

**Reid Traditional Schools'
Painted Rock Academy
2017-2018**



**Academic Arcade
Permissions Form**

Student Name: _____ **Date:** _____

Teacher: _____ **1st Grd:** ___ **or 2nd Grd:** ___

Is your child allowed to watch:

Entertainment Videos: ___ **Yes** ___ **No**

Educational Videos: ___ **Yes** ___ **No**

My child does not participate in the following celebrations:

My child is allergic to:

Please Note: For the safety of the children you must have a release pass from the school office to pick your child up from Academic Arcade. Thank you for your cooperation.

Parent Signature: _____