

To:

Parents/Guardians

HELLENIC AMERICAN ACADEMY

41 Broadway Street, Lowell, MA 01854 Telephone: 978-453-5422 Fax: 978-970-3554 www.hellenicamericanacademy.com

| From: | Principal |
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| Subject: | Permission Slip for Church Attendance |
| | several times during the year that the students will be attending church services. ting that you fill our one permission slip to cover the entire school year. |
| and return this | our child to attend these church services you need to sign this permission slip below form to their homeroom teacher. If we do not have the child's signed permission will not be able to attend the church services. |
| waive and rele Equity, that many Orthodox Chu childs/children | repermission for my child/children to participate in these trips, I do also hereby ase any claim of every kind, nature and description whatsoever, both in Law and ay arise against the Hellenic American Academy, the Holy Trinity Greek rch of Lowell, MA., its officers, agents and employees by reason of my as participation in the aforesaid trip. I have informed the trip sponsor(s) of all cal 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 | o not give my child permission to attend church throughout the school year. |
| Name of Child | l: |
| Parent | /Guardian Signature Date |