## STUDENT SCHOOL ACTIVITY PERMIT

(School)	Date
(Student's Name)has my permission to participate in the following activities during the school year:	
I understand the student will be under school supervision, however, the school and those in charge will not be held responsible in case of accident.	
Phone	Address
City	SignedParent / Guardian
512-168 (No.171C) Rev. / School Specialty Supply, Inc., Salina, KS	