

**2020– 2021 Student and Parent Handbook Acknowledgement**

*By my signature below, I confirm that I have reviewed or will review the Children’s Kiva Montessori School **Student and Parent Handbook, 2020-2021**. I affirm my understanding of all parent and student expectations, including all policies and procedures as outlined therein, and agree to abide by them.*

*I further commit to supporting the mission, vision, and philosophy of open and respectful communication between home and school as well as active participation in order to enhance the learning of all students enrolled at the Children’s Kiva Montessori School. To that end I will endeavor to become an involved participant (working collaboratively with the student’s teacher and supporting school sponsored activities) and in so doing build a school of excellence for all.*

*I also agree that I have read or will read and will comply with the rights, responsibilities, policies, and procedures as outlined in the Children’s Kiva Montessori School Parent Code of Conduct and Communication Guidelines published in the Student and Parent Handbook.*

\_\_\_\_\_  
*Parent/Legal Guardian Printed Name*

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

\_\_\_\_\_  
*Parent/Legal Guardian Signature*

**Kiva Montessori Elementary/Middle School Program**

601 N. Mildred Rd., Cortez, CO 81321 | PO Box 1417 | 970-564-9377 | [kivacharter.org](http://kivacharter.org)



**AUTHORIZATION FOR EMERGENCY MEDICAL CARE AND TRANSPORTATION**

In the event of an emergency, I hereby give my permission for the school to access emergency medical services for the student, including transport to the nearest health care facility to receive emergency medical or surgical care and treatment.

It is understood that a conscientious effort will be made to locate me, and I accept the expense of care and transport.

Student's Full Name \_\_\_\_\_ Date of Birth  
(mm/dd/year)\_\_\_\_\_

Student's weight \_\_\_\_\_

Date of last Tetanus Vaccination \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature      Date

\_\_\_\_\_  
Parent/Guardian Signature      Date

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**FIELD TRIP PERMISSION FORM**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_

I hereby consent to have the student, \_\_\_\_\_, participate in walks and field trips away from the school, during the school year, unless the school receives written notice from me to the contrary.

I consent to having the student, \_\_\_\_\_, transported to the field trip by a licensed and insured driver. I understand that when the student is transported in the car, the driver will follow all safety precautions, including the use of seat belts. I will provide a child safety seat, as applicable, as required by Colorado State Law.

I request the following special limitations for the above listed student:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature      Date

\_\_\_\_\_  
Parent/Guardian Signature      Date

**Note: as a volunteer driver for any school related event the following documentation must be on file with the school:**

- Current Driver's License
- Current Insurance
- Current Driving Record

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**PHOTO RELEASE FORM**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I, \_\_\_\_\_, do not wish for the student to be photographed or videoed for any purpose.

**OR**

I, \_\_\_\_\_, grant my consent to Children's Kiva Montessori School to photograph, video the student and/or make use of the student's name, for the following purposes (initial all that apply):

- Newspaper articles
- Related marketing (advertisements, brochures, flyers, etc.)
- Online Media including Facebook and Children's Kiva Montessori School website  
(children are not tagged)
- In-house classroom newsletters, reports, and/or bulletin boards
- Teaching Strategies Gold Assessment Program for parent and teachers

only

\_\_\_\_\_  
Parent/Guardian Signature      Date

\_\_\_\_\_  
Parent/Guardian Signature      Date