

I hereby give permission for			to attend the
, -	(Name of Student)		
			service learning activit
(Nan	ne of Activity)		
from/ to (Dates)	_/_/_	: a.m./p.	m. to: a.m./p.m (Times)
I understand this service learning	activity is sponsored	by:	
	at		
(Name of Program)		(Name of	High School)
☐ Other			
I realize that neither the school no that may occur.	r the faculty member	rs are to be responsibl	e or liable for any accidents
Signature of Parent/Guardian:			
Signature of Faretty duardians.		(Date)	
Printed Name of Parent/Guardian:			
Faranca Phana Namb	,		
Emergency Phone Number: ()		