PSAT/NMSQT

PARENT PERMISSION FORM

I give my student, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, permission to take the PSAT/NMSQT exam on Wednesday, October 16, 2019. This exam will count as a school activity/school business (SB). I realize they will miss class and are responsible for making up all assignments. Also, because this is a half-day for all LCPS students, the exam will dismiss after the busses have left so I will arrange transportation for my student when the exam is completed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Parent Name Printed Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature

*Please return this form to the Counseling Office by Monday, October 7.*