

**Sweet Onion Christian Learning Center Inc.**  
**P.O. Box 1511**  
**Vidalia, GA 30475**

**Parent Permission Form**

Below are listed the courses taught by the SOCLC for grades 6<sup>th</sup>-12<sup>th</sup>.

- Old Testament Survey
- New Testament Survey
- Biblical Finances
- Comparative Religions
- Biblical Psychology (Counseling & Discipleship)
- Middle School Courses (TBD where applicable)

By my signature below, I (print parent/guardian name) \_\_\_\_\_ give my child, \_\_\_\_\_ (print student name),

- Permission to participate in the courses above during any semester while enrolled in grades 6<sup>th</sup>-12<sup>th</sup> at a participating school. Permission to take the courses will be valid throughout your child's high school career until the SOCLC is notified by a parent/guardian to retract permission for enrollment in a SOCLC course.
- Permission to be transported by the SOCLC to any class location/event.
- I have read, understand, and agree to adhere to the CLC Student Handbook.
- Upon completion of the CLC class I agree for my child's grades to be transferred to the Public School System where the student is enrolled.
- Photographs of my child may be used in SOCLC publications.

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Grade & School System

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Parent Phone#1

\_\_\_\_\_  
City                      Zip Code

\_\_\_\_\_  
Parent Phone#2

**RELEASE AND HOLD HARMELSS AGREEMENT  
FOR  
SWEET ONION CHRISTIAN LEARNING CENTER inc.  
P.O. Box 1511 Vidalia, GA 30475**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

By my signature, I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_, grant permission for him/her to leave campus and to be **transported** to any class location (on foot or by vehicle) by a representative of the Sweet Onion Christian Learning Center. I understand that my signature carries with it the following:

1. An authorization of any of the adult leaders to obtain necessary medical attention and/or treatment for said minor/(self for non-minor) by a licensed physician or emergency medical personnel.
2. I knowingly release, absolve, indemnify, hold harmless the Sweet Onion Christian Learning Center and any adult leaders from all claims that might result from any injury or death of minor (self when applicable). This agreement pertains to all programs and activities including those where transportation is provided. Including transportation to/from the CLC class daily.
3. Should medical help be needed, I agree to pay either directly or through my own personal health and accident insurance policy all medical or hospital costs.
4. I understand that I can rescind this release any time with a written request to the Sweet Onion Christian Learning Center. It is also my responsibility to let the SOCLC know of any changes in the information I have provided.
5. Photographs/Video are sometimes taken during the activities the students will be participating in for publicity and promotional purposes, which include, but are not limited to, in-house presentations, church web sites, brochures and newsletters. Student's last names are never used without specific permission. By signing this area, you are releasing the SOCLC to use of photographs of the student as stated above.

Parent / Guardian Name: \_\_\_\_\_

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

Student Name: \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Class Locations**  
VHS Students: Tabernacle Baptist Church, Vidalia

**SOCLC New Student Information Form:**

**Class:** \_\_\_\_\_ **High School:** \_\_\_\_\_

**Semester:** ( ) Fall ( ) Spring **Year:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

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

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

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

**Mailing Address:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Phone#** \_\_\_\_\_

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

**Best way to contact you?** \_\_\_\_\_

**1 - Parent/Guardian's Name:** \_\_\_\_\_

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

**Phone#** \_\_\_\_\_

**Best way to contact your parent/guardian?** \_\_\_\_\_

**2 - Parent/Guardian's Name:** \_\_\_\_\_

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

**Phone#** \_\_\_\_\_

**Best way to contact your parent/guardian?** \_\_\_\_\_

**Medical Issues/Allergies that we need to be aware of?** \_\_\_\_\_

\_\_\_\_\_

**Extra Curricular Activities you participate in?** \_\_\_\_\_

\_\_\_\_\_

**Church you attend?** \_\_\_\_\_

**Pastor/Youth Pastor's Name:** \_\_\_\_\_

**May we add the above email addresses to our email updates list? ( ) Yes ( ) No**

## Parent/Student Response Sheet

Please initial the following statements and return this sheet to CLC with your student. Please review the policies for your records at [www.SweetOnionCLC.org/get\\_involved](http://www.SweetOnionCLC.org/get_involved) in located in our "Student Handbook SOCLC". I look forward to teaching your children!

### Parent Initials/ Student Initials

\_\_\_\_\_/\_\_\_\_\_ I have read and understand CLC's policy on late assignments. I understand that no late assignments will be accepted for any reason except for make-up assignments after an absence.

\_\_\_\_\_/\_\_\_\_\_ I have read and understand CLC's policy regarding weekly participation grades. I understand that student participation grades will be earned based upon the guidelines presented in the attached policy.

\_\_\_\_\_/\_\_\_\_\_ I have read and understand the discipline policy and procedures in full and agree to help uphold this policy with my student/parent. I further agree to lend my full support to the CLC teacher/Assistant teacher/Substitute teachers as they implement these guidelines.

\_\_\_\_\_/\_\_\_\_\_ I have read and understand the CELL PHONE POLICY as well as the INTERNET POLICY in full and agree to help uphold this policy with my student/parent. I understand that if my child's/my cell phone is taken up for being used in class, the CLC teacher will hold it until a parent is able to come pick it up; I agree to comply with this policy.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_