



2257 E. Cedar Ave. • Flagstaff, AZ 86004 • 928.779.9880

Pine Forest School provides an education of the whole child and is dedicated to helping individuals achieve their intellectual, emotional, and physical potential in a sustainable and beautiful environment which reinforces integrity, understanding, respect, and trust.

Guided by the Core Principles of Public Waldorf Education, we prepare our children to walk into the future with confidence and the necessary tools to create a better world.

## **Enrollment 2023-2024**

Our school offers a caring, personal atmosphere and an exciting educational program where academic and artistic abilities are fostered side by side. Attention is focused on all areas of a child's development- emotional, social, physical and academic.

Pine Forest School is a public charter school. It is tuition free and open to all age appropriate children. Enrollment forms are enclosed to assist you in enrolling your child for the 2023-2024 school year.

If you have any questions or need assistance in completing your packet, please contact the Office at (928)779-9880 or stop in at the front desk.

### **Instructions for Enrolling:**

**Open Enrollment is on a first come first serve basis and begins for Kindergarten, January 1, 2023. For grades 1-8, open enrollment begins March 13, 2023.**

**The following will need to be provided PRIOR to enrollment being processed:**

- Current proof of complete immunizations or waiver completed (waiver included in packet)- Arizona Revised Statutes (ARS) 15-872 (B) states that "a pupil shall not be allowed to attend school without submitting documentary proof to the school administration unless the pupil is exempted from immunizations pursuant to section 15-873" with exemption on file.
- Custody papers, if applicable
- **One of the four options:** Birth certificate/social security card/ baptismal certificate/ letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of agency/caregiver as prescribed by law
- This packet completely filled out and signed
- Enrollment packets will be accepted:
  - a. In person at the Pine Forest School Office
  - b. By mail: Pine Forest School, 2257 E. Cedar Ave, Flagstaff AZ, 86004
  - c. Scanned and e-mailed to: [info@pineforestschool.org](mailto:info@pineforestschool.org)
- You will receive confirmation of enrollment.



# Pine Forest School Enrollment Form 2023-2024

**Re-Enrollments: If no names, addresses and phone numbers have changed, simply complete the first box.**

Student Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ GRADE \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Last school attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Ph # \_\_\_\_\_

**Kindergarten Student- Please Indicate:**  full- day kindergarten ( \$375 Annual)  
 half-day kindergarten (No cost – State Funded)

STUDENT BIRTH DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

STUDENT Birthplace  
 City: \_\_\_\_\_  
 State \_\_\_\_\_  
 County \_\_\_\_\_

**RESIDENTIAL STATUS**

Father  
 Mother  
 Stepfather  
 Stepmother  
 Guardian  
 Foster Care  
 Permanent Housing  
 Migrant  
 Homeless/Shelter

A CAREGIVER AFFIDAVIT FORM MUST BE PROVIDED FOR STUDENTS LIVING WITH A LEGAL-GUARDIAN OTHER THAN PARENT.

**CUSTODY OF STUDENT**

Joint  
 Sole  
 Guardianship

IF THERE IS A LEGAL CUSTODY AGREEMENT PLEASE PROVIDE COPY TO THE OFFICE

**STUDENT RACE**

White (Caucasian)  
 Black (African-American)  
 Hispanic  
 Asia/Pacific Islander  
 American Indian/Alaskan Native

**STUDENT ETHNICITY**

Hispanic  
 Non-Hispanic

Military: Please check the box if at least one parent is on active duty in the Armed Forces.

**HOME LANGUAGE SURVEY** A.R.S. 15-756 (A)

What language do people speak in the home most of the time? \_\_\_\_\_

What language does the student speak most of the time? \_\_\_\_\_

What language did the student first speak or understand? \_\_\_\_\_

**PARENTS/GUARDIANS LIVING WITH STUDENT**

~ NAME \_\_\_\_\_

RELATION TO STUDENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL ADDRESS (print clearly) \_\_\_\_\_

~ NAME \_\_\_\_\_

RELATION TO STUDENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL ADDRESS (print clearly) \_\_\_\_\_

**PARENTS/GUARDIANS AT DIFFERENT ADDRESS**

~ NAME \_\_\_\_\_

RELATION TO STUDENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL ADDRESS (print clearly) \_\_\_\_\_

Should this person receive school information? Y N

~ NAME \_\_\_\_\_

RELATION TO STUDENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL ADDRESS (print clearly) \_\_\_\_\_

