

PERMISSION FORM
IMPACT Program

I, _____
(Print Parent/Guardian Name)

give my child

(Name of Participant)

permission to participate in the IMPACT mentoring program.

If your child needs transportation to the program, please indicate below:

Transportation: **YES** - by bus if participant numbers are large enough.

Student Program: Port Colborne High School

Student Address: _____

Phone Number: _____

Health Card Number: _____

Please return to Mr. Balogh by Tuesday October 11, 2016.

Call Mr. Balogh at (905) 835-1186 ext. 64215, if you have any questions.

Teacher Use Only:

Teacher Name:

Program:

I will be arranging transportation for this student through Central Taxi: **YES** **NO**

(If yes, clane@centralniagara.com, 905-685-7343, Ext. 4227, Account 14347 please state IMPACT