Permission Slip for the Practice ACT Exam

Student Name:	Date:	
Grade Level:		
I hereby grant permission for my son/daughter		to take the
	Student's Name	
practice ACT exam scheduled for Saturday, Januar	ry 10, 2015 at 8:45 a.m.	I understand that my
child must arrive at Huntington High School at 8:4	5a.m. with two #2 penci	ls, a calculator, and
something to drink. My check or money order ma	de out to Huntington Hig	sh School in the amount of
\$10.00 is enclosed, and there is no refund if my ch	ild is absent on the test d	ay.

Student Signature

Parent Signature

* Please return to Mrs. Walter in Guidance West.