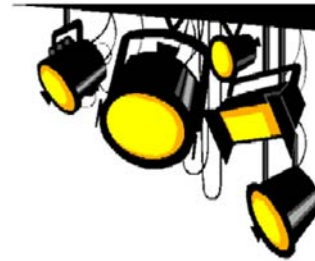




**Kenton Elementary PTA
Puttin' on the Kids 2018
Saturday, March 11**



Child's Name: _____

Teacher: _____ Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Contact #: _____ (# you may be eached at during practice)

Parent/Guardian E-mail Address: _____

My child has my permission to be picked-up by the following individuals: _

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Please return this slip no later than **Friday, February 16th**. You will receive confirmation of your child's participation via email upon our receipt of signed permission slip.

Brief description of act/routine:

Please Circle: Solo Act
 Group Performance (if group—please indicate other performers in group)

If you have any questions, please email kentonpta@gmail.com or call the school office at 356-3781.

Thank you,

Amy Beyer POTK Chair
Kenton Elementary PTA

