



**Reid Traditional Schools'
Valley Academy
1st & 2nd Grade
2015-2016
Academic Arcade
Permissions Form**

Student Name: _____ **Date:** _____

Teacher: _____ **Grade:** _____

Is your child allowed to watch:

Entertainment Videos: _____ **Yes** _____ **No**

Educational Videos: _____ **Yes** _____ **No**

My child does not participate in the following celebrations:

My child is allergic to:

Please Note: For the safety of the children you must have a release pass from the school office to pick your child up from Academic Arcade. Thank you for your cooperation.

Parent Signature: _____