





824 Sixth St.
Toledo, OH 43605
419.705.3411

FIELD TRIP PERMISSION FORM

I, the parent/guardian of _____ grant permission for my child to attend L. Hollingworth School for the Talented & Gifted trips provided:

1. I am notified in writing prior to the field trip.
2. I am given an opportunity to sign a specific field trip permission form.

If I fail to sign a specific field trip permission form, I agree that this generic form may be used in place of the specific field trip form.

I further agree that this form may only be used as a permission form in the event of an emergency for which I am unable to sign.

I authorize any medical treatment in case of an emergency and agree that I am responsible for the cost of such treatment.

The undersigned agrees to release, hold harmless and indemnify L. Hollingworth School for the Talented & Gifted, its agents, representatives and employees from all claims, damages, or other liabilities for injuries to my child which are not the result of gross negligence, intentional neglect, or willful conduct by the school or its agents, representatives, or employee.

Signature of Parent/Guardian

Date



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Dear Parent or Guardian:

Thank you for enrolling your child (ren) in L. Hollingworth School for Talented and Gifted.

As a charter public school, we are pleased to offer you a tuition **free** educational choice. Enclosed you will find a student registration package. Completing the enclosed package will confirm your child's enrollment in L. Hollingworth School for Talented and Gifted. This package contains very important documents, including permission forms, special education placement forms, medication notification and emergency procedure information.

Please read these forms carefully, complete them thoroughly and return this package to the school.

We are pleased you have chosen our school for your child and look forward to working with you and your student to achieve educational excellence.

Sincerely,

The Leadership Team



All Required items must be returned to L. Hollingworth School for Talented and Gifted Office, 824 Sixth Street, Toledo, OH 43605. All Checklist documents must be turned in at one time to reserve a spot!

No Partially Completed packets will be accepted!

THE CHECKLIST ITEMS BELOW MUST BE TURNED IN TO COMPLETE THE REGISTRATION PROCESS

- Student Registration Form
- 2 Proofs of Residency (lease, rent receipt, utility bill, etc.)
- Child's original birth certificate (birth record from hospital will **NOT** be accepted)
- Social Security Card
- Request For Release of Student Records Form
- Special Education Records Request
- Inclusive Education Form
- Affirmation of Prior Discipline Form
- Medication Form
- Completed Home Language Survey
- Student Residency Form
- Family Educational Rights and Privacy Act Form / Media Release
- Internet Acceptable Use Form
- Pledge Form
- Generic Field Trip Form
- Family Feedback Form
- Medical Information Form
- Emergency Contact Form
- Parent Questionnaire



2013 - 2014 STUDENT REGISTRATION

824 Sixth St
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Grade _____

STUDENT INFORMATION

Last name _____ First name _____ Middle name _____ Home telephone (____) _____
 Address _____ Apartment # _____ City _____ State _____ Zip _____
 City of birth _____ Sex M or F (circle one) Birth date ____/____/____

PREVIOUS SCHOOL INFORMATION

Name of last school attended _____ Dates attended ____/____/____ - ____/____/____ Telephone number (____) _____
 _____ City _____
 _____ State _____ Zip _____ School district in which parent or guardian lives _____

FAMILY INFORMATION

	<i>Last name</i>	<i>First name</i>	<i>Employer</i>	<i>English proficient</i>	<i>Other language spoken and/or read</i>	<i>Daytime phone</i>	<i>Evening phone</i>
Father				Yes or No			
Mother				Yes or No			
Step-parent				Yes or No			
Guardian				Yes or No			
Guardian				Yes or No			

Student lives with _____ *check one*

Parents	
Father & stepmother	
Mother & stepfather	
Mother only	
Father only	
Guardians	
Court-appointed guardians	
Foster parents	

Information on other children in home

<i>Name of other children in home</i>	<i>Birth date</i>	<i>Grade</i>
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

Please check the box that applies to this student (optional)

Native American or Aleutian
 Asian or Pacific Islander
 African American
 Hispanic/Latino
 Caucasian, non-Hispanic origin
 Language spoken in home _____ Is child proficient in English? Yes or No Other language child speaks and/or reads _____

Signature of Parent/Guardian _____ Date Enrolled _____

FOR SCHOOL USE ONLY

Date enrolled _____ Date records requested _____ Date records received _____ Pupil ID # _____ Homeroom teacher _____

SS ID # _____ U.S. Citizen? Yes or No Copy of birth certificate? Yes or No Social Security card? Yes or No 2 forms of proofs of residency? Yes or No



REQUEST FOR RELEASE OF STUDENT RECORDS

Please forward the transcript(s) of _____, born ____/____/____,
(print student's full name) (birth date)

who enrolled in grade _____ at L. Hollingworth School for Talented and Gifted on ____/____/____.
(date)

It is requested that information about courses taken, grades earned to the date of withdrawal, standardized test results, parent-teacher conferences, health records, psychologist reports and other important data be included.

