



Warren County R-3 School District

302 Kuhl Avenue, Warrenton, Missouri 63383

Phone 636-456-6901 Fax 636-456-7687

Student Permissions Sheet

PLEASE CIRCLE SCHOOL EACH OF YOUR CHILDREN ATTENDS:

ANIEL BOONE ELEM. (grade: PK, K, 1)

WARRIOR RIDGE ELEM. (grade: 2, 3)

REBECCA BOONE ELEM. (grade: 4, 5)

BLACK HAWK MIDDLE (grade: 6, 7, 8)

WARRENTON HIGH SCHOOL (grade: 9, 10, 11, 12)

PLEASE COMPLETE THIS PAGE FOR STUDENTS LIVING IN YOUR HOME WHO ATTEND THE ABOVE CIRCLED SCHOOL(S)

STUDENT(S) NAMES AND GRADES

Complete Student Name:

1. _____ Grade: _____

4. _____ Grade: _____

2. _____ Grade: _____

5. _____ Grade: _____

3. _____ Grade: _____

6. _____ Grade: _____

Media Exclusion: Please complete a Media Exclusion form for each student in your home and return to the appropriate school if your are **not giving permission** for the Warren County R-III School District to use your child's likeness in photos, video, or interviews.

PARENT PORTAL ACCESS AGREEMENT

The Parent Portal Program is an Internet-ready program that allows parents to access timely information about their student's progress in school via their web-browser. Through an assigned user ID and password, the Parent Portal access program will provide a secure connection to grades, attendance, assignments, lunch, discipline, and family information on file in an easy-to-use format. All users will be assigned a new user ID and password each time the email addresses are updated. Instructions for the portal are included in each email.

Please provide at least one (1) parent email address if you wish to participate in the Parent Portal (Please print)

Parent 1: Home Email _____

Parent 1: Work Email _____

Parent 2: Home Email _____

Parent 2: Work Email _____

EMAIL COMMUNICATIONS CONSENT

I GIVE MY CONSENT FOR THE DISTRICT STAFF TO COMMUNICATE WITH ME VIA EMAIL REGARDING MY STUDENT(S) USING THE EMAIL ADDRESSES LISTED ABOVE.

I DO NOT GIVE MY CONSENT FOR THE DISTRICT STAFF TO COMMUNICATE WITH ME VIA EMAIL REGARDING MY STUDENT(S) USING THE EMAIL ADDRESSES LISTED ABOVE.

By Signing this document you agree that all information that you have provided is true and accurate to the best of your knowledge. You also are acknowledging that by signing this form you give permission for all of the items listed above unless otherwise specified.

Parent / Caregiver Signature: _____

Date: _____