

THE SCHOOL DISTRICT OF PHILADELPHIA

The U School
2000 N. 7th St
Philadelphia, PA 19122
Main Office (215) 684-3266
Fax: (215) 684-2476

Mr. Neil Geyette, Principa

2016-2017 STUDENT REGISTRATION PROCEDURES

TO ENROLL A STUDENT YOU MUST PRESENT THE FOLLOWING DOCUMENTS:

- Yellow transfer slip (If transferring from another Philadelphia Public School)
- Photo I.D. of Parent/Guardian (Penna. Driver's License, Non-Driver's License Photo ID, or Passport)
- Two proofs of address with parent/guardian's name and address clearly noted-matching the guardian identification information

Acceptable Proofs:

1. Gas, Electric, Water, Telephone or a letter on the utility company's stationary verifying address
 2. Current payroll check stub including name and address
 3. IRS Tax Return Form (1040)
 4. Welfare Information
 5. Deed to Home
 6. Residency Affidavit (MUST BE NOTARTIZED)
 7. Notarized Leases, no voter registrations accepted
- Child's updated Immunization (Shot) Records
 - Transcript/Report Card/Verification of Grades and Existing Credits earned, any students that do not have this information will be required to take the subject again, until this information is verified by the previous school attended and presented to the Main Office
 - Social Security Card or number of the registering student
 - Homeless or DHS – Must present a letter from the agency verifying same

IF YOUR STUDENT NEVER ATTENDED A PHILADELPHIA SCHOOL DISTRICT PUBLIC SCHOOL YOU MUST ALSO PROVIDE THE FOLLOWING DOCUMENTS:

- **Birth Certificate of the Student (Or Valid Passport)**
- **Name of Last School Student Attended, completion of a Release of Student Records Request**

THE SCHOOL DISTRICT OF PHILADELPHIA
APPLICATION FOR ADMISSION OF CHILD TO SCHOOL
 (EH-40 Rev. 8/14 Comm. Code 61602445007)

PARENT/GUARDIAN MUST COMPLETE THIS FORM AND PROVIDE ALL NECESSARY DOCUMENTATION

STUDENT INFORMATION - PRINT ALL ENTRIES

LAST NAME		FIRST NAME		MIDDLE NAME OR INITIAL		DATE OF BIRTH			GENDER		STUDENT ID (SCHOOL USE ONLY)	
						MO	DA	YR	MALE			
									FEMALE			
HOUSE NO.	DIR	STREET NAME			ST., AVE., ETC	APT.#	ZIP CODE	HOME PHONE				

■ CHECK ONE ONLY (✓)

RACE DESIGNATION (CHECK (✓) ONE ONLY):

0. WHITE 1. BLACK / AFRICAN AMERICAN 2. HISPANIC / LATINO 3. AMERICAN INDIAN / ALASKA NATIVE
 4. ASIAN 5. MULTI RACIAL / OTHER 6. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER

LANGUAGE SURVEY

	English	Other	Other Language (please specify)
1. What language does the family speak at home most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	
2. What language does the parent(s) speak to her/his child most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	
3. What language does the child speak to her/his parent(s) most of the time?*	<input type="checkbox"/>	<input type="checkbox"/>	
4. What language does the child speak to her/his brothers/sisters most of the time?*	<input type="checkbox"/>	<input type="checkbox"/>	
5. What language does the child speak to her/his friends most of the time?*	<input type="checkbox"/>	<input type="checkbox"/>	
6. What language does the child speak most frequently?*	<input type="checkbox"/>	<input type="checkbox"/>	
7. In what language would you like documents sent home? If other, which language? _____	<input type="checkbox"/> English Only		<input type="checkbox"/> English and Other

*If the answer to any of these questions is other than English, please contact the Enrollment Center for additional screening.

STUDENT EDUCATION: Complete this section if the child has ever attended school

■ INDICATE CITY AND TYPE OF SCHOOL CHILD LAST ATTENDED

- PHILADELPHIA CITY OTHER CITY PUBLIC SCHOOL NON-PUBLIC SCHOOL

DATE LAST ATTENDED	GRADE LAST ATTENDED	NAME OF SCHOOL	ADDRESS	CITY	STATE
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■ If the student attended school Outside of the United States, do you have his/her school records?

