

(Please print legibly)

Full Name of Child: _____

Name of Parent(s): _____

Kindly read each section. Affix your signature under each section to confirm that you agree to the stated terms. If you have more than one child enrolled, please fill out one form per child.

VCIS HOMESTUDY HANDBOOK ACCEPTANCE

Please sign on the space below to confirm that you will read the contents of our Handbook and discuss it with your child.

I recognize that I should express my written disapproval of any policy in the Handbook, should there be any. In the absence of written disapproval, I recognize that the school will consider it as my acceptance and information.

Your signature: _____

Your full name: _____

Date: _____

AUTHORIZATION TO LEAVE CAMPUS

Please check one:

_____ We **DO allow** our child to leave the school after activities without a fetcher or adult (e.g. our child commutes home by him/herself; our home is nearby and our child walks home.)

_____ We **DO NOT** allow our child to leave the school after activities without a fetcher or adult, unless prior WRITTEN permission is given.

Your signature

PICTURE AUTHORIZATION FORM

We hereby **allow / do not allow** (please encircle one) our child(ren)'s picture or any image to be part of any material produced by the school for public consumption for the purposes of promotion, including videos taken in school or at school events. We recognize that the pictures or images may be used beyond the time that our child(ren) are part of the student body, when needed.

We also understand that the pictures are solely for promotion purposes and that any other displays of our child's picture or image in other media by other groups, institutions or individuals, but were taken in the school's vicinity, during school events, or with items identifying with the school is outside of the school's control and responsibility.

Your signature

ACCIDENT DISCLAIMER FORM 1

In agreement that the school be our partner in nurturing and protecting our children, we hereby recognize the possibility of accidents that could happen inside the school campus and areas of control.

We understand that in the event of such accidents, the school will not be held liable, but is allowed to take necessary measures for our child(ren)'s treatment and medication. In circumstances when we may not be reached or may not respond immediately upon notification about the incident, we allow the school to transport our children to a medical facility for immediate treatment and prevention of grave outcomes.

Your signature

ACCIDENT DISCLAIMER FORM 2

In agreement that the school be our partner in nurturing and protecting our children, we hereby recognize the possibility of accidents that could happen outside the school's vicinity and areas of control, such as outside the campus, on the street, and the like.

We understand that in the event of such accidents, the school will not be held liable, but is allowed to take necessary measures for our child(ren)'s treatment and medication, in case the venue of accident is within the accessibility of the school. In circumstances when we may not be reached or may not respond immediately upon notification about the incident, we allow the school to transport our children to a medical facility for immediate treatment and prevention of grave outcomes.

Your signature