In addition, if the student was receiving special education services, please forward these records, including all evaluation reports, Multidisciplinary Team Reports and Individual Education Plans or had a 504 plan.

The parent or legal guardian who has signed below has been informed of this transfer request and grants permission for the information to be sent.

Thank You,
L. Hollingworth School for Talented and Gifted

Send records to:
L. Hollingworth School for Talented and Gifted
824 Sixth St.
Toledo, OH 43605

Parents

Please sign and complete the information below as a request for release of your child's student records.

Name and address of school last attended:

City State Zip

(____) _____

Phone number

Signature of Parent or Guardian

Date



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SPECIAL EDUCATION RECORDS REQUEST

Please complete this form for all new students who received special education services at their previous school. This request will then be forwarded to the special education department of your child's previous school district.

Student name _____ Grade _____ Date of birth _____

Parent(s) name _____ Phone number _____

Address _____ Toledo, _____ 43605 _____

Previous district attended _____ Building _____

Address _____ Toledo, _____ 43605 _____

Disability _____

District contact person _____ Phone _____

Date of last Individual Education Plan _____ *(please attach a copy of student's IEP)*

Please sign below so that we may request your child's special education records, including all evaluation reports, Multidisciplinary Team Reports and Individual Education Plans.

I grant permission for L. Hollingworth School for Talented and Gifted to receive the special education records of my child _____ from _____ school district.
(please print name) *(please print name)*

 Signature of Parent or Guardian

 Date

FOR SCHOOL USE ONLY	
Date form forwarded to special education teacher _____ / _____ / _____	
Date records requested from previous school _____ / _____ / _____	
Date records received from previous school _____ / _____ / _____	



AFFIRMATION OF PRIOR DISCIPLINE RECORD

Check the appropriate box, provide all appropriate information and sign this document.

I affirm that the information provided here is true and that any false statement may result in forfeiting my child's enrollment privileges at L. Hollingworth School for Talented and Gifted.

- The undersigned affirms that _____
has not been suspended in school or out of school or expelled from any school.
- The undersigned affirms that _____
has been suspended or expelled from a school.

If the student has been suspended or expelled, please provide the L. Hollingworth School for Talented and Gifted, date of suspension and/or expulsion, along with a detailed description of the incident(s).

Signature of Parent or Guardian

Date

Signature of L. Hollingworth School for Talented and Gifted Staff Member

Date copy sent for verification

Former school district

Name and address of former school:

Toledo Ohio 43605

()

Phone number

Please check one:

- According to our records, we verify that the information provided above by the parent/student is correct.
- According to our records, the information provided above by the parent/student is not correct. Appropriate documentation of suspensions and/or expulsions is attached.

Signature and title of sending district administrator

Date



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NATIONAL SCHOOL LUNCH PROGRAM NOTIFICATION

L. Hollingworth School for Talented and Gifted participates in the National School Lunch Program (NSLP). The National School Lunch Program is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. It provides nutritionally balanced, low-cost or free lunches to children each school day. The program was established under the National School Lunch Act, signed by President Harry Truman in 1946.

To find out if your student qualifies for free or reduced lunch rates for the 2013-14 school year, please request the appropriate paperwork from the L. Hollingworth School for Talented and Gifted office. Forms and guidelines will be available after July 1, 2013.

FOR SCHOOL USE ONLY

Date of follow-up contact with parent to complete paperwork ____/____/____

*Free and reduced lunch paperwork for the 2013-14 school year **must** be included with registration packets distributed after July 1, 2013
Do not use paperwork from the 2012-13 school year.*



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INCLUSIVE EDUCATION

IDEIA 2004 states that, to the maximum extent appropriate, children with disabilities should be educated with children who are not disabled. Special classes, separate schools or other removal of children with disabilities from the regular educational environment should occur only when the nature or severity of the disability of a child is such that education within regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. L. Hollingworth School for Talented and Gifted embraces this philosophy, believing that special education students can best be educated in the regular classroom. Our teachers accept responsibility for all students in their classroom and modify, accommodate and adjust teaching techniques and classroom activities to meet the learning abilities of all children.

