



*Thank you for completing this form and returning it to the Challenge teacher at your child's elementary school. Please choose either **YES** or **NO** and then complete the signature and contact information.*

**Yes.** I give permission for my child, \_\_\_\_\_, to participate in the Elementary Challenge Program.

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade

**No.** I **do not** give permission for my child, \_\_\_\_\_, to participate in the Elementary Challenge program at this time.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Address/ P.O. Box

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip Code

Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ cell phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

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En un esfuerzo para promover que no haya discriminación, Sherman ISD no discrimina en base de raza, religión, color, origen nacional, género, impedimento en servicios proporcionados como servicios de enseñanza, actividades y programas, incluyendo programas vocacionales, de acuerdo con el Título VI de la Ley de los Derechos Civiles de 1964, según enmienda; Título IX de las