

PARENT-GUARDIAN PERMISSION FOR COMMUNITY EDUCATIONAL SITE
Department of Special Education
Lincoln Public Schools

Student Name: _____ ID#: _____ School: _____

TRAINING SITE:

- A. Cooperating Business: _____
- B. Business Contact Person and Title: _____
- C. Address: _____
Telephone: _____
- D. Dates of Training: _____
- E. Day(s) of Training: _____
- F. Hours of Training: _____
- G. Description of Duties: _____

SUPERVISION:

- A. Provided by LPS Teacher: _____
- B. LPS classroom aide (paraeducator): _____
- C. Other (explain): _____
Supervision at any given time may be provided by one or all of the above

TRANSPORTATION PROVIDED BY:

- A. School bus/van: _____
- B. City bus/handy van: _____
- C. Other (explain): _____

ADDITIONAL COMMUNITY INVOLVEMENT (explain):

MATERIALS, MONEY, ETC. TO BRING (explain):

The section below must be completed and the entire form must be returned to the teacher prior to the student participating in the community outing.

I, _____, give permission for _____ to be involved in the above described
(Parent/Guardian--PRINT) (Student--PRINT)
community program. I understand this experience is on a training basis. Community instruction is an extension of the classroom as part of my student's total education program and therefore he/she will not receive pay for work completed. I, as Parent/Guardian of the student, agree that LPS shall not be responsible for any medical expenses for or injuries to the student, unless due to the negligence of LPS.

Student Signature: _____ Date: _____
Parent/Guardian Signature: _____ Date: _____
LPS Instructor Signature: _____ Date: _____
Principal/Designee Signature: _____ Date: _____