

JORDAN SCHOOL DISTRICT
ELEMENTARY MATURATION PROGRAM

SCHOOL: _____

DATE: _____

TIME: _____

PARENTS ARE INVITED

Parents:

Please read and check one of the following options and then return this portion of the flyer to your student's teacher at their school.

_____ I GRANT permission for my child _____

to participate in the maturation program at _____
Elementary.

_____ I DENY permission for my child _____

to participate in the maturation program at _____
Elementary. I understand that my child will be involved in another educational activity and will not attend the regularly scheduled class on the day of this instruction. (Contact your school principal for review of material being presented.)

I have read this form and have chosen one option indicated above.

Parent/Guardian Signature _____

Phone Number _____ Date: _____