



# MESIVTA ATERES YAAKOV

Ruth & Hyman Simon High School

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PLEASE COMPLETE, SIGN, AND RETURN TO THE YESHIVA

I hereby grant permission for my son \_\_\_\_\_

in grade \_\_\_\_\_ to attend \_\_\_\_\_

with his class on the following date: \_\_\_\_\_.

In case of emergency, I hereby grant the following person full permission to make whatever necessary decisions concerning my son's welfare on my behalf:

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_