

**Mendota School District 289**  
**General Acceptance and Permissions Form**

**Student Request for Textbook Loan**

I hereby request the loan of secular textbooks in accordance with Public Act 79-961 of 1975. Mendota Community Consolidated School District 289 in Mendota, Illinois, LaSalle County.

**Student Discipline Code Receipt**

I have reviewed a copy of the Parent/Student Handbook with Middle School Supplement. I further acknowledge that, upon written or oral request, the administration will make itself available to clarify or otherwise discuss the discipline codes within this handbook. Hard copies of updated handbooks will be distributed the first week of student attendance.

**Field Trip Release**

To Mendota Elementary School District 289 Administration:

This is to certify that my son/daughter has my permission to attend all Mendota District 289 sponsored field trips for the school year. I am responsible for calling and notifying the school if I choose for my child NOT to attend a particular trip.

**Permission to Photograph or Videotape Student**

I grant consent to Mendota Elementary School District 289 to identify a picture of my child or ward, by full name, in any school sponsored material, publication, or videotape. Photos may be posted to the District website and will only contain the student's first name for identity safety. This consent is valid for the entire time my child or ward is enrolled in Mendota Elementary School District 289. I may revoke this consent at any time by notifying the Superintendent.

**Emergency Medical Treatment**

I grant consent to Mendota Elementary School District 289 to seek treatment at Mendota Community Hospital Emergency Room if my child requires immediate medical treatment. Every effort will be made to contact parents/guardians or emergency contacts to explain the nature of the problem. After emergency treatment, transfer will be the responsibility of the parent/guardian.

**Parent/Guardian Signature**

I have read all of the preceding permission statements and give my permission to all of the following:

1. Student Request for Textbook Loan
2. Student Discipline Handbook Review
3. Field Trip Release
4. Permission to Photograph or Videotape student
5. Emergency Medical Treatment

Student Name	Grade

\_\_\_\_\_  
**Signed Parent/Guardian's Name**

\_\_\_\_\_  
**Printed Parent Name**

\_\_\_\_\_  
**Date**