

## New Student Enrollment Checklist

Welcome to Bellows Free Academy, Fairfax! To expedite the process of enrolling your child(ren) in our school, we have developed a checklist of forms that are required. Enrollments can not be processed until all documentation is on file.

\_\_\_\_\_ Proof of Residency - Please complete the Verification of Residency form, sign, and attach the 2 required documents.

\_\_\_\_\_ Immunization Record

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Copy of Custody Agreement  
(required for parents who are separated or divorced)

\_\_\_\_\_ State-Placed Documentation (for students in state custody)

\_\_\_\_\_ Student Enrollment Packet (See attached)  
\*Please be sure to completely fill out, sign and date the Student Data form.  
If your student is on any type of educational plan (504, IEP, EST) please note that Information on page 2 of the data sheet.

\_\_\_\_\_ ***PreK students only - Child Care General Health Examination Form.  
(This form must be signed by your pediatrician.)***

# STUDENT DATA FORM 2024-25

**It is important that BFA-Fairfax be notified immediately if any student information changes. This will enable staff to input any changes that may occur during the school year and have the most up-to-date information available.**

Student Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ Sex Assigned at Birth  M  F  
First Name, Middle Name, Last

Student Preferred Pronoun(s) \_\_\_\_\_ Gender Identity \_\_\_\_\_

Legal Town of Residence: \_\_\_\_\_ →→→→→(what town do you pay taxes or pay rent to)

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

What is the student's race? \_\_\_\_\_ (American Indian or Alaska Native, Asian, African-American, Native Hawaiian or Pacific Islander, Caucasian)

Ethnicity: Is the student Hispanic or Latino? Yes No

Student Lives With: (Check which option applies)	_____ Mother	_____ Father	_____ Stepmother	_____ Stepfather
	_____ 50/50 Custody	_____ Guardian(s)	_____ Other	

IS THIS STUDENT IN STATE DCF CARE AND CUSTODY? _____ Yes _____ No
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### PARENT/GUARDIAN INFORMATION SECTION

Our school software allows for one person to be listed under Contact 1<sup>st</sup> through 4<sup>th</sup>. Please read the following instructions listing each contact as follows:

**1<sup>st</sup> Contact** – The first contact is the person that the student spends the most time with, ie biological mother, biological father, or primary guardian(s). In the case of students living 50/50 with separate parents, please list one parent name on each of the 1<sup>st</sup> and 2<sup>nd</sup> contacts. That way, both parents will receive school mailings. For students living 100% with both parents, please list one parent name on each of the 1<sup>st</sup> and 2<sup>nd</sup> contacts.

**2<sup>nd</sup> Contact** – See instructions for 1<sup>st</sup> Contact above. School mailings will be issued if the address is different from 1<sup>st</sup> contact (ie 50/50 student custody relationships).

**3<sup>rd</sup> & 4<sup>th</sup> Contact** - This contact will not receive school mailings. Do not list emergency contacts in these two fields.

**1<sup>st</sup> Contact** (See instructions above)

Parent Name or Primary Guardian:	Does this person have legal custody? Yes/No or 50/50
Mailing Address:	
Town:	Home Phone:
State / Zip Code:	Cell Phone:
Employer Name and Work #:	Email Address:
U.S. Citizen (circle one):    Y        N	
Primary Language Spoken At Home:	

**2<sup>nd</sup> Contact** (See instructions above)

Parent Name or Primary Guardian:	Does this person have legal custody? Yes/No or 50/50
Mailing Address:	
Town:	Home Phone:
State / Zip Code:	Cell Phone:
Employer Name and Work #:	Email Address:
U.S. Citizen (circle one):    Y        N	
Primary Language Spoken At Home:	

**3<sup>rd</sup> Contact** (See instructions on page 1)

Name: _____		Does this person have legal custody? Yes/No or 50/50	
Mailing Address: _____			
Town: _____		Home Phone: _____	
State / Zip Code: _____		Cell Phone: _____	
Employer Name and Work #: _____		Email Address: _____	
U.S. Citizen (circle one):    Y    N			
Primary Language Spoken At Home: _____			

**4<sup>th</sup> Contact** (See instructions on page 1)

Name: _____		Does this person have legal custody? Yes/No or 50/50	
Mailing Address: _____			
Town: _____		Home Phone: _____	
State / Zip Code: _____		Cell Phone: _____	
Employer Name and Work #: _____		Email Address: _____	
U.S. Citizen (circle one):    Y    N			
Primary Language Spoken At Home: _____			

**Other Contact Information**

Information you would like us to have about other parental or guardianship outside of home:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Siblings**

