

**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.**