

FACT SHEET



School _____

Teacher _____

Dates of Attendance _____

Time of Departure _____

Time of Return _____

Parent Meeting:

Date _____ Time _____ Location _____

Other Information _____

outdoor.school@calvincrest.com 559.772.4040

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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 for the entire education program will be:

\$ _____ per student.

Signed _____ Date _____

(Signature of Parent or Guardian)

This is to be kept at school.