

2255 W Pine Street
Sandpoint, ID 83864
Tel (208)263-3584 Fax (208)263-8683
school@sjasda.org
sjasda.org



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 2020-2021 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 signature _____

Printed name _____

Date _____

Street Address _____

_____ CITY STATE ZIP

Telephone # _____

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