



Parent Teacher Home Visit Project Enrollment & Permission Slip

Detroit Public Schools Community District (DPSCD) and your child's school is excited to have you participate in the Parent Teacher Home Visit Project. In order to meet your needs, we want to obtain your permission to evaluate the project to see the project is helping you and/or your child. Please sign a permission slip below showing your interest in the project and giving permission to review school records to the evaluator.

Please sign your name after each statement you consent to.

1. Yes, I want to participate in the Parent Teacher Home Visit Project.

Signature showing I agree to the above statement. _____

2. I hereby consent to and authorize DPSCD Parent Teacher Home Visit and its subsidiaries to obtain the following media of myself and my child: Photographs, videotapes, audiotapes, videotapes, and sound recordings. I also consent to and authorize Detroit Public Schools Community District to use, display, copy, edit publish, release, distribute, publicly perform these photographs, videotapes, audiotapes and sound recordings, and use my name in association therewith, in any way and as often as DPSCD desires, whether within DPSCD or outside DPSCD, without payment of further compensation to me. I understand that DPSCD thereto owns these photographs, videotapes and audio/video tapes, and the negatives thereof, and the sound recordings, and the copyright.

I agree to the above statement. _____

3. I hereby consent to and authorize DPSCD Parent Teacher Home Visit and its subsidiaries to obtain the following school records of my child: academic records, behavior and academic records from my child's schools, which includes, but is not limited to report cards, teacher files, and school files.

I agree to the above statement. _____

Date _____

Name (Printed) _____

Home Address _____ Zip Code: _____ Contact Number: _____

PLEASE RETURN THIS PERMISSION SLIP TO THE TEACHER