Footprints Academy
Spanish Permission Form
2009 – 2010 School Year

Session I (September 8 – December 23, 2009)

Parent's Names:

Home Telephone: ( )

Student's First Name:

Student's Grade Level:

Please circle one: **1 time per week** **2 times per week**

Experience speaking Spanish (new to the language, 3 months, four years, etc.):

Additional Information (optional):

Preferred lesson day: Monday Tuesday Wednesday Thursday

I grant permission for my child(ren)_____ to participate in Spanish lessons. I agree to pay for all lessons at the rate of $20.00 per lesson for 1 lesson per week or $18 per lesson for 2 lessons per week. I understand that if my child misses a lesson due to absence or illness I will not be refunded for that lesson. I further understand that to cancel my lessons, I will submit in writing my intention to do so and provide at least a two-week notice of those intentions.

Both parents must sign if custodial:

_____ _____

Parent Signature Date

_____ _____

Parent Signature Date