

Singing City Children's Choir

Parent Permission Form

(Please return with your child on the first day of school)

Student's Name _____

Grade _____ Room # _____ School _____

Age _____ Birth Date _____

Primary Parent / Guardian's Name _____

Primary Street Address _____

_____ Zip Code _____

Additional Parent / Guardian's Name _____

Best Phone Number to reach Primary Parent:

Secondary Phone Number

E-mail address _____

MY CHILD HAS PERMISSION TO PARTICIPATE IN THE SINGING CITY CHILDREN'S CHOIR. WHEN A REHEARSAL OR PERFORMANCE IS HELD AT A LOCATION OTHER THAN MY CHILD'S SCHOOL, MY CHILD IS PERMITTED TO TRAVEL BY SCHOOL BUS TO THAT LOCATION.

PARENT'S SIGNATURE: _____