

PARENT/GUARDIAN PERMISSION  
FOR FCCLA MEMBERSHIP

I \_\_\_\_\_ permit \_\_\_\_\_  
Parent/Guardian Name *(Please Print)* Student Name *(Please Print)*

to join \_\_\_\_\_ for the \_\_\_\_\_ school year.

\_\_\_\_\_  
Parent/Guardian *(Please Print)*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Contact Information

\_\_\_\_\_  
Date

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