

LVCS STUDENT STORE Permission Slip

I, _____ am interested in working at the LVCS Student Store after school **once a month on Thursdays from 2:30pm – 3:00pm (Minimum days: Noon – 12:30pm)** and at the beginning of evening events and meetings at school. This commitment is for the school year (through May 2008).

In order to be eligible I must have passing grades in all my classes and no detentions. Here are signatures from all six of my teacher confirming this:

1)	2)
3)	4)
5)	6)

I am interested in selling for the LVCS Student Store because _____

My parent is interested in finding out more about supervising at the LVCS Student Store.

Contact Information:

Student Name _____ Grade _____ Phone # _____

Parent Name _____ Email address _____

Student Signature _____ Date _____

Parent Signature _____ Date _____

**Please return to the office ASAP
Questions? Call Lesley at 787-0269**