

St. Mark Middle School Permission Slip

STUDENT'S NAME _____ **HOMEROOM** _____

I give permission for my son/daughter to participate in the

_____ on _____.

I understand the students will leave St. Mark Middle School at _____

and will return to school at _____.

PARENT/GUARDIAN SIGNATURE _____

DATE: _____

PLEASE RETURN TO SCHOOL BY _____

*Please fill in all of the above spaces to make this permission slip valid.

Thank you