

PERMISSION SLIP for SCHOOL-WIDE LICE SCREENINGS, 2014-2015

Please be considerate of our community and screen your child!

Please return **no later than Monday, Sept. 15^h** . Include this form and \$15 in a white envelope marked:

“2014-2015 PTA LICE CHECKS, ” via backpack.

Child’s name:

Class:

Teachers:

_____ Please check my child at the school-wide lice checks. Enclosed is \$15 for all three lice check dates (cash preferred). Also enclosed is \$_____ to sponsor another child.

_____ Please sponsor my child for the school-wide lice checks. (no money enclosed but your child will be checked)

_____ Do not check my child at the school-wide lice checks. (Please note, a child who is scratching her/his head excessively, may be screened at the discretion of the lice consultants and teachers.)

_____ I can volunteer to help the PTA on one or more lice check days! My name is _____ and the best way to reach is me is _____ (email/phone).

Please consider sponsoring another child for the lice checks and volunteering if you can.

Thank you!
The PTA of PS 372