First Name _____	Last Name _____	Gender _____	DOB _____
First Name _____	Last Name _____	Gender _____	DOB _____
First Name _____	Last Name _____	Gender _____	DOB _____
First Name _____	Last Name _____	Gender _____	DOB _____

**Emergency Contact**

Our software allows for up to two emergency contacts per student. **Do not list anyone from 1<sup>st</sup> – 4<sup>th</sup> Contacts.** Emergency information is generally relatives or neighbors that may be available if BFA cannot reach Contact 1 - 4 during the school day.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Name: \_\_\_\_\_ Relationship \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Educational Services (please do not leave blank)**

Your child may be eligible for supplemental educational services. Have you moved or worked on a farm or in the logging industry within the past three years? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child currently receive educational services for reading, math, or other? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please specify service. Examples: IEP, 504, etc. \_\_\_\_\_

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

\_\_\_\_\_  
Date

**VERIFICATION OF TOWN OF RESIDENCE 2024-25**

So that we may maintain our ACT 60 compliance, we are requesting that you COMPLETE and RETURN THIS FORM TO THE SCHOOL before enrolling. This information is also used for the accurate billing of tuition for sending towns.

Student's Name (Please list all in household)	Date of Birth	Age	Grade Level

Student(s) reside with: \_\_\_\_\_

Relationship to student(s): \_\_\_\_\_

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

Physical Address Location: \_\_\_\_\_  
 (Street address, town highway, state road, etc. *PO Box address will not be accepted*)

Legal Town of Residence: \_\_\_\_\_

How long have you lived at this location? \_\_\_\_\_

The above information is accurate as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

**If you are a new registrant OR if you have moved at any time in the last year, you must also provide documentation to verify your residency. Please return your form (and documentation, if required) to the School Registrar.**

**How To Prove Residency**

**Please complete this form and attach two of the following documents to this application so that legal residence can be established. Please return the form & documentation to the Registrar.**

- A letter from the Town Clerk's office indicating your actual address.
- A current property tax bill.
- A copy of your signed rental agreement indicating the actual location of your residence, and the name and phone number of the landlord.
- A notarized letter from the landlord stating the address of the residence being leased and the name(s) of the lessee(s) with the landlord's address and telephone number.
- A valid driver's license showing your actual address, not a post office box or RFD address.
- Copies of utility bills that show your actual physical address.

# SCHOOLREACH NOTIFICATION SYSTEM 2024-25

BFA-Fairfax currently uses SCHOOLREACH NOTIFICATION SYSTEM, a rapid notification and communication service for communicating with Pre-K to Grade 12 students, parents, faculty, staff, and administration, thus enhancing communication between school and parents. SCHOOLREACH enables schools to deliver thousands of voice or text messages to telephones, mobile phones, PDAs or any internet-enabled device within minutes.

We are asking that you submit the requested information so that we are able to communicate with you when needed. This information will be used for school-purposes only and is held in strict confidence.

## PLEASE READ CAREFULLY

You may have **two** emergency and **two** non-emergency phone numbers and email addresses. Work phone number(s) **CANNOT** have extension numbers associated with the phone number.

Student Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

### EMERGENCY INFORMATION DEFINITION:

Phone numbers and email addresses that will be contacted DURING school hours, ie 7:30 a.m. to 3:00 p.m. Example: Early School Closing, School Lockdown, etc.

Emergency Phone #1: \_\_\_\_\_

Emergency Phone #2: \_\_\_\_\_

Emergency Email Address #1: \_\_\_\_\_

Emergency Email Address #2: \_\_\_\_\_

### NON-EMERGENCY INFORMATION DEFINITION:

Non-emergency information will be used during off-hours, ie before 7:30 a.m. and after 3:00 p.m. Example: Snow Day, Power Outage, Event Reminders, etc.

Non-Emergency Phone #1: \_\_\_\_\_

Non-Emergency Phone #2: \_\_\_\_\_

Non-Emergency Email Address #1: \_\_\_\_\_

Non-Emergency Email Address #2: \_\_\_\_\_

RETURN FORM TO  
BFA-Fairfax Counseling Office, 75 Hunt Street, Fairfax, VT 05454

**Fairfax School District**  
**OPT OUT - Release of Directory Information & Permission Form**

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_

**Release of Student Directory Information**

Federal law authorizes the routine release of "directory information" on students without written consent, unless a child's parent/guardian has advised the District to withhold the information. Directory information is generally not considered harmful or an invasion of privacy if released. The primary purpose of directory information is to allow school districts to include information from a child's education records in certain school publications. Examples include: drama or music programs, honor roll lists, school yearbook, sports activity sheets showing height and weight of team members.

