SAMPLE PERMISSION SLIP

[PRESENTING ORGANIZATION]

Permission Slip

My student, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has permission to attend the audition for [SHOW TITLE], [DATE], from [START TIME] to [END TIME] at [LOCATION]. I understand that, if chosen for the play, my student may need to attend rehearsal from [START TIME] to [END TIME], Monday through Friday. They will also need to be available for performances on [PERFORMANCE DAY]. I understand that students will not be excused from rehearsals or performances for practices, appointments, etc., but must keep the week completely free for this residency week.

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

Emergency Contact Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*TO BE USED IF YOU WISH—NOT A REQUIREMENT OF MCT\*\*