




PERMISSION SLIP
Good Samaritan Kids

Student's Name _____ Teacher _____

Our family agrees to do a community service project of our choosing so our child(ren) can be Good Samaritan Kid(s). We will complete the project as a family and our child(ren) will be ready to make their presentation when chosen.

 We can do our project now.

 We would like to do our project later.

 We will have it done by (date)_____.

Parent Signature

Questions/ Comments (Please give your phone number if you need a response.)
