



TAKLA NATION

HEALTH ▪ PROSPERITY ▪ TRADITION

PERMISSION SLIP

EVENT NAME: BACK TO SCHOOL EVENT
LOCATION: PARKWOOD MALL (PIZZA HUT AND FAMOUS PLAYERS 6 CINEMAS)
GRADES: 7- 12
DATE OF EVENT: AUGUST 30, 2019
BEGINNING TIME: 5:00 PM ENDING TIME: 9.30 PM

Name of the Student:

School:

Grade:

Parent Name:

Phone Number:

Emergency Contact Name:

Phone Number:

Any allergies (Please specify):

Any dietary restrictions (Please specify):

I give permission for my son/daughter to attend the event. I, or someone I approve will drop off and pick up my son/daughter to and from the event. If someone else other than you is responsible for transportation, please mention their name..... and phone number.....

Date:

Parent Name:

Parent Signature:

Please e-mail or drop-off the complete and signed permission slip to Ananya by Tuesday, August 27 at 4.30 pm. For any questions, contact the event organizers.

Organizer Details: Ananya Bhattacharya
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