- Yes* No

If yes, please provide a copy for the school

If no, please contact the school to obtain records

*High School students must have transcripts evaluated.

■ Did child ever attend: Pre-Kindergarten and/or Kindergarten

1. Has child ever received Special Education services? Yes* No
 2. Was child ever enrolled in an Early Intervention Program? Yes* No
 3. Has child ever received ESOL/Bilingual services? Yes* No

*If the answer is yes to any of the above 3 questions in this section, please ENROLL child in school and refer parent/guardian to the Principal, or Counselor or Special Education Liaison.

■ Date child first enrolled in U.S. school: _____

CONTINUE ON REVERSE SIDE >>

PARENT/GUARDIAN INFORMATION - PRINT ALL ENTRIES

PARENT	"X" IF DECEASED	FULL NAME	CELL PHONE	E-MAIL	EMPLOYER PHONE
FATHER					
	NAME OF FATHER'S EMPLOYER:			EMPLOYER ADDRESS:	
MOTHER					
	NAME OF MOTHER'S EMPLOYER:			EMPLOYER ADDRESS:	
STEP PARENT GUARDIAN LEGAL CUSTODY					
		EMPLOYER:		ADDRESS:	

PROOF OF DATE OF BIRTH - MUST BE COMPLETED

1. OFFICIAL BIRTH CERTIFICATE	NUMBER	ISSUED BY (CITY AND STATE)
2. BAPTISMAL OR OTHER RELIGIOUS CERTIFICATE	ISSUED BY	NAME AND ADDRESS
3. OTHER	DESCRIBE	
4. COUNTRY OF BIRTH	NAME OF COUNTRY - IF BORN IN US, LIST NAME OF CITY AND STATE	

Parent/Guardian Signature: _____ Date: _____

OFFICIAL USE ONLY

SCHOOL PRINCIPAL/ADMINISTRATOR: It is the responsibility of the School Principal/Administrator to insure that this form is completed in its entirety and to verify all necessary documentation prior to signing.

VERIFICATION: THE PROOF OF DATE OF BIRTH IS BASED ON THE EXAMINATION OF DOCUMENT ABOVE

SIGNATURE OF SCHOOL OFFICIAL		DATE	POSITION		
NAME OF SCHOOL/CENTER CHILD ADMITTED TO		SCHOOL NO.	DATE ENROLLED	GRADE	ROOM/SECT/BOOK NO
PRE-K ONLY		SIGNATURE OF SCHOOL PRINCIPAL / ADMINISTRATOR			DATE
SCHOOL GROUP	PROGRAM CODE				

SCHOOL DISTRICT OF PHILADELPHIA
EMERGENCY CONTACT FORM

Student ID		Student's Name		Sex	Grade	Rm.-Sec.-Bk.
Address		Apt. No.	Birth Date		School No.	
Enter Child's Pennsylvania I.D. Number		Does your child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Child's Doctor/Clinic	Phone No.	If Yes, check the appropriate health insurance below:				
Name of Child's Dentist/Clinic	Phone No.	<input type="checkbox"/> Aetna/US Health Care		<input type="checkbox"/> Blue Cross		
		<input type="checkbox"/> Health Partners		<input type="checkbox"/> AmeriChoice		
		<input type="checkbox"/> Keystone Mercy		<input type="checkbox"/> Keystone Health Plan East		
		<input type="checkbox"/> Other _____				
First Emergency Contact - Parent/Guardian	Relationship to child	Daytime Phone	Cell Phone	E-Mail		
Second Emergency Contact (full name)						
Third Emergency Contact (full name)						

