
IMPORTANT

PLEASE READ AND RESPOND IMMEDIATELY

GLENDALE – RIVER HILLS SCHOOL DISTRICT

2016-17 Transportation Service Request Form

The purpose of this form is to establish transportation service for your child. It is extremely important that you provide accurate information and return this form in order for the District to safely keep track of your child and program for the most efficient routing. The cost of providing transportation is a significant portion of our school budget. Please help us save money by giving careful thought as to whether you will use this service on a regular basis. If not, please indicate below on the appropriate line.

Please note we do not transport outside of Glendale. Open Enrollment and Tuition Waiver student are not eligible for transportation

One form must be returned to the school office for each student by May 19, 2016. Failure to return this form may jeopardize your eligibility for transportation service.

Student’s Name _______________________________ □ Glen Hills □ Parkway

____ I am requesting a stop be established at my home for transportation of my child.

Home Address ________________________________________

____ Pick up Only _______Drop off Only _______Pick up and Drop Off

Days: M T W TH F

____ My child needs to be picked-up at the following address, which is different from our home address:

Alternate Address ________________________________________

______ Glendale Heights ________ Milestones ________ North Shore Pre-School

Days: M T W TH F

____ My child needs to be dropped-off at the following address, which is different from our home address:

Alternate Address ________________________________________

______ Glendale Heights ________ Milestones ________ North Shore Pre-School

Days: M T W TH F

____ My child does not need transportation service at this time, but I understand I can request bus service at anytime during the school year with a minimum of five (5) days advance notice.

Parent Signature __________________________________________ Date _______

Thank you for taking the time to complete this form.
**Glendale-River Hills School District**

**Home Language Survey**

December 13, 2007

Dear Parents/Guardians of all Parkway and Glen Hills students,

The Wisconsin Department of Public Instruction requires us to collect and keep information regarding the **dominant language spoken** by all students so that we can best provide meaningful instructional programs. Please answer these questions and return this form to your school. This questionnaire becomes a part of the District's official documentation of language assessments. Thank you for your assistance.

Larry Smalley, Glendale-River Hills Schools District Administrator

<table>
<thead>
<tr>
<th>Child's name:</th>
<th>Grade:</th>
<th>Homebase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of person completing survey:</td>
<td></td>
<td>Date:</td>
</tr>
<tr>
<td>Relationship of person completing the survey to child</td>
<td>☐ Mother</td>
<td>☐ Father</td>
</tr>
<tr>
<td>Child's date of Birth:</td>
<td>Child's place of birth:</td>
<td></td>
</tr>
<tr>
<td>Is a language other than English spoken in the home?</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>If yes, list language(s) spoken:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was your child adopted after the age of 18 months from a country where the first language heard was not English?</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>If your child was born outside of the United States, when did your child immigrate to the US? <strong>Indicate Month / Year:</strong></td>
<td>Number of Years of School Outside of US:</td>
<td></td>
</tr>
</tbody>
</table>

**IF ENGLISH IS THE ONLY LANGUAGE SPOKEN IN THE HOME, STOP HERE & RETURN THIS FORM TO THE SCHOOL OFFICE. IF NOT, PLEASE COMPLETE THE BOTTOM OF THIS FORM.**

<table>
<thead>
<tr>
<th>Check the correct response for each question and write in other languages as appropriate</th>
<th>English</th>
<th>Other Language(s) Please list,</th>
</tr>
</thead>
<tbody>
<tr>
<td>What language did the child learn when she or he first began to talk?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>What language does the family speak at home most of the time?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>What language does the parent(s) speak to his/her child most of the time?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>What language does the child speak to his/her parents most of the time?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>What language does the child speak to his/her brothers/sisters?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>What language does the child speak to his/her friends most of the time?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>In what language does the child read and write?</td>
<td>☐</td>
<td>☐ Neither</td>
</tr>
</tbody>
</table>

*Please return this form to school by Friday, December 21*
PERMISSION TO OBTAIN AND RELEASE INFORMATION

Dear __________________________ Date: __________________________

In order for us to obtain/release information regarding your child, __________________________, please complete and return one copy in the self-addressed, stamped envelope that is included and keep the other copy for your files. If you have questions, contact me at ________________.

Sincerely,

(Name and Title of District Contact Person)

PARENT PERMISSION TO OBTAIN OR RELEASE INFORMATION

I, the undersigned, hereby authorize and request __________________________ (school, agency(s), or person)

to obtain/release to: __________________________ (school, agency(s), or person)

the following information indicated below:

(Name of child) __________________________ (Date of birth) __________________________

☐ Official student academic/administrative records (identifying information, grade level completed, grades, class rank, attendance records, and group aptitude and achievement test results)

☐ Medical and/or related health records
  ☐ discharge summary
  ☐ psychiatric assessment
  ☐ other __________________________

☐ IEP Team evaluations and related reports
☐ Appropriate agency reports
☐ Individualized education program goals
☐ Free/Reduced Lunch Application Information (needed to process your application)
☐ Others (specify) __________________________

This permission is valid from the date of signature until __________________________ date. A copy of this form is as effective as the original. Revocation of this consent must be in writing and be directed to the releasing agency prior to the release of the above information.

(Signature of parent or legal guardian or adult student) __________________________ (Date) __________________________

Record Release Form 7/03