

Calvin Crest Outdoor School

FACT SHEET

School _____ Teacher _____

Dates of Attendance _____

Time of Departure _____

Time of Return _____

Parent Meeting:

Date _____ Time _____ Location _____

Other _____

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PERMISSION SLIP FOR STUDENTS

I give my permission for _____

(Name of Student)

to attend the Calvin Crest Outdoor School program during the

week of _____.

I understand that the charge will be \$ _____ per student for the entire education program.

Signed _____ Date _____

(Signature of Parent or Guardian)

This is to be kept at school.