

**2008-2009 Sheridan Japanese School  
Authorization Form**

**Print Student Name:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Initials:** \_\_\_\_\_

**MOVIE PERMISSION SLIP**

During the course of the year we show movies during classes and special occasions. We would like to be able to show a greater variety of movies on a shorter notice. To do this we are seeking permission in advance for ratings your child is allowed to see. Please fill in the space below, sign, and return to SJS.

My child can see \_\_\_\_\_ (G, PG, PG-13) and below. If the movie the school is showing is above the rating authorized, a special permission slip will be sent home.

My signature on this form will permit my child to watch any movies with the selected rating or below. An alternate activity will be arranged for those unable to participate.

**PHONE NUMBER & E-MAIL**

Each year it is necessary for us to have your permission to print your phone number e-mail in the Sheridan Japanese School phone tree and Family Directory. This will allow parents to call and communicate information concerning the program to other parents. Please sign this form for each child you have attending the Sheridan Japanese School this year.

I authorize my phone number and e-mail to be printed and distributed to only the Sheridan Japanese School parents and Foundation Board members this school year. Please initial:

Yes: \_\_\_\_\_

No: \_\_\_\_\_

**AUDIO VISUAL RELEASE**

Each year it is necessary for us to have your permission for your child to be photographed, video taped, or audio taped in connection with the educational program and activities of the Sheridan Japanese School. No child will be paid for the photographic image. Such photographs, videotapes, or audio tapes may be displayed in connection with the Japanese School programs and activities including, but not limited to, yearbook, sports, classroom, newsletters, and pictures submitted to the media. Please sign this form for each child you have attending the Sheridan Japanese School this year.

I authorize my child to be photographed, videotaped, or audio taped in connection with the educational program and activities of the Japanese School. Please initial:

Yes: \_\_\_\_\_

No: \_\_\_\_\_