

Date\_\_\_\_

## ORANGE TOWNSHIP PUBLIC SCHOOLS PARK AVENUE SCHOOL

231 Park Avenue, Orange, New Jersey 07050 Tel: (973) 677-4124 Fax: (973) 414-6433 http://orange.schoolwires.com/park/site/default.asp

Mr. Ronald Lee

**Superintendent of Schools** Ms. Devonii Reid Dr. Myron Hackett Assistant Principal Principal Month Day Year Dear Parents(s), Every year a number of activities come up that we feel your child should be involved in. Some of these are walking trips, and we are required to have your permission. Please indicate on the subjoined portion whether your child has permission to participate. We will not involve your child without a signed permission slip. Please sign and return this letter My child has permission to participate in: Walking trips with Park Avenue Elementary School, during the school year. Teacher's Name\_\_\_\_ Room#\_\_\_\_\_ Signature of Parent or Guardian