



HICKORY PTA SCIENCE KITS (Kids In To Science) Permission/Agreement

This must be completed before your child can check out Science KITS.

Please return to your child's teacher or in the KITS box in Room 31.

I give permission for my Child _____

(Please print clearly)

to participate in the Hickory School Science KITS Program. I agree to supervise his/her use of the kit and to be responsible for it while in our care. If there are any damaged parts or a lost kit, I agree to pay for the cost of replacement (up to \$15.00).

All kits are checked out for 10 (ten) days and are to be returned by 9:00am on the day they are due (usually Mondays).

Date _____

Parent/Guardian Name _____

(please print clearly)

Parent/Guardian signature _____

Home phone _____

Work phone _____

E-mail (optional) _____

Teacher _____ Grade _____ Room # _____