

Program: _____	Child: _____
Teacher/Grade: _____	



1719 Post Road Fairfield, CT 06824 203-255-0556

**BEYOND THE BELL ENRICHMENT PROGRAM
PERMISSION SLIP**

I/We, the parent(s)/guardian of _____
(name of child)

Request that the school allow my/our child to participate in the following:

(Beyond the Bell activity name)

We hereby release and save harmless the Diocese of Bridgeport and Saint Thomas Aquinas Catholic School and any of its employees from any and all liability for any and all harm arising to my/our child as a result of participating in this activity.

Paren(s)/Guardian(s) _____
(signature)

(printed name)

(date)