

OPT-IN FORM

Yes, I give my permission for my child to participate.

Please review the details of the activities, assemblies, collaborations, or celebrations (further referred to as events) and complete the attached form if you give permission for your child to participate. Please return to your child’s teacher prior to the event. **Your child will not be allowed to participate without a signed form.**

School	Request Date	
Name of Student	Grade	
Name of Opt-In Event	Teacher	
Date of Event	Time of Event	Parent/Guardian Phone # or Email
Parent/Guardian Name	Signature	Date

Date this information was confirmed between administrator and teacher. _____

Please give the parent/guardian a copy of the form and keep a copy in a separate folder in the front office.