Should this person receive school information? Y N

**OTHER CHILDREN IN THE FAMILY — ADD MORE ,IF NECESSARY, ON BACK OF THIS PAGE**

NAME	AGE	GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____

**OFFIC USE:**

KG Full /  KG Half

Grade level \_\_\_\_\_

Teacher \_\_\_\_\_

SAIS # \_\_\_\_\_

Enroll Date \_\_\_\_\_

E code \_\_\_\_\_

Withdraw date from previous school \_\_\_\_\_

Identity/ Age verified with \_\_\_\_\_  
 \_\_\_\_\_ Initials \_\_\_\_\_

Enroll only if ALL are checked ...

Age/ Identity Verification  
 Immunizations/exemption  
 Custody Papers or n/a  
 Proof AZ residence  
 ESEA form with signature

NOTES \_\_\_\_\_

Date Entered in SIS \_\_\_\_\_  
 Initials \_\_\_\_\_

**HOW DID YOU HEAR ABOUT PINE FOREST SCHOOL?**

Word of mouth/relative  
 School website  
 Phone book  
 Internet search  
 Sibling enrolled  
 Other \_\_\_\_\_

**HAS THE STUDENT BEEN ENROLLED IN ANY OF THESE PROGRAMS?**

Special Education (IEP)  
 SPEECH / LANGUAGE  
 504  
 OTHER \_\_\_\_\_

If the student is enrolled in any of the above programs; What is the parent/ guardians preferred language for communication?  
 Written Language preference \_\_\_\_\_  
 Verbal Communication preference \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE — I hereby acknowledge that the above is complete and all paperwork turned in: \_\_\_\_\_ Date \_\_\_\_\_



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## EMERGENCY FORM 2023-2024

**Re-Enrollment – If Emergency contacts and Health preferences have not changed please fill in student name and sign below.**

Student Last Name, First Name, MI

Student Birth date

Grade

Contact Priority (circle priority)     1     2

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Priority (circle priority)     1     2

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**In case of emergency, carpooling or if I cannot be contacted to pick up my child, I hereby authorize the release of my child to the following person(s) without any other advanced permission by me:**

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone: \_\_\_\_\_

**The following persons may not remove my child from school: Custody Papers on File? Yes or No**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

1) Please list all allergies to foods, medicines, insects or substances. Include anything to be avoided, reaction & procedure to follow:

2) Is there any physical or medical condition that we should be aware of? What precautions should be taken?

2) Is there any medication currently being taken? List medications:

3) Other special instructions:

4) Doctor's Name/Phone:

**Please check if you give permission for the school to give the following to your child if needed:**

- Ibuprophen (Advil)     Tylenol     Itch cream (Caladryl)     Antacid (Tums)     Homeopathics     Cough Drops     Neosporin
- Do not administer anything (other than what is checked) without calling me first

**Be it known that I, the undersigned parent/guardian of the named student, do hereby give and grant any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as in the judgment of said doctor or hospital may be required, on an *emergency basis*. It is further understood that any expense will be the responsibility of the parent/guardian of the student and in no event will payment of the expense be school responsibility.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## REQUESTED SCHOOL FEES & INSTRUMENT RENTAL 2023-2024

