

**8th GRADE HEALTH
CONTEMPORARY ADOLESCENT ISSUES**

STUDENT NAME _____

PARENT MEETING (Thursday, January 17, 2008)

_____ I will be attending the parent information meeting.

_____ Number of people attending

_____ I/We will not be attending the parent information meeting.

**PARENT MEETING FORM
PLEASE RETURN BY WEDNESDAY, JANUARY 16, 2008**

STUDENT NAME _____

PERMISSION FOR PARTICIPATION

_____ I give permission for my child to participate entirely in 8th grade health.

_____ I do not wish for my child to participate in 8th grade health. I will make an appointment to discuss an alternative plan.

_____ I wish for my child to participate in certain portions of 8th grade health and will make an appointment to discuss alternative activities for my child.

Parent Signature

**PERMISSION FOR PARTICIPATION FORM
PLEASE RETURN BY FEBRUARY 1, 2008**