



RHINOSTRONG ANTI-BULLYING

PERMISSION SLIP

I give my permission for _____ to attend the Anti-bullying program on 10/16, 10/23, 10/30, 11/6.

My child's teacher is _____

Please list any health issues we should be aware of _____

Signed _____

Date _____

Parent/Guardian telephone _____

Parent/Guardian email _____

Cost: \$40 Please make check payable to **WFS PTO** by **October 10th**

If you have any questions about the program, please contact us at rhinowrestlingnj@gmail.com