

To Whom It May Concern:

I give permission for my child(ren):

	<u>Name</u>	<u>School</u>	<u>Grade</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

To ride the MHFK designated van or School bus to:

_____MHFK at ECA, 401 W. Poplar St, Elizabethtown, KY 270-765-HOPE

_____MHFK at SBC, 95 Park Ave, Radcliff, KY 270-352-HOPE

every _____ while school is in session.
(day)

To be transported to/from home by personal vehicles or MHFK designated van while participating in MHFK program(s).

_____Elizabethtown, (ECA, 401 W. Poplar St)

_____Radcliff (SBC, 95 Park Ave)

Thank you.

Parent/Guardian _____

Phone _____ Date _____