



EXCELLENCE ★ INNOVATION

Superintendent: Matt Doyle, Ed.D.

Board Members: Martha Alvarado, Julie Kelly, Debbie Morton, Rosemary Smithfield, and Cipriano Vargas

Vista Adult Transition Center, 325 E. Bobier Dr, Vista CA 92048 Chris Altona, Principal

STUDENT NAME _____

STUDENT PERMISSIONS

I hereby give my consent as an adult student, parent/guardian for the following: (Circle yes or no after each statement)

Yes No Permission for Vocational Education Training: Our program will have an emphasis in the area of vocational training. Students will participate in job skill training commensurate with their ability.

Yes No Permission for Photographs: From time to time, there are occasions for our students to have pictures taken for publicity or school records. This will include occasional videotaping.

Yes No Permission to use the internet or have access to the Web: During class, students may receive communication through a class email account or through an individual email account or engage in other electronic communication activities~Comments~ _____

Yes No Permission to Teach Survival & Recreational Skills: Part of the instruction of your student may include the principles of personal hygiene and grooming. (i.e. tooth brushing, hair care, and general neatness.) Included could be street crossing, shopping at various stores, hiking, bowling, roller skating and other recreational activities.

Yes No Permission to Teach Skills Necessary for Using Public Transportation: Adult students will be afforded the opportunity to learn the use of public transportation. Adequate supervision is necessary for this program to be successful and will be incorporated at all times.

DATE

STUDENT, PARENT OR GUARDIAN SIGNATURE