

# Yurok Tribe Education Department Permission



Jim McQuillen, PPS, MFCT, Education Department Director  
Elsie McLaughlin-Feliz, Assistant Education Director  
P.O. Box 1027, Klamath, CA 95548  
Phone: (707) 460-6910, Ex 1507

This permission slip gives your student permission to participate in the Yurok Tribe Education Department programs including but not limited to, pre-school through 12<sup>th</sup> grade Johnson O'Malley Program, Boys and Girls Club, and all programs provided by the Yurok Tribe Education Department as they apply to student by age. It also gives staff permission to speak with school personnel, teachers, resource specialists, principals and other personnel involved with your child's educational needs. This also includes access to written records, test scores, grades, behavior, and or attendance records the school has regarding your child's educational background. The information will be held with the strictest confidence. One form per student please.

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT PHONE #: \_\_\_\_\_ OTHER PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

REQUEST TUTORING IN SUBJECTS: \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

*I realize that this permission is granted to the Yurok Tribe's Education Department for the entire time that my child is enrolled in school or until their graduation from the 12<sup>th</sup> grade unless the permission is rescinded in writing to the Yurok Tribe's Education Department. This also includes summer-time events.*

Initial all that apply:

\_\_\_\_\_ I give my permission for my son/daughter to be transported by the Yurok Tribe Education Department staff for organized fieldtrips or pre-planned events. I realize that the Yurok Tribe will inform me prior to any transportation occurring.

\_\_\_\_\_ I give my son/daughter permission to be assisted during the after-school hours. The schedule will be set up with parents prior to the after-school help occurring.

\_\_\_\_\_ I also give my consent to the Yurok Tribe Education Department staff to obtain emergency medical treatment in the event that it is needed for my child, and I am unavailable to give this consent during a Yurok Tribe Education Department event or field trip.

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

\_\_\_\_\_  
Date

**PLEASE LET US KNOW WHEN THERE IS A CHANGE IN INFORMATION**