

Cedar Park High School
2150 Cypress Creek Rd.
Cedar Park, Texas 78613

Phone 512.435.8300

Fax 512.435.8305

Barbara Spelman
Principal

Bret A. Champion, Ed. D.
Superintendent

Dear Principal:

My son/daughter has my permission to attend and participate in:

Activity: Theatre Field Trips, Competitions and Class Trips

Location: TBS

Date(s): 2008-2009

My son/daughter has assured me that he/she will conduct himself/herself so credit will be reflected upon the school.

1. Represent me before any medical institution where it may be necessary to send my son/daughter while he/she is under its care.
2. Give in my name the necessary authorization for surgery in case of any emergency, when medical authorities deem it indispensable.
3. Represent me while he/she is under its custody.

Student's name: _____

Signature of Parent/Guardian _____

Parent/Guardian Name Printed: _____

Date: _____