Sacred Heart School / Ecole Sacre Coeur

PERMISSION FORM AND EMAIL REQUEST

2016/2017

CONSENT FORM

I hereby authorize my son/daughter, _____ , to participate in
(student's name)
field trips organized for the class/school.

Parent/ Guardian signature: _____

I hereby authorize the release of my child's name, address and phone number for the purpose of sending home a class list of names of the children to facilitate birthday invitations, play dates, valentines cards, etc.

Parent/Guardian signature: _____