



THE WOODHALL SCHOOL
ACADEMIC YEAR 2017 – 2018
OFF-CAMPUS PERMISSIONS

PERMISSION

STUDENT NAME _____ BIRTHDATE ____ / ____ / ____

Please initial each line to acknowledge the statement, or grant permission for the student to participate, as indicated below, at the discretion of The Woodhall School Administration. Permissions remain in effect until changed by written notice from a parent/guardian. Sections with an asterisk (*) must be initialed as acknowledged, as they are a matter of school policy.

VEHICLE PERMISSION

- | | | |
|-------|-------|---|
| Yes | No | |
| _____ | _____ | My son may ride in vehicles driven by an adult member of the family (i.e., grandparents, uncles, aunts, and cousins) |
| _____ | _____ | My son may ride in vehicles driven by a parent/guardian of another student enrolled at The Woodhall School. |
| _____ | _____ | My son may ride in vehicles driven by an adult member of a family of another Woodhall student. |
| _____ | _____ | My son may ride in vehicles driven by the following persons over the age of 21, named below:

_____ |
| _____ | _____ | *I acknowledge that prior to travel with family members or other Woodhall families I will confirm all plans in writing to the Assistant Head of School. |
| _____ | _____ | *I acknowledge that my son can ride in any chartered bus or common carrier, or in vehicles driven by, or under the direction of, members of The Woodhall School faculty or staff and their spouses, and in special circumstances, by any person approved by the Head of School or his representative. |
| _____ | _____ | *I acknowledge that students enrolled at The Woodhall School are not allowed to ride in a vehicle driven by anyone under 21 years of age. Driving permissions must be in writing to the Dean of Students. It is understood that while a student is away from The Woodhall School in a vehicle in the charge of a person not connected with The Woodhall School, the student will have full responsibility for his own behavior and return at the appointed time. |

OFF-CAMPUS PERMISSION

- | | | |
|-------|-------|--|
| Yes | No | |
| _____ | _____ | On weekends (overnight) my son can go to the home of a family friend or relative. |
| _____ | _____ | On weekends (overnight) my son can go to the home of a Woodhall Student. |
| _____ | _____ | On day visits my son can go to the home of a family friend or relative. |
| _____ | _____ | On day visits my son can go to the home of a Woodhall Student. |
| _____ | _____ | *I acknowledge that as a matter of school policy students are allowed to go off-campus by foot, on bicycle, roller blade, or like equipment when they have no other school commitments. |
| _____ | _____ | *I acknowledge that as a matter of school policy authorization for weekend and day permission to any place not covered by the above categories must be arranged in advance with the Dean of Students in writing. |

OUTDOOR ACTIVITIES PERMISSION

- | | | |
|-------|-------|--|
| Yes | No | |
| _____ | _____ | I give my son permission to attend winter skiing day trips & acknowledge The Woodhall School will bill me for costs pertaining to each trip. |
| _____ | _____ | *I acknowledge that my son can participate in Woodhall School sponsored camping, skiing, snowboarding, bouldering/rock climbing, and water activities including canoeing, white water rafting, swimming, ice skating, and other trips under the supervision of a Woodhall School faculty member. |
| _____ | _____ | *I realize that there are risks inherent to these activities for which The Woodhall School will not be responsible. I also realize that The Woodhall School will not be responsible for lost, stolen or damaged equipment. |

TRIP PERMISSION

- | | |
|-------|--|
| _____ | *My son is granted permission to go on Woodhall School sponsored trips to theaters, concerts, and other events in New York City, Boston, Hartford, and surrounding areas. I understand that although there will be faculty chaperones accompanying the students to, from, and during the trip, and that the student is expected to stay with his designated group while traveling, dining, and at event venues, there is always the risk he may become separated from the chaperone and will not be under faculty supervision. |
|-------|--|

Print Name of Parent/Guardian _____

Print Name of Parent/Guardian (optional) _____

Signature of Parent/ Guardian _____

Signature of Parent/ Guardian (optional) _____

Date _____

Date _____