

2255 Pine Street
Sandpoint, ID 83864
Tel: (208)263-3584
Email: school@sjasda.org
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FIELD TRIP PERMISSION

I hereby give my permission for my child, _____, to accompany his/her class on school-sponsored trips for instructional purposes during the 20 ____ - 20 ____ school year. I understand that he/she will be accompanied by a teacher and other adults as is necessary for his/her safety.

Signed _____
Parent/Guardian Signature

PICTURE RELEASE

Picture Release — I give my permission for Sandpoint Jr. Academy to submit pictures of my child, _____, in conjunction with school-related articles for newspapers, periodicals, hard copy & online newsletters & website.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

Street Address: _____

_____ City State Zip

Phone Number: _____

"I can do all things through Christ who strengthens me." (Philippians 4:13)