

Roosevelt Middle School General Permissions 2017 - 2018

Student Name _____ Grade _____ Advisor _____
(Please PRINT student's first and last name)

1. PG Rated Movies:

At times during the school year, PG and PG 13 rated films will be shown in classrooms. Students will be responsible for bringing home a note identifying the movie at least two days in advance of the showing. Students who are excluded will be provided an alternate activity. Parents may contact the teacher to preview PG or PG 13 rated films.

I give permission for my child to view PG and PG 13 rated movies during the school year.

I DO NOT give permission for my child to view PG and PG 13 rated movies during the school year.

2. Photos/Video/Web Site:

Roosevelt Middle School has an internet web site which includes information about our school, similar to what might be included in a school newspaper or yearbook. Students' names, pictures, selected essays, or artwork could appear on this site. Pictures are mostly group photos and generally are not displayed with names of students. Written permission is being requested because the nature of the internet allows for worldwide access to the Roosevelt web site (<http://roosevelt.4j.lane.edu/>).

I give permission for my child's name, picture, essays and artwork to appear on the Roosevelt web site.

I DO NOT give permission for my child's name, picture, essays or artwork to appear on the Roosevelt web site.

3. Media Coverage:

Local media organizations stop by periodically to interview/film students and staff for news stories.

I give permission for my child to be interviewed/filmed by local media.

I DO NOT give permission for my child to be interviewed/filmed by local media.

4. HIV/AIDS Instruction:

AIDS curriculum is included in the health requirement at each grade level. The goals, objectives and time allocations for HIV/AIDS instruction are consistent with the state requirements and district recommended health curriculum. There will be a written note sent home with your student prior to any planned instructional unit. If you would like more information on the curriculum or would like to schedule a time to review the curriculum, please feel free to call the Health teacher at 541-790-8500. An alternative education activity will be provided for an excluded student.

I give permission for my child to receive HIV/AIDS instruction.

I DO NOT give permission for my child to receive HIV/AIDS instruction.

I have read this form and I give or withhold permission as above marked.

Parent or Guardian Signature

Printed Name

Date