

## **Drama Permission Slip:**

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

Parent/Guardian: Print

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Print

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Cell Phone: Please give the best number/s to call after school:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*By signing this form you are agreeing that you are aware of the rehearsal schedule and policies for drama.