

DANCE Disclosure Document

Mrs. Hague

AFTER YOU HAVE READ THE DISCLOSURE DOCUMENT, SIGN THIS SHEET, **HAVE YOUR PARENT READ AND SIGN IT AND HAND IT BACK IN FOR 20 POINTS ON OR BEFORE January 20th (A days) or January 23rd (B days).**

PARENTS: IN THE FOLLOWING SPACE, PLEASE EXPLAIN ANY LEARNING CHALLENGE/ HEALTH CONCERNS/ SPECIAL SITUATIONS THAT YOUR STUDENT MAY HAVE THAT WILL **HELP ME HELP HIM/HER. This information is optional and confidential.**

I have read the disclosure document with my student and we understand the rules and regulations that govern this class.

STUDENT SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE DATE

Parent Permission: I give permission for Mrs. Hague to take activity photos and or videos of my child to use on the class website for promoting dance activities within the classroom. Pictures may also be posted in the classroom for excellence in dance!

Student's Name

Parents Signature

I am happy to have your student in my class. I hope this experience will be beneficial to them. If at any time questions arise concerning the dance education program, please contact me. I respect your judgment as a parent to excuse your son/daughter from participation in physical activity due to illness or injury. HOWEVER, dance is a unique class in that students are graded on their participation. A note from home is required to excuse a student from participation. If a student needs to sit out for more than one day, a doctor's note is required so that I know the extent of the illness/injury. If it is an extended period of time, the student may have to check out of the class.