

PERMISSION FORM

Choir Club

Completed form must be turned in to Miss Tori or the office at or before our first meeting Monday, January 22nd. Form may be emailed or brought to the office.

Miss Tori: musicinme2002@gmail.com

Miss Heather: hschuler@ccsed.org

PLEASE BE SURE TO PROVIDE YOUR STUDENT WITH AN AFTER SCHOOL SNACK. THANK YOU!

Student Name _____ Grade _____

Parent/Guardian Contact Information:

Name _____

Name _____

Phone: _____

Phone: _____

Email _____

Email _____

I _____ *(Parent Name)* give my student _____ *(Student Name)* permission to participate in choir on Mondays 3:15-4:20. I understand there is a \$50 fee per semester that will be charged to my FACTS account to help cover the cost of choir. I also give permission for my student's name and photo to be used for publicity purposes.

PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE