



Mount Calvary Junior Academy

3111 East Wilder Avenue ■ Tampa, Florida 33610

Phone (813) 238-0433 ■ Fax (813) 231-0804

PERMISSION SLIP

TO WHOM IT MAY CONCERN:

TRAVELS AND TRIPS

I hereby grant permission for my son/daughter, _____
to take part and travel with the class on any and all trips sponsored by **Mount Calvary Junior Academy** for this school year _____.

This is not to be construed as permission for the above named student to participate in any swimming or water activity. Permission for these activities will be granted, if I desire, by special permission at the time and date that the activity is to take place.

Signature of Parent/Guardian

Date

PUBLICITY/PROMOTION RELEASE FORM

I give **Mount Calvary Junior Academy** permission to take pictures, snapshots, slides, videos, films, audio or television recordings, at or away from school for the purpose of publicity and school promotions.

Signature of Parent/Guardian

Date