Trickum Middle School

6th Grade Peer Helper Permission Form

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_ Yes, I give permission for my child to participate in the Peer Helper Program.

\_\_\_\_\_\_\_\_ I give permission for my child to be photographed or recorded.

\_\_\_\_\_\_\_\_ No, I do not give permission for my child to participate in the Peer Helper Program.

\_\_\_\_\_\_\_\_ I do not give permission for my child to be photographed or recorded.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name (Please print your name)

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Parent’s Signature Date