

INGLESIDE TLC PERMISSION SLIP

Please complete the following and **return to the front office, before Sept. 22nd; or bring with you to the first TLC meeting on Sept. 8th at Lunch in room 113.**

Student Name: _____ Grade: _____

Parents Names: _____

Parent E-Mail: _____

Parent Phone: _____ cell home work (circle)

I _____ give permission for
(Print Parent's or Guardian's Name)

my child _____ to participate in the Ingleside Middle
(Print Student's Name)

School's TLC Club. This will include both on and off campus service projects.

I agree to hold harmless the Scottsdale Unified School District #48, Ingleside Middle School, Ingleside PTO, Ingleside TLC Club Sponsors, and Ingleside TLC parents for liability that may be incurred during club events.

(Parent or Guardian Signature)

(Date)

**We look forward to working with your students this year in TLC.
Please contact us if you have any questions.**

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