Throughout the year, the Fairfax School District publishes pictures and accounts of the activities of our students. Occasionally the local media (TV or newspaper) will present stories on our students and work they are doing related to the curriculum. Students may be photographed or videotaped while participating in a school activity. Often our teachers showcase student projects in their classroom and display cases throughout the school, or post student projects on the school's website. NOTE: The school district does not publish student's full names or personal information on the Internet. We do, however, give credit to student work by using the *student's first name*.

This is an **OPT OUT** form. If you do not want your student's information shared, please **CHECK OFF** the item(s) you are opting out of, and return this form to the Guidance office. ***You only need to return this form if you are opting out of any of the categories below.***

- \_\_\_\_\_ Programs/lists for events, achievements. (Honor Roll, Band, Graduations, etc.)
- \_\_\_\_\_ Student Yearbook
- \_\_\_\_\_ Sports Activity Sheets listing height and weight
- \_\_\_\_\_ Information, photos and/or video released to outside media (TV, Newspaper, Social Media sites)
- \_\_\_\_\_ Information and/or photo posted to the school website.
- \_\_\_\_\_ Student work displayed on school grounds (for example, art work displayed in halls)
- \_\_\_\_\_ Participation in any school related surveys (such as, but not limited to: Youth Risk Behavior survey, School Climate survey)
- \_\_\_\_\_ PTSA, Project Grad., Senior Banner
- \_\_\_\_\_ County Courier (student name, graduation picture)

**FOR BFA FAIRFAX HIGH SCHOOL STUDENTS ONLY**

Federal law requires school districts to release student names, addresses, and telephone numbers to military recruiters. Periodically our high school will release this information to colleges. If you **do not** wish to have this information released, please indicate that below.

Do not disclose contact information on my child to:

- \_\_\_\_\_ Military Recruiters
- \_\_\_\_\_ Colleges/Other Educational Institutions

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

\_\_\_\_\_  
Date



Student's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_

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

**FAMILY DYNAMICS**

Parent/guardian name: \_\_\_\_\_ Parent/guardian name: \_\_\_\_\_

Family status:  Married  Divorced  Single  Separated

Sibling's name: \_\_\_\_\_ Age: \_\_\_\_\_ Sibling's name: \_\_\_\_\_ Age: \_\_\_\_\_

Sibling's name: \_\_\_\_\_ Age: \_\_\_\_\_ Sibling's name: \_\_\_\_\_ Age: \_\_\_\_\_

**SIGNIFICANT MEDICAL HISTORY**

In reviewing the following chart, please provide additional information for each yes response.

Health concern	NO	YES (explain)
ADD/ADHD		
Allergies (please list)		
Anxiety		
Back (i.e. scoliosis)		
Birth complications		
Breathing/respiratory (asthma/tracheomalacia)		
Bleeding		
Chicken pox		Date: _____
Depression		
Diabetes		
Ear infections		
Eyes (vision)		
Head injury/concussion (date of concussion)		
Heart conditions (murmur/irregular heartbeat/surgery)		
Hospitalizations/surgeries (date/reason)		
Seizures (type/date of most recent seizure)		
Skin (eczema)		
Toileting (incontinence/constipation)		
Other health concerns not listed:		
Significant family medical history (i.e. diabetes, seizures, heart conditions, etc)		

**CURRENT HEALTH**

▪ Is your student currently being treated for any illness or condition? \_\_\_ yes \_\_\_ no

If yes, explain: \_\_\_\_\_

Who is treating your student: \_\_\_\_\_

▪ Is your student currently taking or prescribed any medication (daily, allergy, inhaler, epi-pen, etc)?

\_\_\_ No \_\_\_ yes (please explain below)

NAME OF MEDICATION	DOSE	AT SCHOOL OR HOME?	REASON

\*\* IF YOUR CHILD WILL BE TAKING PRESCRIPTION MEDICATION AT SCHOOL. PLEASE CONTACT THE SCHOOL NURSE



Student's current health care provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's current dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH INSURANCE**

What type of health insurance does your child have?

\_\_\_\_\_ Private (BlueCross/BlueShield, MVP, Cigna,etc)

\_\_\_\_\_ Medicaid (Dr. Dynasaur/VCHIP)

**IMMUNIZATIONS**

It is federal law that all children have an updated immunizations record on file before a student is admitted into school. Please attach a current copy of your student's immunization records.

If your child is not immunized due to religious or medical reason, the school requires a signed exemption form on record. An exemption form should be completed for each school year.

