



GILMER ISD CONSENT FORM GRADES 9-12

Student's Full Legal Name (Last)	(First)	(Middle)
I give permission for the above student to attend school field trips		___yes ___no
I give permission for the above student to receive corporal punishment		___yes ___no
I give permission for the above student to receive medical treatment		___yes ___no
I would like to receive all progress reports/report cards electronically		___yes ___no
I give permission for the above student to participate in the Gilmer ISD Electronic Communication System (Family Access-Skyward)		___yes ___no
I give permission to distribute Student Demographic Information for:		
Military	___yes ___no	(Allows military recruitment)
Higher Ed	___yes ___no	(Allows information to be sent to colleges, universities, etc.)
Public	___yes ___no	(Check yes-vendors may solicit//Check no-not allowed)
District	___yes ___no	(Photograph used on website, yearbook, local newspaper, etc.)
Media	___yes ___no	(Allows student to be video or sound recorded)
Technology	___yes ___no	(Students have access to computer programs for classroom use)