

**Reid Traditional Schools'  
Valley Academy  
2020-2021**



**Academic Arcade  
Permissions Form**

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Teacher:** \_\_\_\_\_ **1st Grd:** \_\_\_ **or 2nd Grd:** \_\_\_

**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:** \_\_\_\_\_