Please print and fill this form; and then return to student's classroom teacher.

STRINGS PERMISSION SLIP

CIRCLE ONE: VIOLIN VIOLA CELLO BASS (Needs to be transported)

_____ _____ _____

Please Print: Child's Name Grade Classroom Teacher's Name

_____ _____ _____

Home Phone Work Phone Number of years played

_____ _____

Parent's Signature Date

We will attend the Clinic _____ _____ *(Parents of returning students need not attend)*

Yes No