EXEMPTION: \_\_\_\_\_ religious \_\_\_\_\_ medical

\*\* Please attach signed exemption form

**OTHER**

**PHYSICALS:** For your child to participate in school sports, we require documentation of a physical exam, by your child's health care provider, every 2 years.

\*\*include your child's most recent physical with this document.

**SCREEN TIME:** Does your child have limited screen time? \_\_\_\_\_ No \_\_\_\_\_ yes

If yes, how many hours a day is screen time allowed (outside of school): \_\_\_\_\_

Does your child have a cell phone or tablet: \_\_\_\_\_ no \_\_\_\_\_ yes

Is there anything else we should know about your child?

Parent/guardian signature: \_\_\_\_\_

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



(Complete this form if student is in DCF Custody)

Student: \_\_\_\_\_ DOB \_\_\_ / \_\_\_ / \_\_\_

Person Completing Form: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Is the student in DCF Custody?            YES                    NO

If yes, DCF District Office: \_\_\_\_\_

Social Worker Phone Number: \_\_\_\_\_

Is the child in the care of another child placing agency?            YES                    NO

If yes, which agency? \_\_\_\_\_  
(Mental Health, Casey Family Services, other?)

Agency contact name/phone #: \_\_\_\_\_

Who is the legal guardian/custodian? Note: This is the only person who can legally enroll the student.

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Does either of the students parents live in Fairfax:                    YES                    NO

IF NO, WHERE DO THE PARENTS LIVE: Mother \_\_\_\_\_

Father \_\_\_\_\_

Is the student on an IEP?                    YES                    NO

If yes:

- Send a copy of this form to your Special Education Coordinator and Medicaid Clerk
- Who is the Educational Surrogate Parent? If unknown, contact the Vermont Educational Surrogate Parent Program at 828-5108.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Where did the student last attend school/last educational placement:

District: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

Signature of Legal Guardian: \_\_\_\_\_

# VERMONT EMPLOYMENT SURVEY

Please complete this form and return it to your school's office. All information provided is confidential. The Vermont Migrant Education Program will contact you to determine if your family is eligible. An eligible student can be of any race and/or ethnicity and speak any language. Please call if you have any questions: 866-860-1382 ext. 226

Guardian/Parent Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

Cell phone(s) \_\_\_\_\_ Land-line \_\_\_\_\_

Has your family moved from one town or state to another town or state in the last three years?

No, You do not need to complete the rest of this form. Thank you!

Yes, If yes from where? \_\_\_\_\_ Please complete the rest of this form.  
(town, city, state, country)

In the past three years, have you or anyone in your family worked in agriculture or logging? \_\_\_\_\_  
If yes, please check all that apply:

- Dairy Work;
- Hemp;
- Raising and tending to poultry including egg production;
- Raising cows, pigs and other livestock or work in a slaughterhouse or other meat processing facility;
- Planting, growing, harvesting, packing, cutting or preparing fruits, vegetables and flowers for sale;
- Working in a greenhouse or nursery (tree/plant/flower) or planting, tending or harvesting field crops;
- Working in the woods in logging, maple sugaring, planting trees, Christmas treeing, etc.;
- Working in the catching, raising, harvesting or initial processing of fish or shellfish.
- Other \_\_\_\_\_

Please list all children ages 0 to 22 in your household: (list additional names on bottom of form)

Child:	Grade:	School:
Child:	Grade:	School:
Child:	Grade:	School:
Child:	Grade:	School:

Updated on 10.17.2019



*Cultivating Healthy Communities*

University of Vermont Extension and U.S. Department of Agriculture, cooperating, offer education and employment to everyone without regard to race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or familial status.

## MIGRANT EDUCATION ELIGIBILITY CRITERIA

An eligible student can of any race and/or ethnicity and speak any language. Staff from the Vermont Migrant Education Program will help families determine whether a family or student meets the eligibility requirements described below:

### *Who qualifies for our program?*

A child may qualify if the following apply:

- Child is under age of 22 has not graduated from high school or another accreditation program; and
- Child has moved across school district lines with a farmworker (parents, guardians, etc); and
- Parent/guardian has engaged in qualifying seasonal or temporary agricultural work.

### *Examples of Qualifying Work:*

- ✓ Dairy;
- ✓ Hemp;
- ✓ Poultry and livestock;
- ✓ Slaughterhouse, meat processing;
- ✓ Fruit and vegetable production, harvesting, processing;
- ✓ Greenhouse or plant nursery work including trees, plants, flowers;
- ✓ Field crop work for animal feed or human consumption;
- ✓ Working in the woods logging, maple sugaring, planting trees, Christmas treeing, etc.
- ✓ Working in the catching, raising, harvesting or initial processing of fish or shellfish.



