

Student Name _____ **Section** _____

I, parent/guardian of _____,

give my permission for my daughter to participate in the Saints/OLP Freshman Dance Lessons at St. Augustine High School. I have thoroughly read and understood the information provided in the letter and agree to adhere to all guidelines. My daughter will be attending a lesson on (check **one** below):

_____ Monday, 9/28 from 2:45 - 4:30

_____ Tuesday, 9/29 from 2:45 - 4:30

_____ Wednesday, 9/30 from 2:45 – 4:30

_____ Thursday, 10/1 from 2:45 – 4:30

Parent Name _____ (please print)

Parent Signature _____

Date _____

Parent Cell Phone Number _____

Additional Emergency Name and Number _____

Please check below.

_____ I will be picking up my daughter.

_____ My daughter will be going home in an OLP carpool.

_____ My daughter will be going home in a Saints carpool.