

ST. MICHAEL'S SCHOOL  
MIDDLE SCHOOL SOCIAL  
PERMISSION FORM

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PARENT'S PHONE: \_\_\_\_\_

I, HEREBY, GIVE MY PERMISSION FOR MY CHILD, \_\_\_\_\_,  
TO ATTEND THE ST. MICHAEL'S SCHOOL MIDDLE SCHOOL SOCIAL ON  
SATURDAY FEBRUARY 24, 2024.

I/WE UNDERSTAND THAT ALL CELL PHONES WILL BE COLLECTED AT THE  
DOOR.

PARENT'S SIGNATURE: \_\_\_\_\_  
(THIS FORM MUST ACCOMPANY THE STUDENT IN ORDER TO GAIN ENTRANCE)

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