



HIGHLAND PARK CHRISTIAN ACADEMY

6801 SHERIFF ROAD LANDOVER, MD 20785

301.773.4079 OFFICE ~ 301.773.2626 FAX

www.hpchristianacademy.org

HPCA Permissions

Student Information

Student's Name

Grade

School Year

Date

Parent's Name

Permission to Transport

I hereby grant permission to *Highland Park Christian Academy* to transport my child as necessary. I will be notified beforehand, but if an emergency arises I will be contacted as soon as possible with the details.

Parent Signature: _____ Date: _____

Field Trip Permission

My child has permission to attend trips sponsored by *Highland Park Christian Academy* during this academic year. It is further understood that I will be advised by the sponsor any pertinent information as follows:

- The Place and objective of the trip
- The time of departure and expected arrival
- The mode of transportation
- Any fees or charges associated
- Any meal arrangements

Parent Signature: _____ Date: _____

Picture Waiver

Highland Park Christian Academy has my permission to take pictures and/or video of my child (ren) while involved in activities on-site at Highland Park Christian Academy or off-site (sporting events, misc. activities) this academic year. The pictures may be used for marketing, publications, website, social media or non-profit purposes.

Parent Signature: _____ Date: _____