

DVD Literacy Project Permission Slip

Return by February 15, 2018

(one permission slip per child)

Child's name: _____

Grade: _____

_____ **Yes**, I give permission for my child to participate in the DVD Literacy program.

_____ **No**, I do not want my child to participate in the DVD Literacy program.

Teacher

Parent/Guardian's Signature

* Please fill out and return this form whether you are participating or not so we can accurately record participation. **If we do not receive a permission slip we cannot record your child.** (This permission slip will cover subsequent years of taping. You will not need to submit a new permission slip for each year.)

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Would you like to help with this project? We always need extra hands with the recordings. It is a fun way to see the kids grow each year!

_____ **Yes**, I would like to help with this project.

Name: _____

Email: _____

Any specific grades you would like to help with? _____