

LCCVI Off-Campus Permission Form

2016 – 2017 School Year

Student Name:	
Homeroom Teacher:	
Parent/Guardian Name:	
Parent/Guardian Phone Number:	
Parent/Guardian email:	<p style="text-align: center;">_____ @ _____ . _____</p> <p>May we add your email address to our school records so that we may use it to contact you for other school-related reasons? ____ Yes ____ No</p>
<p>____ Yes</p> <p>____ No</p>	<p>I give permission for my student to participate in off-campus activities and events that occur during the school day and are within walking distance of LCCVI. I understand that at all times students will be accompanied and supervised by LCCVI staff. Events that require transportation, or that take place outside regular school hours, will have specific permission forms.</p>
Parent/Guardian Signature:	

Please return this form to the homeroom teacher by Friday, September 9th. Thank you!