



A MINISTRY OF METRO BAPTIST CHURCH
METRO CONNECT: A DIVISION OF METRO CHRISTIAN ACADEMY
(615) 859-1184, ext. 21 office (615) 859-5562 fax

Activity Permit

Please complete for each child enrolled the Satellite Home School entitled METRO CONNECT

Event: Field Trips, School & Sports Events, & Senior Trip

To Whom It May Concern:

As a parent and /or guardian, I do herewith authorize Metro Christian Academy/ Metro Baptist Church and their representatives to secure any medical treatment necessary which, if delayed, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort. I will in no way hold the above mentioned or Metro Christian Academy responsible in the event of an accident that may harm my child.

My child has permission to travel to any of the above mentioned activities/events.

Name of Minor: _____ SSN# _____ Date of Birth: _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Address: _____

Home Phone: _____ Mom Cell: _____ Dad Cell: _____

Any current medical conditions: _____

Allergies: _____

Current Medication(s): _____

Mother's Name: _____ Work # _____ Cell # _____

Dad's Name: _____ Work # _____ Cell # _____

Insurance Co.: _____ Policy #: _____

Signed _____ Relationship to Student: _____
Parent/Legal Guardian

Notarized by: _____
(NOTARY AVAILABLE IN THE SCHOOL OFFICE)

Date: _____

Expiration Date: _____

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Curriculum Form

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Please complete in Blue or Black ink only.

Please complete for each child enrolled the Satellite Home School entitled METRO CONNECT

Student's Name _____ Grade _____

Please list the curriculum that this student will be using for this school year. Please note that some "subject" may not apply to each student.

Bible _____

Lang./English _____

Reading _____

Phonics _____

Spelling _____

Penmanship _____

History/Social Studies _____

Science _____

Mathematics _____

Physical Education _____

Wellness (health) _____

Music _____

Other (please specify) _____

Parent's Signature: _____ Date: _____
