***LEAD – Leadership, Evangelization, Action, Discipleship***

First and Last Name _____

Phone Number (parent) _____

Email (parent) _____Email (student)_____

Grade 2016-17 School Year:

☐ Fresh ☐ Soph ☐ Junior ☐ Senior

T-Shirt Size:

☐ S ☐ M ☐ L ☐ XL ☐ XXL

**CATHOLIC DIOCESE OF WICHITA**
**PARENTAL PERMISSION FORM**

**ACTIVITY PERMISSION**

I (We), the parent(s)/guardian(s) of _____, request that my (our) child be allowed to participate in the following activity, and do hereby grant permission for the child named above to participate in this activity:

Name of event: L.E.A.D
Location of event: Church of the Holy Spirit, Goddard
Time frame of event: Saturday, October 21st, 9:00 am- 4:00 pm
Cost: $10, Lunch incuded

Transportation to this event will be provided by (check one):

_____ Charter bus
__X__ Parish adult chaperones using private or rental vehicles
____ Individuals must provide their own transportation
_____ Other (describe)

_____ _____

Signature of parent/guardian Date Printed name of parent/guardian