

PLEASE RETURN THIS FORM BY TUESDAY, JANUARY 15, 2019

2018-2019 OUTDOOR EDUCATION PROGRAM
PARENT/GUARDIAN PERMISSION FORM
TEAM 6C

My child _____ has my permission to attend the Outdoor Education Program at Mohican Outdoor School during the days of Monday, May 13th through Wednesday, May 15th. The total cost of \$255.00 will be assumed by me.

Parent/Guardian Signature

Date

***If you have concerns about sending your child to camp, please contact Miss Ivons or Miss Webb before making your final decision.**

My child _____ **WILL NOT** be attending the Outdoor Education Program at Mohican Outdoor School during the days of Monday, May 13th through Wednesday, May 15th. I understand that my child will be expected to attend school during these days or he/she will be marked as an unexcused absence.

If your child **IS NOT** attending camp, please return this signed form.

Parent/Guardian Signature

Date

**If financial assistance is needed, please contact Mrs. Mineard for a Scholarship Application at (440) 349-6218.*