Student Name		Grade	Enrollment Date	Days
<b>Yearly Fees (KG – 8<sup>th</sup> Grade)</b>			<b>Yearly Fee</b>	
<input checked="" type="checkbox"/>	<b>Yearly Materials Expense</b> Covers natural pigment paints and crayons, colored pencils, painting paper, main lesson books, modeling beeswax/clay, other high-quality materials used daily and Specialty Class materials for Woodwork, Handwork and Movement. (\$1.05 cost per day) Not refundable after December 31.		\$190	
<input checked="" type="checkbox"/>	<b>Yearly Classroom Expense</b> <u>Kindergarten</u> : Covers the cost of everyday snacks, special baking and cooking used for bread, soup and other treats. <u>Grades</u> : This fee covers the costs of many class activities including seasonal art and food activities, extra art supplies, costume fabrics, gardening and curriculum equipment and classroom enhancement items. (.27 cost per day) Not refundable after September 30.		\$50	
<b>Strings Program Instrument Conservation Expense Grades (4<sup>th</sup> required course) (5<sup>th</sup> -8<sup>th</sup> elective course)</b>				
<input type="checkbox"/>	<b>I will pay the conservation fee and borrow a school instrument</b> Or <input type="checkbox"/> I will be responsible for renting instrument from a local vendor such as Arizona Music Pro or Milano Music Or <input type="checkbox"/> I qualify for a full or partial scholarship and will submit an application and the requested documents to the front desk. Qualifying for a scholarship requires participation in state aid programs and paperwork from the EBT/SNAP program (full scholarship) or participation in AHCCCS. (partial scholarship) Scholarships are limited. Or <input type="checkbox"/> I Own a violin and will be responsible for having the instrument approved by the violin instructor for use.		\$40 full year  \$20 per semester	
<b>Band Program Rental (5<sup>th</sup> -8<sup>th</sup> Grade only)</b>				
<input type="checkbox"/>	<b>I will pay the conservation fee and borrow a school instrument</b> Or <input type="checkbox"/> I will be responsible for renting a band instrument through Milano Music or Arizona Music Pro Or <input type="checkbox"/> I qualify for a full or partial scholarship and will submit an application and the requested documents to the front desk. Qualifying for a scholarship requires participation in state aid programs and paperwork from the EBT/SNAP program (full Scholarship) or participation in AHCCCS (partial scholarship). Scholarships are limited. Or <input type="checkbox"/> I Own a band instrument and will be responsible for having the instrument approved by the band instructor.		\$40 full year \$20 per semester	
			<b>Subtotal</b>	\$
			<b>Early Payment Credit (-\$10 if paid in full on or before 1<sup>st</sup> day of attendance)</b>	-\$
			<b>Total due</b>	\$

### Families with more than 1 child attending PFS, please contact the office for the family rate.

- |   |                                  |   |
|---|----------------------------------|---|
| <input type="checkbox"/> Full lump sum paid on or before the 1 <sup>st</sup> day of attendance. | <input type="checkbox"/> online* | <input type="checkbox"/> in the school office** |
| <input type="checkbox"/> Monthly payments of \$_____  | <input type="checkbox"/> online* | <input type="checkbox"/> in the school office** |
| <input type="checkbox"/> What I can contribute is: \$_____ every_____                           | <input type="checkbox"/> online* | <input type="checkbox"/> in the school office** |
| <input type="checkbox"/> If these fees are a hardship, the school will waive fees.              |                                  |   |

\*One-time & automatic monthly payments can be set-up at pineforestschool.org and clicking on 'Materials Fee'

\*\*In the office we accept Visa, MasterCard, American Express and Discover as well as cash and checks. Please make checks payable to 'Pine Forest School'

THANK YOU FOR YOUR SUPPORT!

Payment Amount \$ \_\_\_\_\_ Pd Date \_\_\_\_/\_\_\_\_/20\_\_\_\_  Cash  Check # \_\_\_\_\_  PayPal Online  PayPal Here  
 Schoolmaster entry  Scholarship application  Instrument Rental



# Pine Forest School

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## McKinney-Vento Act - Student Residency Questionnaire 2023-2024

THIS MUST BE COMPLETED by all parents and/or unaccompanied youth. The information provided on this form can assist your campus in identifying students who are living in transitional housing or are highly mobile as defined by the McKinney-Vento Act. The answers to this residency information can help determine the services your child may be eligible to receive as defined at the bottom of this questionnaire.

### ● SECTION A:

Grade Level: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Name of Student: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

### ● SECTION B:

1. Is your current address a temporary living arrangement?  YES  NO

2. Is this temporary living arrangement due to loss of housing or economic hardship?  YES  NO

### IF YOU ANSWERED "NO" TO QUESTIONS 1 & 2, SKIP TO SECTION C

3. Is there a legal guardian or parent in the household for this child?  YES  NO

4. Where is the student presently living? (Check one)

- In a motel
- In a transitional housing or shelter
- Moving from place to place
- With more than one family in a dwelling
- In a place not designed for ordinary sleeping accommodations such as a car, park or campsite.

Current Address of Student: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### ● SECTION C:

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

At this time is your family in need of assistance in any of the following areas?

