

**MORRIS COUNTY SCHOOL OF TECHNOLOGY**

**PERMISSION FORM FOR STUDENT ACTIVITIES**

Date \_\_\_\_\_

Dear Parent/Guardian:

This letter is to inform you that your son/daughter, \_\_\_\_\_  
(Name of Student)  
wishes to join the \_\_\_\_\_ Student Activity Organization.

The advisor(s) for this organization is \_\_\_\_\_.

The advisor can be reached at \_\_\_\_\_.

As a participant you and your child should be aware that meetings will occasionally take place during and/or after school hours. We trust this meets with your approval and believe that involvement in this student activity will be very beneficial.

**Please sign below indicating your permission for your child to participate.**

\_\_\_\_\_  
(Parent or Guardian's Signature)

**Please provide phone number(s) where parent/guardian can be reached.**

\_\_\_\_\_  
(Home)

\_\_\_\_\_  
(Work)

\_\_\_\_\_  
(Cell)

**This form should be returned to the Student Activities Supervisor**