## 202**3**-2**4** Permission Slip

I, give my permission for	
(parent/guardians name)	to attend asheel related
(child(s) name (s)	to attend school related
activities during the 2023-2024 scho	ool year. I give my permission for
Spray School staff members to seek	medical attention for the above
named child(ren) if necessary.	
	Data
	Date
Parent/Guardian	