**H E L L E N I C A M E R I C A N A C A D E M Y**



41 Broadway Street, Lowell, MA 01854

Telephone: 978-453-5422 Fax: 978-970-3554

[www.hellenicamericanacademy.com](http://www.hellenicamericanacademy.com)

To: Parents/Guardians

From: Principal

Subject: Permission Slip for Church Attendance

There will be several times during the year that the students will be attending church services. We are requesting that you fill our one permission slip to cover the entire school year.

In order for your child to attend these church services you need to sign this permission slip below and return this form to their homeroom teacher. If we do not have the child’s signed permission slip your child will not be able to attend the church services.

In granting my permission for my child/children to participate in these trips, I do also hereby waive and release any claim of every kind, nature and description whatsoever, both in Law and Equity, that may arise against the Hellenic American Academy, the Holy Trinity Greek Orthodox Church of Lowell, MA., its officers, agents and employees by reason of my childs/childrens participation in the aforesaid trip. I have informed the trip sponsor(s) of all relevant medical information.

Thank you for your attention to this matter.

\_\_\_\_\_ Yes, I give my child permission to attend church throughout the school year.

\_\_\_\_\_ No, I do not give my child permission to attend church throughout the school year.

Name of Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Parent/Guardian Signature Date***