- School Records
- Immunization or health records
- School supplies or clothing
- After-school programs
- Preschool/Headstart programs

**If you have questions about enrolling in school or need assistance with enrolling in school, contact:  
Homeless Liaison – Educational Director -Kelly Smith of Pine Forest School at 928-779-9880**

\_\_\_ Copy to Director \_\_\_ Original in Student File

# **(Please Keep for Future Reference)**

## **Pine Forest Student Residency**

### **Information for Parents and School Aged Children**

The Federal McKinney-Vento Act and Arizona state law guarantee that you can enroll in school if you live

- In a shelter (family shelter, domestic violence shelter, youth shelter or transitional living program);
  - In a motel, hotel, or weekly-rate housing;
  - In a housing or apartment with more than one family because of economic hardship or loss
  - In substandard housing (no electricity, no water, and/or no heat); or
  - With friends of family because you are a runaway or unaccompanied youth.
- ❖ If you live in one of these situations, you do NOT need to provide
- Proof of residency,
  - Immunization records or a TB skin test result,
  - Birth certificate
  - School records, or
  - Legal guardianship papers to enroll in or attend school.
- ❖ You may also:
- Continue to attend the school in which you were last enrolled, even if you have moved away from that school's attendance zone or district;
  - Receive transportation from your current residence back to your school of origin;
  - Qualify automatically for Child Nutrition Programs (Free and Reduced-Price breakfast, lunch and other food programs.)
  - Contact the district liaison to resolve any disputes that arise during the enrollment process.
- ❖ If you have questions about enrolling in school or need assistance with enrolling in school, contact:
- Homeless Liaison – Educational Director -Kelly Smith of Pine Forest School at 928-779-9880**



## Arizona Department of Education

Office of English Language Acquisition Services

### Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

**1. What language do people speak in the home *most* of the time?**

\_\_\_\_\_

**2. What language does the student speak *most* of the time?**

\_\_\_\_\_

**3. What language did the student first speak or understand?**

\_\_\_\_\_

Student Name _____	District Student ID _____
Date of Birth _____	SSID _____
Parent/Guardian Signature _____	Date _____
District or Charter _____	
School _____	

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c). (Revised 01-2020)

Office of English Language Acquisition Services  
1535 West Jefferson Street • Phoenix, Arizona 85007 • (602) 542-0753 • [www.azed.gov/oelas](http://www.azed.gov/oelas)



**Arizona Department of Education  
Arizona Residency Documentation Form**

Student Name: \_\_\_\_\_

School Pine Forest School

School District or Charter Holder **Pine Forest Education Association**

Parent/Legal Guardian \_\_\_\_\_

As the Parent/Legal Guardian of the Student, I attest\* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

Valid Arizona driver's license, Arizona identification card or motor vehicle registration

Valid Arizona Address Confidentiality Program authorization card

Real estate deed or mortgage documents

Property tax bill

Residential lease or rental agreement

Water, electric, gas, cable, or phone bill

Bank or credit card statement

W-2 wage statement

Payroll stub

Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona

Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

Temporary on-base billeting facility (for military families)

I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**\*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on base billeting facility as the address for proof of residency.**





**State of Arizona  
Affidavit of Shared Residence**

Student Name: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

School Name: Pine Forest School

School District or Charter Holder: Pine Forest Education Association

Name of Arizona Resident: \_\_\_\_\_

I, (resident name) \_\_\_\_\_ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: \_\_\_\_\_

Location of my residence: \_\_\_\_\_

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- Valid Arizona Address Confidentiality Program authorization card
- Real estate deed or mortgage documents
- Property tax bill
- Residential lease or rental agreement
- Water, electric, gas, cable, or phone bill
- Bank or credit card statement
- W-2 wage statement
- Payroll stub
- Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: \_\_\_\_\_

Signature of Affiant: \_\_\_\_\_

**Acknowledgement**

**State of Arizona**  
**County of** \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_\_ day of \_\_\_\_ 20\_\_.

By: \_\_\_\_\_

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

# ESEA (Title I) Income Eligibility

The Arizona Department of Education provides the following FY 2023 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the Elementary and Secondary Education Act (ESEA).

Is your family at or below the current income guidelines based on the attached **ESEA Eligibility Guidelines** schedule?

Indicator 1

Indicator 2

No

Definition of Income: all items such as wages and salaries before any deductions, and other income, such as self-employment, welfare, social security, retirement benefits unemployment compensation, workers compensation, Aid for Dependent Children, alimony, child support, pensions, insurance or annuity payments, etc.

If your family qualifies, please complete the following information for each child:

<u>Child's Name</u>	<u>Name of School</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that all of the above information is true and correct.

