

September, 2009

Please return this entire form to your classroom teacher by Friday, Sept. 11.
PERMISSION SLIP FOR SETH PAINE CHORUS

_____ has my permission to join the Seth Paine Elementary Chorus. We have read the expectations together and agree to them. I understand that I am responsible for my child's transportation to school on rehearsal days. I agree to pay the \$25 participation fee. Please make checks payable to CUSD 95.

Student's classroom teacher _____

Student's height in INCHES _____

Student signature _____ Parent signature _____

Phone Number: _____ Parent email: _____

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