

STUDENT MINISTRY PARENT PERMISSION FORM 2011

Community of Grace
4343 S. Flanders Street
Centennial, CO 80015
www.communityofgrace.com

As the parent or guardian, I give permission for _____;

_____;

to participate in _____ on _____.

Parent/Guardian: _____

Home phone: () _____ - _____

Cell phone: () _____ - _____

Address: _____

Signature of Parent/Guardian:

_____ Date: _____

_____ Date: _____

Relationship to participant:

Special needs or requirements of participant:
