



Parent Release & Consent Form 2012-2013

Hope Lutheran School
2071 12th St., Idaho Falls, ID 83404
(208) 529-8080

Family Information	
Last name (please print):	First name (please print):

- Please initial by each statement below to acknowledge each condition of enrollment.
- Top conditions are non-negotiable and must be initialed before a child can be enrolled.
- Bottom conditions are optional.

Indemnification: Recognizing the possibility of physical injury, I/we hereby release, discharge and/or indemnify and hold harmless Hope Lutheran Church and School, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields, and the facilities utilized for the programs against any claim by or on behalf of the registrant as a result of the registrant's participation or being transported to or from the same, which transportation I/we hereby authorize.

Behavioral Standards: I/We, the parent/guardian of the registrant, a minor, agree that I/we will abide by the rules of Hope Lutheran Church and School and its affiliated organizations and sponsors. I/we agree to support all policies and procedures as listed in the policy manual and the Family Handbook and abide by all school policies. I/We understand that my/our behavior may incur a penalty such as, but not limited to, increase in tuition, suspension of services, or withdrawal from enrollment.

Conditions listed below are optional

Photo Consent: I/We hereby give permission to Hope Lutheran Church and School for my child's photograph or video image to be used in school-related publications, including the school directory, website, and newspaper, and for local publications through video, newspaper, Internet, and/or television advertisement.

All publications will be picture only. Names of students will not be attached to any photos used within school-related publications.

School Directory: I/We hereby give permission to Hope Lutheran Church and School to publish my family name, address, phone numbers, and email addresses in a school directory. In addition, I/we agree not to make copies or distribute the directories, or share information from the directory with anyone outside the school.

Directory will be circulated for school families only and will not be available to the general public.

(Father's Signature or Legal Guardian)

(Date)

(Mother's Signature or Legal Guardian)

(Date)

(Principal's Signature)

(Date)