SCHOOL DISTRICT OF PHILADELPHIA
EMERGENCY CONTACT FORM

Student ID		Student's Name		Sex	Grade	Rm.-Sec.-Bk.
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		<input type="checkbox"/> Health Partners		<input type="checkbox"/> AmeriChoice		
		<input type="checkbox"/> Keystone Mercy		<input type="checkbox"/> Keystone Health Plan East		
		<input type="checkbox"/> Other _____				
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Enter Child's Pennsylvania I.D. Number		Does your child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Child's Doctor/Clinic	Phone No.	If Yes, check the appropriate health insurance below:				
Name of Child's Dentist/Clinic	Phone No.	<input type="checkbox"/> Aetna/US Health Care		<input type="checkbox"/> Blue Cross		
		<input type="checkbox"/> Health Partners		<input type="checkbox"/> AmeriChoice		
		<input type="checkbox"/> Keystone Mercy		<input type="checkbox"/> Keystone Health Plan East		
		<input type="checkbox"/> Other _____				
First Emergency Contact - Parent/Guardian	Relationship to child	Daytime Phone	Cell Phone	E-Mail		
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THE SCHOOL DISTRICT OF PHILADELPHIA
The U School
2000 N. 7th St
Philadelphia, PA 19122

Mr. Neil Geyette, Principal

Truancy & Attendance Guidelines 2016-2017 School Year

To the Parent of Guardian:

What happens if you are charged with violating the Pennsylvania School Code (24 P.S. 13-1327-1332 Compulsory Education Law)?

- All children of "compulsory school age" between the ages of 8 and 12 must attend school in the State Of Pennsylvania. The child's parent or guardian can decide when to start their children but it must be no later than the age of 8 and the children must attend school regularly until their 17th birthday or upon graduation from High School.
- As a parent, guardian or person in a parental relationship who is responsible for a child between the ages of 8 and 17, you are liable for making sure the child attends school **REGULARLY** and **ON TIME**.
- This section holds every parent or guardian of a school-age child responsible for the child's attendance at school. If a child is found to be truant, his/her parent or guardian can be subject to the following:
 - 1) A fine of up to \$300.00
 - 2) Court Costs
 - 3) Ordered to attend parenting classes
 - 4) Sentenced to up to (5) five days in jail
 - 5) Sentenced to up to six (6) months community service
 - 6) Remove the child from his or her home after the courts have declared the child dependent.
- In Pennsylvania, truancy is defined as when a child of compulsory school age is absent from school for (3) consecutive days or more without a valid written excuse
- Before bringing action against a parent or guardian under this act, the school must give the parent or guardian (3) three days written notice of the violation. This notice comes from the school attendance officer (SISL). If a child is truant again, the parent does not have to receive additional notices and is to be held **FULLY** liable
- When a child is truant, teachers are responsible for giving a list of the names of truant students to the school attendance officer (SISL) who serves the parents with this notice. The School District of Philadelphia then files a truancy petition in Family Court. Finally, a truancy hearing is scheduled for the parent.
- The child and **EVERY** parent, guardian or person in a parental relationship must appear at this truancy hearing. Unless the parent or guardian shows that he/she took reasonable steps to ensure the child's attendance is school, the parent or guardian shall be convicted and subject to the penalties above

What happens to a child over the age of 13 who is not complying with the Compulsory School Attendance Laws?

- If a parent or guardian is not convicted because reasonable efforts were show to ensure the child's attendance at school, a child who is at least 13 years of age may be convicted under this section and fined up to \$300.00 for each offense, or may be assigned to an adjudication alternative program (such as an education program). The court may also adjudicate a child, 13 or older, as a dependent, if the child does not pay the fine or complete the alternative education program. Any such child who is adjudicated dependent by the court may be removed from his/her home by the court and placed in a facility for dependent children.
- A child who is found to be truant can also have his/her driver's license suspended for up to 90 days for the first conviction of truancy and six months for any other convictions of truancy. If the child does not have a license, the chance to apply for one can be suspended for 90 days for the first offense and six months for additional offenses.

I, acknowledge that I have read the above and may be subject to any or all of the above instructions.

