

**Native American Education Evening Programs  
Parent Contract 2024-2025**

Please place a check in the box after reading each parental responsibly. **Sign and date at the bottom.**

- I will bring my child/children at **4:00 pm** and pick them up at **6:00 pm**.
- I understand I must sign my child/children in and out of the school each night.
- I understand I must fill out a **Parental Permission Form** to have my child/children signed in and out by someone other than myself.
- I understand that I must fill out a **Consent/Release Form** for my child/children to insure their safety by providing the staff with correct emergency contact information.
- I understand that I must fill out an **Activity/Field Trip Consent Form** to allow my child/children to go on all field trips.
- I understand and shall abide by the **Grand Rapids Public Schools Internet and District Wide Area Computer Network Acceptable Use Policy** regarding computers and related equipment. Student Signature: \_\_\_\_\_
- I understand that I must fill out a **Grand Rapids Public Schools Application Form** to Volunteer and pass the background check prior to volunteering in the classroom and with other events.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

GRAND RAPIDS PUBLIC SCHOOLS  
NATIVE AMERICAN EDUCATION PROGRAM  
**CONSENT/RELEASE FORM**  
2024-2025

In order to better serve your child, please complete the following form and return it to the Native American Education Program, 850 Chatham NW, Grand Rapids, MI 49504. If you have any questions, please call 616-819-3318.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

**Medical Emergency Information and Permission**

If we are unable to contact you please name an emergency contact:

Emergency Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Any special health problems: \_\_\_\_\_  
Allergies (medication or food, etc.) \_\_\_\_\_  
Medical/Insurance carrier and number: \_\_\_\_\_

**Consent/Release for Emergency Treatment and/or Transportation**

In the event that my child/ward, named above, should need emergency medical treatment, I authorize the “GRPS Native American Education Program” personnel to provide necessary first aid. In case of accident, serious illness or injury, I request that Program personnel contact me. If they are unable to reach me and deem it necessary, I authorize Program staff or emergency personnel to transport my child/ward to the emergency room to the nearest hospital.

I further authorize the hospital and it’s medical staff to provide emergency treatment deemed necessary for the well being of my child/ward.

**Release,** I hereby release and hold harmless the Grand Rapids Public Schools (GRPS). The GRPS Native American Education Program, their employees, agents, and volunteers, from any and all liability for damages and claims of any kind, arising out of or in any way connected to emergency treatment, and or transportation as authorized above.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission to Photo**

Permission is granted to photograph, my child/ward, and to publish and use those photos for educational and promotional purposes, which my include, but is not limited to, display on the Program’s webpage, publication in a newsletter or brochure, etc. (check one) YES NO

My child/ward may be photographed, video recorded, interviewed and/or televised for **school-related** communications including the school website and/or school social media. (check one) YES NO

My child/ward may be photographed, video recorded, interviewed and/or televised for **district-related** communication including the districts website and/or district social media. (check one) YES NO

My child/ward may be photographed, video recorded, interviewed and/or televised by **Non-GRPS** Media (such as a newspaper or television). (check one) YES NO

**Student Record Release Authorization**

I authorize my child/ward’s district of residence, school or school district in which he/she is enrolled, to release my child/ward’s educational record(s), to appropriate personnel of the GRPS Native American Education Program, which may include, but is not limited to grades, MEAP test results, and standardized test results. I further authorize and consent to re-disclosure(s) or release(s) of my child/ward’s education records by the GRPS Native American Education Program, if needed, to the U.S. Dept. of Education, Office of Indian Education, or any other state or federal agency regulating or monitoring the Program in accordance with the Family Education Rights and Privacy Act (FERPA)

Signature of Parent/Guardian: Date: \_\_\_\_\_

**Acceptable Use Policy Agreement & Permission Form** (Internet & District-Wide Area Computer Network)

I understand and shall abide by the Grand Rapids Public Schools Internet and District-Wide Area Computer Network Acceptable Use Policy regarding computers and related equipment. I further understand that any violation of the policy shall require response from the District as outlined by the Grand Rapids Public School's policy. I accept full responsibility for supervision if and when my student accesses a Grand Rapids Public Schools home page/web site while not in a school setting. I hereby give permission for my student’s use of this resource.

Signature of Parent/Guardian: Date: \_\_\_\_\_

**Parental Permission Form**

**2024-2025**

I \_\_\_\_\_ give my permission to have my child  
(Printed Name)

\_\_\_\_\_ brought to and /or picked up from the GRPS  
(Child's Name)

Native American Education Program's tutoring and cultural classes by my

\_\_\_\_\_ who's name is \_\_\_\_\_.  
(state relationship ie. Aunt) (Printed Name)

This person's phone number is \_\_\_\_\_ if you need to contact him/her.

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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(state relationship ie. Aunt) (Printed Name)

This person's phone number is \_\_\_\_\_ if you need to contact him/her.

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parental Permission Slip**

Please complete this form giving permission for your child/children to walk to the Native American Education Program (ACAP) and to walk home.

Permission is granted for:

*(Name of Student) PLEASE PRINT*

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**PARENT/GUARDIAN INFORMATION:**

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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Phone #: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_