



IMMANUEL CHRISTIAN SCHOOL
WARRIORS

GREAT FRIDAY PERMISSION SLIP

My Child: _____ (Please print name)

Grade: _____

has my permission to participate in the Great Friday ministry. My child will be allowed to walk off campus and pray for the different homes in the area (within a ½ mile radius) and help with yard work if the opportunity presents itself. Those dates are also early release and will require that your student be off campus by 11:30!!

The dates of these events are as follows:

September 6th, 2019

October 4th, 2019

November 1st, 2019

December 6th, 2019

January 10th, 2020

February 7th, 2020

March 6th, 2020

April 3rd, 2020

May 1st, 2020

Parent Name: _____ (Please print name)

Parent Signature: _____

Date: _____