

# Academy of Mathematics and Science

<http://www.amstucson.org>



1557 W. Prince Rd. Tucson, AZ 85705 Phone: 520-293-2676 Fax: 520-888-1732

## PHOTOGRAPH RELEASE

I \_\_\_\_\_ Parent and/or guardian of \_\_\_\_\_, grant permission to the Academy of Math and Science (AMS) to allow my child to have his/her picture taken at school for the current 2010-2011 school year. (Please check all that apply).

My child may have his/her picture taken for AMS activities including yearbook and school newspapers.  Yes  No

My child may have his/her picture taken for AMS promotional purposes, i.e.: brochures, pamphlets, handbook, newspapers, magazines, television, and other publications.  Yes  No

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

## SCHOOL EXCURSIONS

I \_\_\_\_\_ Parent and/or guardian of \_\_\_\_\_, hereby grant permission to AMS to allow my child to participate in school-sponsored excursions for the current 2010-2011 school year under the supervision of School personnel. I understand that permission slips will be sent home prior to each excursion to obtain my permission for transportation arrangements.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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## Box Tops

AMS is collecting Box Tops found on General Mills products (cereal, dessert mixes, etc.) as a fundraiser. Please clip Box Tops from your items and send to school with your student. A contest is being held; the class whose members turn in the most Box Tops will be rewarded with a pizza in December.

## Student Insurance

Parents please complete the bottom portion of this page and return to the office as soon as possible. This information is needed from each student to update our records.

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My student \_\_\_\_\_ has health insurance coverage through the

Following provider: \_\_\_\_\_ . My student's primary care

Physician's name is \_\_\_\_\_, physician's phone # \_\_\_\_\_

Physician's address \_\_\_\_\_.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_