SP0045 Rev. 2/14

PARENT-GUARDIAN PERMISSION FOR COMMUNITY EDUCATIONAL SITE

Department of Special Education Lincoln Public Schools

MATERIALS, MONEY, ETC. TO BRING (explain): The section below must be completed and the entire form must be returned to the teacher prior to the student participating the community outing. I,	Student Name:	ID#:	School:	LPS VOICE Program
B. Business Contact Person and Title: C. Address: Telephone: D. Dates of Training: E. Day(s) of Training: F. Hours of Training: G. Description of Duties: PARENT PHOTO PERMISSION: POVIDED BY: B. LPS classroom aide (paraeducator): C. Other (explain): *Supervision at any given time may be provided by one or all of the above* TRANSPORTATION A. School busivan: PROVIDED BY: B. City bus/handy van: C. Other (explain): **Supervision of my child to participate in approved field trips. PARENTAL CONSENT: I grant permission for my child to participate in approved field trips. PARENTAL COMMUNITY INVOLVEMENT (explain): **MATERIALS, MONEY, ETC. TO BRING (explain): The section below must be completed and the entire form must be returned to the teacher prior to the student participating the community outing. I, **Green Guardina - PRINT*** (Student - PRINT***) The section below must be completed and the entire form must be returned to the teacher prior to the student participating the community outing. The section below must be completed and the entire form must be returned to the teacher prior to the student participating the community outing. The section below must be completed and the entire form must be returned to the teacher prior to the student participating the community outing. The section below must be completed and the entire form must be returned to the teacher prior to the student participating the community outing. The section below must be completed and the entire form must be returned to the teacher prior to the student participating the community program. I understand this experience is on a training basis. Community instruction is an extension of the classroom at the participating that the participation of the classroom at the participation program and therefore he/she will not receive pay for work completed. I, as Parenti/Ciuardian of the dentire form program in the voice in the participation program. I understand this experience is on a training basis. Community instruction is an ex	TP A INING SITE	A Cooperating Rusiness:		
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of my student's total education program and therefore he/she will not receive pay for work completed. I, as Parent/Guardian of the dent, agree that LPS shall not be responsible for any medical expenses for or injuries to the student, unless due to the negligence of Student Signature:	I,(Parent/GuardianPRINT)	, give permission for	(StudentPRINT) to be	involved in the above described
	of my student's total education	on program and therefore he/she will not rec	eive pay for work completed	d. I, as Parent/Guardian of the stu-
Parent/Guardian Signature: Date:	Student Signature	:	Date:	
Throng Osmania digniture.	Parent/Guardian Signature	s;	Date:	
LPS Instructor Signature: Date:	LPS Instructor Signature	c	Date:	
Principal/Designee Signature: Date:	Principal/Designee Signature	:	Date:	