Please indicate on the Special Education Records Request form in this registration packet if your child has an Individual Education Plan in place. You will receive an invitation from the intervention specialist or resource teacher to attend an IEP meeting, if necessary, within the first month of your child's enrollment at our academy.

The following signature indicates that I understand the instructional philosophy of the school.

Signature of Parent or Guardian

Date

The academy is participating in an effort to identify, locate and evaluate all children who may have disabilities. For more information regarding assistance for students with disabilities or if you suspect a child may have a disability, please contact the school leader.



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FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) / MEDIA RELEASE

Please check the boxes of the items you would like to allow your child to participate in and sign below.

News information release

There may be times during the school year when the school, news media or others wish to photograph or videotape your child at L. Hollingworth School for Talented and Gifted for use in print, video, Internet or other communication methods.

I give my permission to L. Hollingworth School for Talented and Gifted to provide information concerning school activities with my child to the general news media. I also give my permission for my child's name, portrait, picture or voice to be used for display or in promotional material in a variety of mediums for the school, and/or in local media coverage of academy events.

Communication release

There may be times during the school year when the school or others wish to identify your student by name and grade in newsletters, publications or yearbooks.

I give my permission to L. Hollingworth School for Talented and Gifted to identify my child by name and grade in newsletters, publications or yearbooks.

Artwork release

There may be times during the school year when the school, news media or others wish to use artwork created by your child at the academy for use in print, video, Internet or other communications methods.

I give my permission to L. Hollingworth School for Talented and Gifted to provide information concerning school activities with my child to the general news media. I also give my permission for my child's name, portrait, picture or voice to be used (both now and in the future) for display or in promotional material in a variety of mediums for the school, and/or in local media coverage of academy events.

I acknowledge that subsequent to the date my child ceases to be enrolled at L. Hollingworth School for Talented and Gifted, I may revoke the forgoing grant of permission by providing L. Hollingworth School for Talented and Gifted, with specific written notice of such revocation.

Student's Name *(please print)*

Signature of Parent or Guardian

Date



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MEDICATION

Physicians may find it necessary to prescribe medication to be given during school hours. Arrangements must then be made to have the school administer medication. If your child is taking any medication it must be dropped off at the school office by the parent or legal guardian. Medication must be in its original container and accompanied by the physician's written instructions, containing the following information:

1. Student's name
2. Name of prescribing doctor
3. Name of medication
4. Instructions such as dosage and time to be given

Student's name _____ Birth date _____

Name of medication _____ Diagnosis/purpose of medication _____

Form of medication Tablet/capsule Liquid Inhaler Injection Nebulizer Other _____

Dosage _____ Frequency _____ Time _____

How is medication to be administered? _____

Should the school be aware of any adverse reactions or precautions? _____

Home phone _____ Emergency phone _____

Doctor's name _____ Doctor's phone _____

The undersigned parent/legal guardian authorizes L. Hollingworth School for Talented and Gifted through its administrators and/or staff to administer medication or to supervise the taking of medication by my child.

It is understood that the undersigned parent/guardian shall immediately notify school personnel in writing in the event the prescription shall be discontinued or modified. Refills of the prescription shall be the responsibility of the parent/guardian.

Further, the undersigned shall release and indemnify L. Hollingworth School for Talented and Gifted and its employees from any liability or damage which may result from the administration of said medication as prescribed by the physician.

