

# THE EAST MEADOW/ LONG ISLAND BRAILLE CHALLENGE®

**Hosted by East Meadow School District** 

# **2009 PERMISSION FORM**

## MUST BE SIGNED BY PARENT/LEGAL GUARDIAN AND BE RETURNED TO SHEILA AMATO, EAST MEADOW SCHOOL DISTRICT, W.T. CLARKE HIGH SCHOOL, AT 740 EDGEWOOD DRIVE, WESTBURY, NY 11590, BY DECEMBER 19, 2008. ONLY CONTESTS SUBMITTED WITH A SIGNED PERMISSION FORM ATTACHED WILL BE ELIGIBLE FOR THE BRAILLE CHALLENGE<sup>®</sup> FINALS AT BRAILLE INSTITUTE.

(Please print name clearly, as you would like it to appear on your certificate)

Last Name		First Name			
Address				_ Apt. No	
City				ZIP	
Birthdate	Age	Grade	Telephone (	)	
E-mail		Δ	Alternate phone (	))	
Name of Student's TVI a	at school				
TVI's e-mail			TVI's telephone (_	)	

#### **EDUCATIONAL RELEASE**

□ I hereby give permission to East Meadow School District to release education-related information about my child, and for my child to participate in The Braille Challenge® preliminary contest. I understand that if my child qualifies, he or she is eligible to attend The Braille Challenge® final contest in Los Angeles on June 20, 2009.

#### **PHOTOGRAPHIC RELEASE**

I hereby authorize and give full consent to Braille Institute of America, Inc., and East Meadow School District to copyright, publish and display in any fashion all photographs and electronic recordings authorized by East Meadow School District in which the above named contestant appears. It is further agreed that East Meadow School District and Braille Institute may use or permit to be used the contestant's photographs for or in any and all exhibitions, public displays, publications, commercial art and advertising purposes.

Parent's Signature _	
Print Name	

## TO BE COMPLETED BY AGENCY REGIONAL COORDINATOR

Kegional Coordinator Name									
Student Contest Level	Арр	_Fresh	Soph	JV	Va				
At Grade Level <u>Or</u>	Below Grade Level		Contracted <u>Or</u>	Uncontra	cted				
• 1-800-BRAILLE (272-4553) • www.braillechallenge.org									