WEST PARK
BILINGUAL ACADEMY

PERMISSION SLIP

I HEREBY GRANT PERMISSION FOR MY CHILD TO ATTEND ON-CAMPUS CLASSES AT WESTPARK BILINGUAL ACADEMY. BY SIGNING BELOW, I AGREE TO RELEASE, WAIVE, AND DISCHARGE WESTPARK BILINGUAL ACADEMY, ALONG WITH ITS STAFF AND AFFILIATES, FROM ANY AND ALL LIABILITY, CLAIMS, OR DEMANDS ARISING OUT OF MY CHILD'S PARTICIPATION IN CAMPUS ACTIVITIES.

Date: _____ **Time:** _____

School Address: _____

Food Allergies: _____

Child's First and Last Name: _____

Child's Date of Birth: _____

Parent's First and Last Name: _____

Phone Number: _____

Email Address: _____

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

Name: _____ Phone: _____

I would like ACCEL Schools to contact me at the number(s) provided via text or short message service (SMS) as well as by phone, regarding educational matters.

Parent/Guardian Signature:

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