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: These survey forms should be retained by the school or LEA and kept on file for a period of 5 years.

## ESEA (Title I) INCOME Eligibility GUIDELINES

July 1, 2022- June 30, 2023

### Income Eligibility 1

HOW OFTEN INCOME WAS RECEIVED

Family Size:	Yearly	Monthly	2 x Month (Bi-Monthly)	Bi-Weekly (Every Two Weeks )	Weekly
1	17,667	1,473	737	680	340
2	23,803	1,984	992	916	458
3	29,939	2,495	1,248	1,152	576
4	36,075	3,007	1,504	1,388	694
5	42,211	3,518	1,759	1,624	812
6	48,347	4,029	2,015	1,860	930
7	54,483	4,541	2,271	2,096	1,048
8	60,619	5,052	2,526	2,332	1,166
Each Additional Member Add:	+6,136	+512	+256	+236	+118

### Income Eligibility 2

HOW OFTEN INCOME WAS RECEIVED

Family Size:	Yearly	Monthly	2 x Month (Bi-Monthly)	Bi-Weekly (Every Two Weeks )	Weekly
1	25,142	2,096	1,048	967	484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
Each Additional Member Add:	+8,732	+728	+364	+336	+168

**Note:**

If all income is received on the same schedule

*Example: alimony = \$100 / month & pension = \$300 / month*

**DO NOT** use conversion factors

If family reports income sources from more than one schedule

*Example: alimony = \$100 / month & pension = \$300 / week*

Income **MUST** be converted to yearly.

Yearly Income = Monthly	x 12
Yearly Income = Twice Per Month (Bi-Monthly)	x 24
Yearly Income = Every Two Weeks (Bi-Weekly)	x 26
Yearly Income = Week	x 52

**DO NOT** round the values resulting from each conversion



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## FIELD TRIP PERMISSION SLIP 2023-2024

Child's Name(s): \_\_\_\_\_ Grade: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date of Trip: Includes most trips.

Purpose: Various – teacher will provide information.

Drivers/Chaperone: Please bring a copy of driver's license and car insurance to the office if you wish to drive, overnight field trip chaperones - additional requirements.

Cost: Varies.

Special Notes: \_\_\_\_\_  
\_\_\_\_\_  
-----

I hereby grant permission for my child \_\_\_\_\_  
to participate in class field trips throughout the 2023-2024 school year.

SIGNATURE OF PARENTS/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

In case of emergency, please notify:

\_\_\_\_\_  
Name or \_\_\_\_\_  
Name

\_\_\_\_\_  
Phone \_\_\_\_\_  
Phone

\_\_\_\_\_  
Insurance Name \_\_\_\_\_  
Insurance ID #

\_\_\_\_\_  
Name of Primary Subscriber \_\_\_\_\_  
Doctor



2257 E. Cedar Ave  
Flagstaff, AZ 86004  
928-779-9880

## Parent Permission to Leave Campus Release of Liability

I, \_\_\_\_\_ hereby release Pine  
[parent name]

Forest Charter School from liability and ask that the school allow my

child: \_\_\_\_\_ to  
[child's name]

walk/bike/take the bus/other: \_\_\_\_\_

from the Cedar campus to go home from school.

I do not give permission for my child, \_\_\_\_\_ to leave  
[child's name]

campus by walking/biking taking the bus/other:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Media/Photo Release Form

Written permission from parents/guardians is required before a student's name or likeness can be used for any promotional purposes involving the school, news or feature stories in any media, or other purpose whatsoever. This includes still photos, motion pictures, audio or video takes, photograph and/or other reproductions, including voice and features with or without name.

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Please read the below options prior to indicating your preference:

My child's photograph **may** be reproduced and released for the **year book**.

My child's photograph/video/interview **may** be reproduced and released for the school newsletter.

YES - use in the general media. (e.g. local newspaper, PFS Facebook, PFS website, marketing flyers, etc.

My child's photograph/video/interview **may not** be reproduced and released

NO - use in the media.

I understand that the staff, faculty and representatives of Pine Forest Charter School will make every effort to respect the guidelines of my request detailed above, but cannot guarantee that my child will not appear as a member of a crowd in a large group or event photo of community wide festivals, assemblies, or other public events. Also, PFCS cannot control the taking of photographs by parents or visitors who are attending via public invitation and semi-public community events. PFCS will act in good faith to meet these guidelines to protect the privacy of my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date