## Note: Please return this to St. Augustine School Office.

## **Athletic/Activity Parental Consent Form St. Augustine Indian Mission School**

		Date
Student		Grade
First Name	Last Name	
Sport(s)		<del></del>
l,, give cons	sent for my child,	, to
(Parent/Guardian)		(Student) participate in all
		chool. Furthermore, I give consent for
St. Augustine to dismiss my child du	<u> </u>	innebago Public School functions.
This consent includes travel to other	districts for athletic events.	
1 <sup>st</sup> Parent/Guardian S	ignature	
Print Name		
Cell/phone #		
2 <sup>nd</sup> Parent/Guardian _		
Print Name		
Cell/phone #		

Please return to: St. Augustine School office.

Thank you.