Signature of Parent or Guardian

Date



Medical Information

Child's Name	Gender ___ male ___ female	Age	Birth date
Ethnicity	___ America Indian/Alaskan Native ___ White (Non-Hispanic) ___ Hispanic ___ Asian/Pacific Islander	___ Black (Non-Hispanic)	___ Multiracial

Objective Data

Height	Weight	B.P.
--------	--------	------

Immunizations Shaded boxes are required for school entry.					
Type	Date M/D/Y				
DTaP					5 th dose required if 4 th dose given before age 4
DT/Td					
POLIO					4 th dose required if 3 rd dose was given before age 4.
MMR					2 nd dose required for K 2 nd dose required for gr. 7-12
HEPATITIS B					
VARICELLA					If child has had the Chicken Pox, a note stating that will be required for his/her file.
HIB (prior to age 5 only)					0-14 months: 3-4 doses 15-59 months: 1 dose
TUBERCULIN TEST					
ROTAVIRUS (given @ 2-4-6 mo, not after 12 months)					
OTHER					

Screening Tests

Vision	Hearing
Distance Acuity ___ Right ___ Left Muscle Balance ___ Pass ___ Fail ___ Not done Farsightedness ___ Pass ___ Fail ___ Not done Color ___ Pass ___ Fail ___ Not done Child wears glasses ___ Yes ___ No Tested with glasses ___ Yes ___ No Referral made? ___ Yes ___ No Specify Test/Equipment _____	Date _____ Pure tone testing: Right ear ___ Pass ___ Fail ___ Not done Left ear ___ Pass ___ Fail ___ Not done Child wears hearing aid ___ Yes ___ No Testing with hearing aid? ___ Yes ___ No Referral made? ___ Yes ___ No Other test (specify) _____

Speech Assessment Date

___ Child has no discernible speech problem
___ Child has possible problem with:
___ Articulation ___ Rhythm
___ Voice ___ Language
Speech evaluation is recommended:
___ Yes ___ No

Laboratory Tests

___ Hemoglobin/Hematocrit	___ Urine protein
___ Urine blood	___ Urine glucose
___ Other _____	



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INTERNET ACCEPTABLE USE POLICY

Prior to receiving authorization to use the Internet, students and their parents/legal guardians must sign the following permission and contract document.

Parents

I give permission for my child to participate in the use of the Internet, a worldwide telecommunications network. I realize that (s)he will be able to access major networks throughout the world using the Internet. I understand that this access is designed and intended for educational purposes only. I also understand that the student will receive instruction in the appropriate use of this resource.

I realize the Internet contains material that is inappropriate for school purposes. I support the school's position that students are responsible for not accessing such material. Such unacceptable use of the network will result in the suspension of all privileges. I will not hold L. Hollingworth School for Talented and Gifted accountable for unsuitable materials acquired by the student through Internet usage for school.

I acknowledge that I have read the Internet Acceptable Use Policy.

Student's Name *(please print)*

Signature of Parent or Legal Guardian

Date

Students

I will abide by the Internet Acceptable Use Policy. I understand that the Internet contains material inappropriate for school use and, therefore, will take personal responsibility not to access this material. I recognize that it is impossible for L. Hollingworth School for Talented and Gifted to prevent access to all controversial materials, and I will not hold them responsible for materials found or acquired on the network. I further understand that any violation of the regulations in this policy is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and appropriate school discipline and/or legal action may be taken.

Student's Name *(please print)*

Grade

Signature of Student

Date



L. HOLLINGWORTH
SCHOOL FOR THE TALENTED & GIFTED

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HOME LANGUAGE SURVEY

Student's name _____ Grade _____ Date of birth _____

Parent(s) name _____ Phone number _____

Address _____ City _____ State _____ Zip _____

What was the first language your child learned? _____

What language is spoken most often by your child? _____

What languages, other than English, are spoken in the home? _____

Was your child receiving help with English in their previous school? _____

Comments

Signature of Parent or Guardian

Date



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STUDENT RESIDENCY

By completing this questionnaire, you help the school comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your truthful and accurate answers help the school identify services that the student may be eligible to receive.

Student's name _____

Date of birth ____/____/____ Age _____ Sex ; Male ; Female

Parent(s) name _____ Phone number (____) _____

Address _____ City _____ State _____ Zip Code _____

1. Where is the student living now? *(check one box)*
- In a shelter
 - In a car
 - In a motel or hotel
 - In a trailer park or campsite
 - With more than one family in a house or apartment
 - With friends or family members other than parent or guardian
 - None of the above

If you checked the box marked "None of the above" you do not have to complete the remainder of this form. Please sign below and return a copy of this form to the school office.