Parent's Signature

Date

THE SCHOOL DISTRICT OF PHILADELPHIA
STUDENT MEDICAL HISTORY

Name of Student	Date of Birth	Date
Name of School	Room/Book/Section	Grade

Dear Parent/Guardian:

Pennsylvania law requires that all children must have a complete checkup when entering school for the first time and again in middle and high school.

The school nurse can help you with information regarding health insurance. There are free and low-cost insurance plans for which your family may qualify. Please take the attached form to your doctor or clinic when you take your child for this checkup and return the completed form to the school nurse by _____

I authorize the school nurse to communicate with my child's health care provider and my health care provider to reply as needed regarding my child's care.

Parent/Guardian Signature _____ Date _____

STUDENT'S MEDICAL HISTORY - TO BE COMPLETED BY PARENT/GUARDIAN

1. Do you have health insurance? Yes No What is the name of your insurance? _____
2. Where do you take your child for checkups? _____ Phone: _____ Fax: _____
3. Date of child's last physical examination? _____
4. Where do you take your child for dental care? _____ Phone: _____ Fax: _____
5. Date of child's last dental examination? _____
6. Does your child take any medicine now? Yes No, If yes, list below:
 - Medicine: _____ How often _____ For what _____
 - Medicine: _____ How often _____ For what _____
 - Medicine: _____ How often _____ For what _____
7. Is your child allergic to anything? Yes No, If yes, to what _____
8. Does your child have any activity restrictions? Yes No, If yes, explain _____

PLEASE CHECK ANY PROBLEM YOUR CHILD HAS/HAS HAD

- | | | | |
|---------------------------------------------------|---------------------------------------------|-------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Dental | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hospitalized (Surgery) | <input type="checkbox"/> Premature Birth (Under 5 Lbs) |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Drug/Alcohol | <input type="checkbox"/> Learning Problem | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Behavior/Emotional | <input type="checkbox"/> Eczema | <input type="checkbox"/> Lung Disease | <input type="checkbox"/> Speech Difficulty |
| <input type="checkbox"/> Blood Disorders | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Lead Poisoning | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hearing Difficulty | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Vision Problems |
| <input type="checkbox"/> Chicken Pox at age _____ | <input type="checkbox"/> Heart | <input type="checkbox"/> Muscle/Bone/Joint | <input type="checkbox"/> Urinating/Kidney Problem |

Additional comments: _____

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Mr. Neil Geyette, Principal

STUDENT ADMIT FORMS 2016-2017 SCHOOL YEAR

Date: _____ Grade Level _____ Student ID# _____

Last Name _____ First Name _____ Middle _____

Home Address _____ Zip Code _____

Home Telephone Number _____ Guardian's Cell Phone Number _____

Sex _____ Race _____ Students Date of Birth _____

Father's Name _____ Mother's Name _____

Father's Employer _____ Mother's Employer _____

Telephone Number of Father's Employer _____ Telephone Number of Mother's Employer _____

Legal Guardian's Name _____

Previous School Attended before admitting to: U High School

School Name _____
Dismissal Date _____ Grade Level _____

For Office Use Only: _____

_____ Pocket Requested _____ Roll Sheet

_____ Pocket Received or New Pocket Created _____ Blue Card

_____ Entered Data in SCN (Pollux) _____ Admit Book

Applied for Transportation _____

Immunizations in Computer _____

Parent Location Information in Computer _____

THE SCHOOL DISTRICT OF PHILADELPHIA
RELEASE OF INFORMATION

Student Name (Last, First) _____ School _____

Student ID # _____ D.O.B. _____

In order to (provide/receive) information regarding your child, the School District of Philadelphia needs your written permission.

If you give permission, copies of the information will be given to/ received by the party (parties) named here:

Person(s)/ Agency: _____

Person(s)/ Agency: _____

Person(s)/ Agency: _____

Kinds of Information to be: Received Given (Circle One):

Educational _____ Psychological _____

Medical _____ Speech/Hearing _____

Neurological _____ Psychiatric _____

Other _____ Other _____

Certification

I certify that I am the parent, legal guardian, or appointed educational surrogate of the student named above. I hereby give permission for the release of information as requested. I am aware of my legal rights regarding the release of personally identifiable information, including my right to withdraw permission and to get copies of the information upon written request. I understand that this permission is valid only for the purpose stated above and for a period of 90 days from today.

