

**Classroom Adoption Program**  
Permission Form

Date \_\_\_\_\_

I \_\_\_\_\_ give permission for my son / daughter \_\_\_\_\_  
to participate in the classroom adoption program for the 2008-2009 school year. I understand  
that all communication with the adopted class will take place during class and be monitored by  
the teacher.

\_\_\_\_\_  
Parent or Guardian Signature