

# HOLMSTEAD SCHOOL PERMISSION INFORMATION

14 Hope Street  
Ridgewood, NJ 07450  
[www.holmstead.org](http://www.holmstead.org)

Permission information will remain in effect while your child is enrolled at Holmstead. When changes are made, a new permission slip must be submitted.

**Student:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Student Cell #:** \_\_\_\_\_ **Student email:** \_\_\_\_\_

**Mother Name (please print):** \_\_\_\_\_ **Father Name (please print):** \_\_\_\_\_

**Mother Business Phone:** \_\_\_\_\_ **Father Business Phone:** \_\_\_\_\_

**Mother Cell Phone:** \_\_\_\_\_ **Father Cell Phone:** \_\_\_\_\_

**Mother Email:** \_\_\_\_\_ **Father Email:** \_\_\_\_\_

## EMERGENCIES:

I hereby give permission to the Holmstead staff to procure emergency medical or psychiatric treatment for my child. Holmstead staff will attempt to notify me if my child is transported to the hospital. Upon arrival to the hospital, I understand that the hospital will attempt to notify me before treatment is administered. If unable to contact me in life threatening emergencies, the hospital administrator will take full responsibility for treatment.

**Emergency Contact Person and Telephone:** \_\_\_\_\_

### Check ONE in each category:

TRANSPORATION A: \_\_\_\_\_ Permitted to take transportation other than the provided bus to and from school.  
\_\_\_\_\_ NOT permitted to take transportation other than the provided bus to and from school.

TRANSPORTATION B: \_\_\_\_\_ Permitted to obtain transportation from a senior who drives a vehicle to and from school.  
\_\_\_\_\_ NOT permitted to obtain transportation from a senior who drives a vehicle to and from school.

TRANSPORTATION C: \_\_\_\_\_ Permitted to transport another student to and from school.  
\_\_\_\_\_ NOT permitted to transport another student to and from school.

HEALTH: \_\_\_\_\_ Permitted to participate in the Holmstead school health screening of vision, hearing, and scoliosis.  
\_\_\_\_\_ NOT permitted to participate in the Holmstead school health screening of vision, hearing, and scoliosis. The screening will be administered by our family doctor. To ensure compliance, the results will be forwarded to Holmstead.

FIELD TRIPS: \_\_\_\_\_ Permitted to participate in all school field trips.  
\_\_\_\_\_ NOT permitted to participate in all school field trips.

ACTIVITIES: \_\_\_\_\_ Permitted to participate in school activities and sports.  
\_\_\_\_\_ NOT permitted to participate in school activities and sports.

**PARENTAL SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_