

SPANISH CLASS PERMISSION FORM

Spanish Class 2018

Where: Wolf Canyon Elementary

Room 604
wolfcanyonpta@gmail.com

When: Wednesdays, 3:30-4:20

Please return this permission slip to the front office or email at wolfcanyonpta@gmail.com, by January 17

I give permission for my child _____ to attend the Spanish Class at Wolf Canyon Elementary on from 3:30-4:20.

Emergency contact:

Name & Relationship to student:

Phone #:

Known allergies & Treatment:

In case of an emergency, I give permission for my child to receive medical treatment from a First Aid Certified Adult.

Parent/Guardian signature

Date