

# Solid Foundation Preparatory Arts Academy

## Student Information / Permission Slip

**Fill out the information below.**

Student's Name: \_\_\_\_\_

Student Grade: \_\_\_\_\_

Shoe Size: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

I give permission for my child, \_\_\_\_\_, to be

\_\_\_\_\_ transported to the field trips sponsored by Solid Foundation Preparatory Academy by Sand Springs Public Schools.

\_\_\_\_\_ photographed and videotaped by SFPA staff or any organization affiliated with LCAC for promotional purposes.

I further understand that this permission slip will be used for all trips taken by the SFPA.

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

**Parent Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**