

**PERMISSION FORM FOR STUDENT ACTIVITIES**

\_\_\_\_\_  
Date

Dear Parent/Guardian:

This letter is to inform you that your son/daughter, \_\_\_\_\_  
(Name of Student)  
wishes to join the \_\_\_\_\_ Student Activity

Organization. The advisor(s) for this organization is \_\_\_\_\_.

The advisor can be reached at \_\_\_\_\_.

As a participant you and your child should be aware that meetings will occasionally take place during and/or after school hours. We trust this meets with your approval and believe that involvement in this student activity will be very beneficial.

**Please sign below indicating your permission for your child to participate.**

\_\_\_\_\_  
(Parent or Guardian's Signature)

**Phone number(s) where parent/guardian can be reached** \_\_\_\_\_

\_\_\_\_\_

**This form should be return to the Student Activity Advisor**