2. Does the living arrangement marked in Question 1 result from a loss of housing or economic hardship?
- Yes No Unsure

3. The student lives with:
- 1 parent
 - 2 parents
 - 1 parent and another adult
 - A relative, friend(s) or other adult(s)
 - Alone with no adults
 - An adult who is not the parent or legal guardian

 Signature of Parent or Guardian

 Date

FOR SCHOOL USE ONLY

- Student not covered by McKinney-Vento Act
- Student covered by McKinney-Vento Act
- Follow-up required

Contact person at the student's school who may know of the family situation: Name _____ Phone number _____



FAMILY FEEDBACK

Date _____ / _____ / _____
(month) (day) (year)

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Thank you for choosing L. Hollingworth School for Talented and Gifted. We are committed to serving our families in a pleasant and courteous manner. Please take a few minutes to complete this brief questionnaire. Your feedback is very important and your responses will be kept confidential.

How did you hear about L. Hollingworth School for Talented and Gifted?

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Newspaper ad | <input type="checkbox"/> Radio commercial | <input type="checkbox"/> Flier | <input type="checkbox"/> Saw building or sign |
| <input type="checkbox"/> Newspaper article | <input type="checkbox"/> Television commercial | <input type="checkbox"/> Postcard in mail | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Web site | | <input type="checkbox"/> Friend or relative | |

Customer service

If you called for information, was the call answered promptly in a friendly and courteous manner?

- Yes
 No, please explain: _____

If you requested information via the school Web site, was your request answered promptly in a friendly and courteous manner?

- Yes
 No, please explain: _____

If you visited the school for information, were you greeted promptly in a friendly and courteous manner?

- Yes
 No, please explain: _____

Were all of your questions regarding L. Hollingworth School for Talented and Gifted answered to your satisfaction?

- Yes
 No, please explain: _____

In your words

What words would you use to describe the school building and grounds?

- | | | | |
|------------------------------------|---|---|--|
| <input type="checkbox"/> Clean | <input type="checkbox"/> Accessible | <input type="checkbox"/> Safe and secure | <input type="checkbox"/> Outdated, old |
| <input type="checkbox"/> Welcoming | <input type="checkbox"/> School pride displayed | <input type="checkbox"/> Unclean | <input type="checkbox"/> Disorganized |
| | | <input type="checkbox"/> Building, classrooms and office well-marked with signs | |

What words would you use to describe the school Web site?

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Easy to use | <input type="checkbox"/> Quality | <input type="checkbox"/> Appealing | <input type="checkbox"/> Not attractive |
| <input type="checkbox"/> Informative | <input type="checkbox"/> Up-to-date information | <input type="checkbox"/> Out-of-date information | <input type="checkbox"/> Difficult to use |
| <input type="checkbox"/> School pride shown | <input type="checkbox"/> Relevant information | <input type="checkbox"/> Confusing | <input type="checkbox"/> Too much information |

What words would you use to describe school advertising you saw?

- | | | | |
|---------------------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> Quality | <input type="checkbox"/> Interesting | <input type="checkbox"/> Not relevant | <input type="checkbox"/> Misleading |
| <input type="checkbox"/> Original | <input type="checkbox"/> Relevant | <input type="checkbox"/> Confusing | <input type="checkbox"/> Didn't stand out |
| <input type="checkbox"/> Professional | <input type="checkbox"/> To the point | <input type="checkbox"/> Not representative of school, students or community | |

What words would you use to describe why you and your child chose L. Hollingworth School for Talented and Gifted?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Quality education | <input type="checkbox"/> Safe, secure building | <input type="checkbox"/> Family-oriented | <input type="checkbox"/> Curriculum focus |
| <input type="checkbox"/> Caring staff | | <input type="checkbox"/> Good reputation | <input type="checkbox"/> Diverse student body |
| <input type="checkbox"/> Small school atmosphere | <input type="checkbox"/> Uniforms | <input type="checkbox"/> Best option available | <input type="checkbox"/> No other choice |
| <input type="checkbox"/> Close to my home | <input type="checkbox"/> School leaders | <input type="checkbox"/> Attention given to student and family needs | |



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L. HOLLINGWORTH SCHOOL FOR TALENTED AND GIFTED HOURS

Time period	Activity
7:30 – 8:05 a.m.	Breakfast
8:10 a.m.	School Entrance Opens
8:15	School Begins
8:15 a.m. – 10:30 a.m.	Core Curriculum
10:30 a.m. – 12:10 .m.	Recess Times (Grades K – 6)
11:00 a.m. – 12:50 p.m.	Lunch Times
12:50 p.m. 2:25 p.m..	Core Curriculum
2:30 p.m. – 3:00 p.m.	Enrichment
3:15 p.m.	Dismissal



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L. HOLLINGWORTH SCHOOL FOR TALENTED AND GIFTED PLEDGE

I, _____, parent of _____, support the mission and educational goals of L. Hollingworth School for Talented and Gifted.

