



Student Participation Permission Form

Student Name: _____

Date of Birth/Age: _____ Grade: _____ School: _____

Referring Organization: _____

Parent/Emergency Contact Information

Name: _____ Phone: (____) _____

Email: _____ Address: _____

I, _____, give my permission for my child to be transported by _____ once a week for approximately 90 minutes to the property of Operation Seed to Harvest at 5237 Theys Road, Raleigh for their gardening program running from _____ through _____.

Parent Signature

Date