



# Royal Reps 2020-21

## Parent Permission Form

Student's Name: \_\_\_\_\_

Student's School in 2020-21: \_\_\_\_\_

Student's Age: \_\_\_\_\_

I acknowledge that I have read or reviewed the information related to the Royal Reps opportunity.

I authorize my child to be considered for this activity for the summer of 2021. I also am available to serve as a reference for my child's ability to perform the required duties as outlined.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Primary Contact Number

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Once complete, please submit this form to [WorldClass@HopkinsSchools.org](mailto:WorldClass@HopkinsSchools.org).