

JEFF TECH

576 Vo Tech Road
Reynoldsville PA 15851
(814) 653-8265
Fax (814) 653-8425

Participation Permission Form

I hereby grant permission for my/our dependent _____
(Last Name) (First Name) (MI)

to participate in _____ on
(date) _____. I understand that this activity will enhance the learning
experience in the _____ program at Jeff Tech.

Transportation Information:

I understand my child will be transported by:

- Contracted Bus Company Driven by Self/Parent
 School Employee w/ School Vehicle Other Please Specify: _____
(has been pre-approved by administration)

Personal Information:

Student's Name: _____

Shop: _____

Current Grade Level: _____

Parent/Guardian's Name: _____

Parent/Guardian's Phone Number: (Home) _____ (Cell) _____

Emergency Contact Name: _____

Emergency Contact Phone Number: (Home) _____ (Cell) _____

Comments:

Signature of Parent/Guardian: _____ Date: _____