

# Our School Name

## Permission Form

Student First Nm: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Addr 2: \_\_\_\_\_

Town/City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I give permission for my child to participate in the \_\_\_\_\_  
activity on \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_  
Parent Name

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

\_\_\_\_\_  
Date