BANK IN SCHOOL
Freeman Falcons Branch

My child, _____ grade _____ has permission to participate in the Freeman Falcon Bank in School savings program, conducted by Adams State Bank. By signing this permission letter, we hereby release Freeman Public Schools and its employees and agents, and agree to indemnify and hold FPS harmless, from any and all liability or losses relating to any deposits made or allegedly made by our child.

The enrollment of your child comes with the expectation that your child will stay enrolled in the Bank in School program throughout the completion of 6th grade. The only exception would be if your student should leave the Freeman Public School system.

In the event of an early departure from the Freeman Public School system, please provide a contact, phone number, and address so we can distribute the necessary funds to our participants in the event they leave before the end of the program.

Parent Name:_____ Phone Number: _____
Address:_____

For security purposes, all early withdrawals will need to be signed off by the elementary principal, Adams State Bank representative, and the FBLA Advisor to ensure all the monies saved will be delivered to the proper participants.

Should your student already have an account at Adams State Bank this savings account is separate and is in no way affiliated with the already established account.

I give permission for Freeman Public Schools and Adams State Bank to take and or share photos of my child on social media. ___ Yes ___No

_____ _____

Parent Signature Date