

PERMISSION SLIP

FRANKLIN HIGH SCHOOL
500 Elizabeth Avenue
Somerset, New Jersey 08873

Teacher/Sponsor: Dr. Jose Aviles, Dr. Schubert-Ramirez, Mr. Riverso, Ms. Bah
Date: 1/24/16-1/25/16

Course/Club: Future Business Leaders of America

Dear Parent/Guardian:

An in-school teach-in has been scheduled as part of your child's school program. The program has been planned to extend and enrich learning experiences.

Your child will be participating in the **FBLA Community Service Project** on January 24th and January 25th. Your child's participation in the teach in is conditional upon acknowledgement, on the form below, that he/she will be away from his/her designated class periods on the date scheduled. By signing the form below as indicated, you are authorizing that your child may participate in the program.

I hereby acknowledge that my child, _____, will volunteer
(Child's Name)
in a teach in with _____.
(Partner Name)

I understand that the students volunteering in this series of teach-ins will be responsible for any missed work during the respective classes they miss.

Signed: _____
Parent/Guardian)

Period

1. _____
2. _____
3. _____
4. _____

Period

5. _____
6. _____
7. _____
8. _____