



## **PARCC Boot Camp Permission Slip**

**When:** Saturday, March 3, 10, 17, 31, April 14, and 21

**Where:** International Academy of Atlantic City Charter School  
6718 Black Horse Pike, Egg Harbor Township, NJ 08234

**Time:** 9:00 am – 12:00 pm

***(Please respond by Monday, February 26, 2018)***

Student's Name Printed \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Printed \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

### **Emergency Contact Information (other than above)**

Name Printed \_\_\_\_\_ Phone \_\_\_\_\_

Relation to Student \_\_\_\_\_

I, the parent/guardian of \_\_\_\_\_, understand the potential benefits of my child participating in the PARCC Boot Camp and grant my permission for his/her participation. I also, understand and agree to the following:

- My child will arrive and will be picked up on time.
- My child will follow all school rules.
- My child will attend every session.

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

\_\_\_\_\_  
Date