Signature: _____ Date: _____

Relationship to student: _____

THE SCHOOL DISTRICT OF PHILADELPHIA
PARENTAL PERMISSION

TRIP INFORMATION

School The U School		School Phone 215-684-3266	Grade/Room	Date Prepared April 20, 2016
Teacher Neil Geyette/U School Staff		Destination Neighborhood Walks, around 2000 N 7th St and Temple Campus		
Educational Purpose of Trip Innovative Labs Community exploration/site visits/service learning				
Date of Trip 9/2016-6/2017 M-F/TB	Leave Time 1:00PM	Return Time Dismissal	Trip Itinerary (summary) Surrounding rea of the school community	
Method of Transportation Walking	Cost to Student <input checked="" type="checkbox"/> Free \$ _____		Student Lunch <input type="checkbox"/> Bring <input type="checkbox"/> Buy <input type="checkbox"/> Provided <input checked="" type="checkbox"/> Not Needed	

Please complete and detach the bottom part of this form and return to teacher

STUDENT INFORMATION

Name of student: _____ I.D.#: _____ Date of Birth: _____

PARENT/GUARDIAN INFORMATION

1. Parent/Guardian: _____ Home Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

2. Parent/Guardian: _____ Home Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Student lives with (check all that applies): Father Mother Guardian

EMERGENCY CONTACTS

If the parents/guardians cannot be reached, the school will call the people listed below. The people listed below should be responsible individuals who can: 1) give permission to administer health care; 2) pick up your child if your child is ill; 3) have the authority to speak on behalf of the parents or legal guardians.

Name: _____ Name: _____
Home Phone: _____ Home Phone: _____
Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____

HEALTH INFORMATION

If permission is granted, please provide the following medical information or if your child does not have any of the health conditions listed below, please write "none".

Medication/s being taken by student: _____
Allergies to foods, drinks, insect bites, medications, other: _____
Other medical information: _____
Physician's Name: _____ Phone: _____
Medical/Hospital Insurance: _____ Group: _____ Type: _____

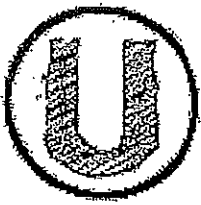
I have read the trip information to: Neighborhood Walks, around 2000 N 7th St and Temp on 9/2016-6/2017 M-F/TB.

Check one: my child may may not go on this trip

I understand that in case of any emergency requiring medical treatment, every effort will be made to reach one of the people listed above. If none of these people can be contacted, I authorize the school to give consent to treatment as deemed necessary by emergency responders.

Print Name of Parent/s or Guardian/s: _____
Signature of Parent/s or Guardian/s: _____ Date: _____

A copy of this form is to be kept on file until the end of the school year.



SCHOOL DISTRICT OF PHILADELPHIA
THE U SCHOOL
2000 N 7TH STREET
Philadelphia, PA

Mr. Neil Geyette, Principal

We are excited that you and your student _____ will be part of the founding class of the U School for the 2015-2016 school year! Our school will challenge students unlike they have been challenged before.

We expect from all of our families and students a commitment to...

- **LOVE** their work, peers and school community
 - **Being on-time and in school every day.** Our goal is to have over 98% attendance.
 - **Effort.** Learning is hard. Students will be supported, but at the U School learning is in the hands of the learner (it will not be easy, and the adults will not give you the answers)
 - **Openness** to the U School academic process and all of the people that are part of your community (U Schoolers)
- **DREAM** of self, others and solutions to the challenges that face us
 - **Creativity.** Be thoughtful, and open to ideas.
 - **Risk-taking.** Great things come from taking a chance. We cannot learn without pushing ourselves, and trying new ways of thinking and doing.
 - **Collaboration.** No one can do this alone. You are committed to learning with your peers and educators.
- **DO** by working hard, engaging in productive struggle and staying focused on the goal
 - **Dream-making.** Think big, then roll up your sleeves. Dreams don't make themselves.
 - **Reflection.** Be committed to thinking about what you have done, and how well it went.