I resolve to show that I am an interested and responsible parent:

1. I will send my child to school every day dressed in the school uniform described in the student handbook.
2. I will send my child to school every day ready to learn.
3. I will send my child to school every day healthy, clean and well-cared for.
4. I will teach my child to be well-behaved and show good manners.
5. I will notify the school when my child is ill or is going to be absent.
6. I will teach my child to respect all property and to take care of all school supplies, books, and equipment.
7. I will attend conferences about my child.
8. I will support the school and my child's teacher in helping my child follow the code of conduct.
9. I will volunteer to work with my child's teacher in school or at home.
10. I will volunteer at my child's school at least 10 hours per school year.

Student's Name

Signature of Parent or Guardian

Date



EMERGENCY CONTACT AND MEDICAL INFORMATION FOR YOUR CHILD

School Year 2013-14

Child's Name _____ Date of Birth _____ Sex M F

Parent's/Guardian's Name () () Parent's/Guardian's Name () ()

Home Phone () Work Phone () Home Phone () Work Phone ()

Cell Phone _____ Cell Phone _____

Teacher

Address _____ Address _____

City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____

Alternative Emergency Contact

Primary Emergency Contact () () Secondary Emergency Contact () ()

Grade

Home Phone () Work Phone () Home Phone () Work Phone ()

Cell Phone _____ Cell Phone _____

Address _____ Address _____

City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____

Medical Information

Hospital/Clinic Preference _____

First Name

Physician's Name _____ Phone Number _____

Insurance Company _____ Policy Number _____

Allergies/Special Health Considerations _____

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event than neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature _____ Date _____

I give permission for my child to go on field trips. I release L. Hollingworth School for Talent and Gifted and individuals from liability in case of accident during activity related to L. Hollingworth School for Talented and Gifted as long as normal safety procedures have been taken.

Last Name

Parent's/Guardian's Signature _____ Date _____

Witness Signature _____ Date _____

Additional information on back



PARENT QUESTIONNAIRE
L. HOLLINGWORTH SCHOOL FOR THE TALENTED & GIFTED

PLEASE FILL OUT THIS QUESTIONNAIRE ABOUT YOUR CHILD AS ACCURATELY AS POSSIBLE. IF YOU ANSWER “YES” TO ANY OF THE CHARACTER TRAITS PLEASE INCLUDE A SPECIFIC EXAMPLE THAT DEMONSTRATES WHY YOU ANSWERED “YES”. ATTACH EXTRA PAPER AS NEEDED.

YES	NO	CHARACTER TRAIT
_____	_____	rapid learning ability
_____	_____	extensive vocabulary
_____	_____	good memory
_____	_____	long attention span
_____	_____	perfectionism
_____	_____	preference for older companions
_____	_____	sophisticated sense of humor
_____	_____	early interest in books
_____	_____	ability in puzzles and mazes
_____	_____	mature for age
_____	_____	curiosity
_____	_____	perseverance
_____	_____	keen powers of observation
_____	_____	reasons well
_____	_____	sense of humor
_____	_____	compassion for others
_____	_____	vivid imagination
_____	_____	ability with numbers
_____	_____	concern with justice, fairness
_____	_____	sensitivity
_____	_____	wide range of interests
_____	_____	high levels of activity



Dear Parent/Guardian:

We need your permission to display your child's picture and/or school work. We may use the picture or work in the following ways:

- Marketing, advertising, TV, Radio, Flyers, Billboards, etc.
- Use as a demonstration project/activity in educational workshops, classes, and/or conferences.
- Use as a sample project/activity on CDs created by L. Hollingworth School for Talented and Gifted for use in educational workshops and student classrooms.
- Use work in pictures or on the L. Hollingworth School Webpage.
- Submit as samples to program publishers or as grant and contest entries.
- Use portions of the project(s) on a videotape made during a student presentation of the project or in broadcasts or videotapes demonstrating computer media in general.

Student Name _____ School _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____