



Jr. Academies Summer 2018 ~ Grades K-5 Registration Form

*Please complete and return this form to your school office by April 11, 2018.
You will receive an email confirmation of your registration.*

Check box below for Academy you wish to register. Note current grade level requirement.

- ☐ Jr. STEM Academy **Gr. K-1** July 9-13
- ☐ Jr. STEM Academy **Gr. 2-3** July 16-20
- ☐ Jr. STEM Academy **Gr. 4-5** July 23-27
- ☐ Jr. Foreign Language Academy **Gr. 3-5** July 9-13
- ☐ Visual Arts Academy **Gr. K-5** July 9-13
- ☐ Visual Arts Academy **Gr. K-5** July 16-20
- ☐ Visual Arts Academy **Gr. K-5** July 23-27

Summer '18 Academy Fast Facts

All Academies held at Penn High School

All Academies run 8 am – 11 am

All Academies are free of charge.

Families responsible for transportation.

*Drop-off & pick-up instructions will be
mailed in June.*

Student Name: _____ **P-H-M ID #:** _____

Current School: _____ **Current Grade:** _____ **Does student have an IEP?** YES NO

Does your child have any health issues that we need to be aware of? Example: allergies, diabetes

Home Address: _____ **City:** _____ **Zip:** _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Parent/Guardian Phone: (to be used in the event of an emergency during the academy)

Emergency Contact: (if parent cannot be reached in the event of an emergency during the academy)

Name: _____ **Phone:** _____

I hereby waive, release, hold harmless and forever discharge the Penn-Harris-Madison School Corporation and the Academy, including its staff or volunteers, from any liability or claims arising out of any loss, personal injury, or property damage which may occur during participation in the Academy.

If my child would become injured, I give permission for my child to receive appropriate medical attention at the nearest medical facility. I also understand that if my child should be injured I am required to travel to the medical facility administering care to pick up my child. I have adequate health/hospitalization insurance to cover such injuries that may occur during the Academy.

Signature of Parent/Guardian: _____ **Date:** _____

PLEASE READ AND SIGN THE CONSENT TO PUBLISH on the reverse side of this page 

Any questions, please call the Learning Division at 574-259-7941



CONSENT TO PUBLISH STUDENT WORK AND PHOTOGRAPHS

At Penn-Harris-Madison School Corporation we value the strong communications we have with our families and community partners. Our students, teachers and staff are actively involved in many activities often winning school, local, state, national or international recognition. We are proud of the amazing work accomplished by all our students. As part of our ongoing communication efforts, the District and/or Schools would like to spread the good news about these accomplishments. But in order to publicize the name, photo or works of your student(s), we need consent from the parent and/or guardian. This is the purpose of this form.

Photographs, video and/or audio may be taken of students and/or Student Work (as hereinafter defined) as a part of a curricular project, to promote a school event or to showcase student achievement. The Penn- Harris-Madison School Corporation (the "School Corporation") may use images and names of students and/or Student Work on any form of printed or digital communication, including P-H-M District or school websites, social media and newsletters. As part of P-H-M's public relations efforts, your student's achievement and/or involvement can also be shared with third party news media outlets. "Student Work" includes, but is not limited to: drawings; materials; writings; photographs; and images.

I understand that by signing this form I hereby give permission to post and/or publish photographs, the name, and/or Student Work of _____(student's name) on the aforementioned websites, social media and any form of digital or written publication. I understand and agree that my child is not entitled to any compensation for Student Work or images appearing in said printed and/or digital communications.

Please note that this consent form cannot apply to public events. If your child attends or participates in an event that is open to the general public, such as a P-H-M athletic, theater, band, orchestra, choir, academic competition or another type of school or district sponsored activity, pictures might be taken and used in the before named district communications.

_____ **YES**, I give my consent.

Signature of Parent/Guardian: _____ Date: _____

_____ **NO**, I do not give my consent.

Signature of Parent/Guardian: _____ Date: _____