At the U School we will not utilize punitive responses to simple behaviors. Every U School student will own their actions and they will do so with their peers.

I have read the above and agree to the terms and conditions listed:

Student's Signature _____ Date _____

Parent's Signature _____ Date _____



Luz E. Lopez, MS
Board Chair

Nilda I. Ruiz, MBA
President & CEO

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH events/programs organized by Asociacion Puertorriquenos en Marcha, Inc. (APM), including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: APM and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

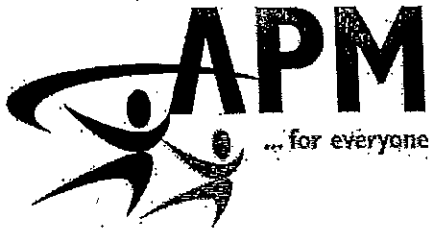
(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS APM from any loss, liability, damage, or costs, including court costs and attorneys' fees that APM may incur due to my participation in said activities, WHETHER CAUSED BY NEGLIGENCE OF APM or otherwise, to the fullest extent allowed by law.

I acknowledge that APM and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.



Luz E. Lopez, MS
Board Chair

Nilda I. Ruiz, MBA
President & CEO

I understand that if I damage, cause injury, or otherwise harm any part of APM property and/or staff that I will be held liable for any incurring or related damages as the result of my own fault, intentional act, negligence, gross negligence, or recklessness. Incurring damages will include restitution, penalty damages, court courts, attorney's fees, and any other fees or damages in connection with the injury, damage, or harm.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature (Please print legibly.)	Date	Participant's Name	Age
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Parent/Guardian Signature (If under 18 years old, Parent or Guardian must also sign.)	Date
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SCHOOL DISTRICT OF PHILADELPHIA THE U SCHOOL

Permission Form for Use of Individual's Picture, Voice, Work and/or Video on a School District of Philadelphia/ U School Website

This letter is to both inform you and request permission for your picture, voice, work and/or video to be published on the School District's and/or an individual school's website.

Images are used on the Internet to promote activities and celebrate work. However, there are potential dangers associated with posting personally identifiable information on a website because global access to the Internet means that the School District cannot control who may view the website.

Accordingly, the School District will not release any information without prior written consent from you. Please return this form to the representative of the sponsoring School District school or department to indicate if your image, voice, work and/or video may be used on the Internet. This permission will be in effect until consent is withdrawn. You may withdraw your consent at any time by sending a written letter, along with a new form, to the sponsoring School District Principal or Department Head.

Check one of the following options:

I/We GRANT permission for any photo/image, voice, video, and/or work of myself to be published on the school and/or School District's public Internet site.

I/We DO NOT GRANT permission for any photo/image, voice, video, and/or work of myself to be published on the school and/or School District's public Internet site.

In addition, I agree to release and hold harmless the School District, its School Reform Commission members and Board of Education, agents, officers, contractors, volunteers, and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my picture, voice, video and/or full name on the Internet.

Email Account Permission

We want to assist your son/daughter with the process of creating an email account for the purpose of access Google Education as part of The U School experience. With your permission, we will support your son/daughter with this process. Ms. Crawford will provide technical support by assisting students in obtaining a free email account through Google Education.

Each student will be required to participate in as well as complete our Internet Safety/Cyberbullying safety seminar and sign an Internet Safety contract.

Yes, I grant permission for my son/daughter to create an email account and to complete the Internet Safety Contract. I understand that the email account is a free service and that my child's password will not be shared with anyone other than myself. I also understand that neither The U School staff will maintain, copy or keep a record of my child's email password.

No, I do not give permission for my son/daughter create an email account (This will prevent your child from successfully participating in academic activities at the U School)

Student's Name: _____

Parent/Legal Guardian: (print) _____

Parent/Legal Guardian: (sign) _____