

Permission Slip for Philanthropy Project

School Name
School Address
City, State, Postal Code
Phone Number

Name of Student:
Philanthropic Organization:
Location:

Volunteer date:
Name of adult driving:
Time of **departure** from school: _____
Time of **return** to school: _____

The undersigned parent or legal guardian of the above-named student, gives permission for my son or daughter to volunteer at the above organization on the day listed. I give my consent for my child to be driven by the adult named above.

Parent Signature

If your child is going to miss school in order to volunteer, you must call the School Office at (phone number) to excuse your child before 7:55 am on the volunteer date.

In order to miss school, the student must have the following initials on this form:

Principal: _____ Language Arts Teacher: _____ Computer Teacher: _____

Social Studies Teacher: _____ Math Teacher: _____ Science Teacher: _____

Gym Teacher: _____ Elective Teacher: _____ Elective Teacher: _____

