



High School Program Parent Permission and Consent Form

Dear Families,

We welcome your child and you to the St. Joseph's College community! We are very happy that your child has chosen to enroll in our College Bridge Program for high school students and want to assure you that we are committed to making this a rich and rewarding educational experience. We also recognize that this may be your child's introduction to college and the beginning of their transition to higher education. We want you to know that we are available should you or your child have questions about the educational experience or any other aspect of this St. Joseph's College program.

On the attached card, we have provided some key contacts, as well as the phone number of our campus security office in case you have an emergency and cannot reach your child. Though not all courses will have field trips, some do, so we are requesting a release form in advance. When a trip is planned, we will provide your child with information to share with you. We are also requesting a photo release, explained below.

Thank you for making us a part of your child's education.

PERMISSION TO TRAVEL AND PARTICIPATE, YET HOLD HARMLESS

I, the parent/guardian of the student named below, hereby give my permission for my son/daughter to participate in St. Joseph's College High School Bridge Program, including the course materials, trips (if any), and enrichment activities. I understand that my child is expected to travel unaccompanied to and from St. Joseph's College as well as to and from various scheduled field trips (may vary by class) and other enrichment activities.

I agree *not* to hold my son/daughter's high school or any of its employees or St. Joseph's College or any of its employees responsible for any expenses or injuries that my child may incur while engaged in this activity. I understand that my child is responsible for his/her behavior at all times.

I agree that in the event of an injury St. Joseph's College personnel in charge of this activity may act on my behalf in obtaining medical treatment for my child. I indicated below any permanent or temporary condition that should be known about my child:

(Write "none", if applicable) _____

Signature of Parent/Guardian: _____ Date: _____

PHOTO RELEASE

We are sending you this parental consent form to both inform you and request permission for your child’s photos/images and name to be published on the St. Joseph’s College public website. As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as a program want to celebrate your child and his/her own work. The law requires that we ask for your permission to use information about your child. Pursuant to law, we will not release any personally identifiable information without prior written consent from you as a parent or guardian. Personally identifiable information includes student names, photo or image, residential addresses, e-mail addresses, phone numbers and locations and times of class trips. It is our policy to keep contact information (residential addresses, e-mail addresses and phone numbers) as well as information about where your child will be (locations and times of class trips) strictly confidential. We may, however, want to include photos highlighting your child’s will college on our website and publications, and seek your permission to do so.

Please choose only one of the choices below by writing your initials in the box:

I/we GRANT permission for a photo/image that includes this student without any other personal identifiers to be published on the St. Joseph’s College public internet or other media.

I/we GRANT permission for a photo/image and name to be published on the St. Joseph’s College public internet or other media.

I/we DO NOT GRANT permission for a photo/image that includes this student to be published by, on behalf, or on the St. Joseph’s College public internet or other media.

Student’s Name: (Please Print)_____

High School:_____ Current grade level:_____

Parent/Guardian’s name: (Please Print)_____

Signature of Parent/Guardian:_____ Date:_____

Emergency Contact Information

Emergency Contact & Number:_____

Email Address_____

Relation to Student:_____ Date:_____