### *For eligible students enrolled in school, VMEP offers:*

- Parent and school communication support. (Includes ensuring interpretation/translation is available to student/family.)
- School supplies and books
- Support for school enrollment including PK
- Referrals to afterschool, summer and health programs and services
- Information on post-secondary opportunities

# Appendix B: Home Language Survey

Dear Parent/Guardian(s):

Vermont welcomes families of all cultural and linguistic backgrounds. Speaking more than one language is a valuable asset for individuals, families, and communities. We encourage families to maintain their languages while learning English. In order to ensure meaningful communication between your family and our school, please let us know if you have questions and/or would like translation/interpreting services related to this survey or other important school notices.

In order to meet challenging academic standards for all students, Federal law requires that public schools identify students who may be entitled to English language support services. Every parent/guardian of newly enrolling students in Kindergarten through grade 12 must complete the survey questions (below) at registration. An English Learner (EL) Specialist may request further information, if needed, to determine whether your student should be classified as an English Learner (EL) and is eligible to receive additional services.

Thanks very much for your time in completing this form! Please be assured that the survey information is used solely for educational purposes, to identify potential English Learners who might be eligible for English language support.

Student Information (Parents/Guardians should complete this section.)			
First Name:	Last Name:	Date of Birth (Month/Day/Year)	Gender: F <input type="checkbox"/> M <input type="checkbox"/>
Country of Birth:	Date of Entry in U.S. (Month/Day/Year):	Date student first began Kindergarten (or higher grade) in any U.S. school (Month/Day/Year):	
Questions for Parents/Guardians		Response	
1. What language(s) are spoken in your home?			
2. What language do you most <i>often</i> speak to your child?			
3. What language does your child <i>currently</i> use most often at home?			
4. What is the native language of each parent/guardian?			
5. What language did your child first speak or understand?			

For LEA Use Only:
What school will the student attend?
What grade will the student enter?
Beginning date in this school (Month/Day/Year):

Instructions for Home Language Survey  
(Revised: January 4, 2021)



This student was screened for English Language Proficiency and identified as an **English Learner (EL)**?\* Y / N

Name of Test Administrator:

Date Student Screened:

*If not identified as an English Learner*, does the student meet the ESSA Definition of "**Immigrant Children and Youth**"?\* Y / N

Under ESSA, the term 'immigrant children and youth' means individuals who –

"(A) are aged 3 through 21;

"(B) were not born in any State (including Puerto Rico); and

"(C) have not been attending one or more schools in any one or more States for more than 3 full academic years."

\*LEAs should submit HLSs to the VT-AOE using the HLS collection site only for students who have been:  
1. Screened by EL Professionals for English Language Proficiency and identified as ELs; and/or  
2. Identified as eligible to be counted under the "Immigrant Children and Youth" definition.

**BELLOWS FREE ACADEMY, FAIRFAX**  
**Transportation Form**

This form should be completed for all new students as part of the enrollment packet. **For returning students, please complete this form & return it by July 12, 2024 so that the transportation routes can be planned.** Please send to Rhonda Masse, BFA Fairfax, 75 Hunt Street, Fairfax, VT 05454 or email to: [rmasse@fwsu.org](mailto:rmasse@fwsu.org). **If at any time a change occurs in your student's transportation plan, please fill out a new transportation form and return it to me or to your main office (Elementary for Kindergarten - Grade 4; Middle/High for Grades 5 - 12).**

Parent(s) Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Please list the daily plans for your child below by indicating whether your child will take a bus, have parent transportation, or will walk. If your child will be picked up or dropped off at a location other than their home address, please complete the Daycare information section at the bottom of this page.

**When listing AM/PM transportation, please indicate the physical address.**

<b>A.M. Transportation to School</b>	<b>P.M. Transportation from School</b>
Monday _____	_____
Tuesday _____	_____
Wednesday _____	_____
Thursday _____	_____
Friday _____	_____

For your children grade 3 and under, do you give them permission to be let off the bus at home without someone there to meet them? *If YES, please sign here* \_\_\_\_\_

**\*It is the parent's responsibility to notify the school, in writing, of any changes to this information.**

**If your student will be picked up or dropped off at an alternate address (within the Fairfax school district), please complete the following.**

Morning Daycare Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

After School Daycare Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

**BFA Fairfax**  
**Library Card Information**

**Student Name:** \_\_\_\_\_

**Grade Level:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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

\_\_\_\_\_

**I give permission for my child to borrow library materials. I understand that the library has books for all ages on the shelves and I alone have the responsibility to restrict my child's reading. I agree to pay for any materials damaged by my child.**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**